

If you take oral medication, take these at least 1 hour before or 1 hour after finishing the prep.

Bring to the hospital – A dressing gown and slippers and the telephone number of the person who is collecting you.

Leave at home – all valuables; jewellery (you can wear your wedding ring) & large sums of money.

WHAT HAPPENS ON THE DAY OF MY R.D.B.E.?

A doctor will talk with you about the procedure and the risks. He/she will ask you to sign a consent form. Your consent confirms that you understand the procedure and risks.

The doctor will insert a small needle into a vein in your arm through which the sedation will be given.

You will be asked to lie on a trolley bed, on your left side with your knees drawn up towards your chest.

During the R.D.B.E. a painless probe placed on your finger will monitor your pulse and oxygen levels. You will receive oxygen through a mask or short prongs placed in your nostrils.

R.D.B.E. takes between 1 – 2 hours (average 75mins.).

Depending on the findings during the R.D.B.E. further treatments may be necessary.

Biopsies can be taken to assist diagnosis using a flexible wire passed down through the endoscope, areas of bleeding can be treated using a probe heated by a small electric current to seal bleeding vessels, polyps can be removed using a snare(a loop-like device) and diathermy(heat created by a small electric current) and strictures(narrowings in the lumen) can be dilated(stretched) by using small balloons inflated by air for a short time.

A video recording and/or photographs may be taken for your records

DOES IT HURT?

The sedation and analgesia are very effective for most people. They are given minutes before the procedure begins through the needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed. It does not make you unconscious. The sedation makes it unlikely that you will remember the procedure.

The treatments do not generally cause pain but you may feel bloated and ‘crampy’ for a period after the procedure.

WHEN WILL I KNOW THE RESULTS?

The results of the biopsies may not be available for several weeks. A follow up appointment will be arranged for you prior to your discharge.

DO NOT STOP MEDICATION BEFORE YOUR PROCEDURE UNLESS TOLD TO DO SO BY THE DOCTOR OR NURSE.

**TALLAGHT
HOSPITAL**



RETROGRADE DOUBLE BALLOON ENTEROSCOPY

(R.D.B.E.)

**PLEASE READ THIS
INFORMATION CAREFULLY**

THEN IF YOU HAVE FURTHER QUESTIONS ABOUT THE TEST OR MEDICATION Speak to our nurse on 01-4144183 MON-WED 8:30-4pm.

If the telephone is unattended leave your name & contact details & your call will be returned.

YOU MUST CONTACT THE NURSE

at least 1 week in advance of your procedure if any of the following applies to you:

- You are diabetic.
- You take medication to thin your blood (aspirin, warfarin or plavix).
- You had this procedure previously and it could not be completed for some reason.
- You have any chronic medical condition that may affect your ability to fast or to have sedation for this procedure.

Confirmation/Cancellation of appointment or other clerical queries:

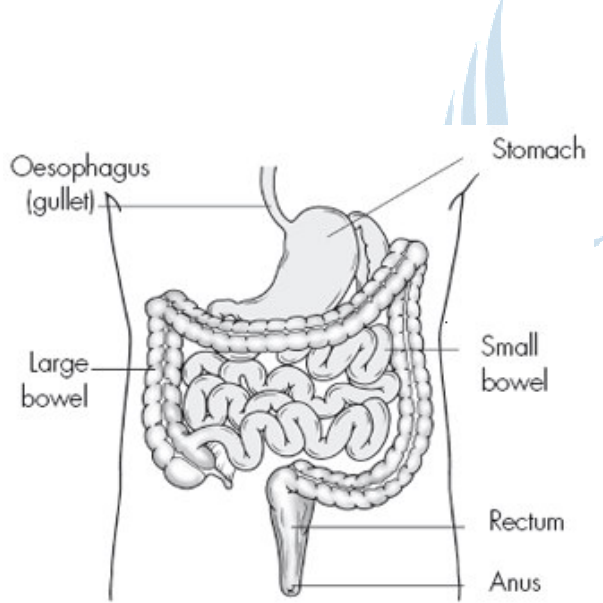
Tel: 4144143.

Review date April 2013

Patient Information Leaflet

WHAT IS RETROGRADE DOUBLE BALLOON ENTEROSCOPY? (R.D.B.E.).

An R.D.B.E. allows the doctor to view the small bowel directly via the large bowel (colon).



The doctor guides a hollow tube (an overtube) via the rectum into the large bowel (colon). A slim, flexible tube (enteroscope) is inserted through the overtube. Small balloons near the tip of the overtube and the enteroscope are alternately inflated and deflated to hold the overtube and the enteroscope in position as the doctor guides the enteroscope and the overtube further along the large bowel and into the small bowel. Using the same process the enteroscope is guided along the length of the small bowel. A tiny camera at the tip of the enteroscope relays pictures back onto a television screen.

You will receive intravenous sedation and analgesia. You will not need an anaesthetic.

ALL PATIENTS RECEIVING SEDATION MUST HAVE SOMEONE TO DRIVE THEM HOME FROM THE HOSPITAL. SOMEONE SHOULD STAY WITH THEM OVERNIGHT.

WHY DO I NEED R.D.B.E.?

R.D.B.E. is a way of looking directly for causes of small bowel problems and in some cases to treat these problems, for example it is possible to take biopsies, to treat areas of bleeding, remove polyps or to stretch(dilate) narrowings(strictures) . It can also help your doctor make a diagnosis if you are having ongoing gastro-intestinal problems or have a low blood count(anaemia) with no obvious cause or to provide further evaluation or treatment following a capsule endoscopy or x-ray.

WHAT ARE THE RISKS?

All medical procedures carry a risk of complications.

Sedation can effect breathing, heart rate and blood pressure but, close monitoring allows problems to be seen and treated quickly. Drugs are available to reverse the effects of the sedative.

Serious risks are severe bleeding (although bleeding from biopsy sites is usually minimal and stops quickly) and a perforation (tear) bowel.

In some cases the pancreas can become inflamed. In most cases this inflammation, called pancreatitis is mild and easily treated. Severe pancreatitis is very rare but can be life threatening. Pancreatitis occurs in between 1 in 300 to 500 procedures and is more common if the balloon enteroscopy is performed via the upper gastrointestinal tract (gullet and stomach).

Serious complications of any kind would require a hospital admission and perhaps surgery.

[Serious complications are very rare.](#)

We make you aware of them so that you have all the information you need when deciding if you wish to have a R.D.B.E. done or not.

HOW DO I PREPARE FOR R.D.B.E.?

If you are taking iron you should stop this 7 days before your procedure.

For the enteoscope to access the small bowel it is very important that your large bowel (colon) is clear. To achieve this you must take a bowel cleaning medication (prep). The 'prep' used in our hospital is called 'KLEAN PREP'. You will have received a prescription with your appointment.

It is important to take all of the 'prep' if you can. The examination may not be possible if the colon is not clear. The prep will cause you to have diarrhoea.