

Double Balloon Enteroscopy (DBE)

This information tells you about Double Balloon Enteroscopy (DBE), a test to examine the inside of the small bowel. It explains how the test is done, the risks involved and what to expect afterwards.

What is double balloon enteroscopy?

Until recently, it was difficult for doctors to examine very far into the small bowel. A new type of endoscope called a double balloon enteroscope now means its possible to examine much further into the small bowel and in some cases offer treatment this way.

The double balloon enteroscope enables the endoscopist to:

- visualise the entire small intestine.
- remove tissue for biopsy.
- remove small tumours and abnormal growths e.g. polyps.
- treat bleeding problems.
- dilate strictures.

Prior to the development of DBE, surgery was often the only alternative method to treat these conditions of the small bowel.

How do I prepare for the procedure?

The endoscopy unit will provide you with specific instructions on how to prepare for your DBE. These instructions are designed to optimise your care during and after the procedure, minimise the risk of complications and ensure the endoscopist is able to achieve a successful outcome. If the DBE is being performed through the mouth (oral route), bowel preparation is not required. If the DBE is being performed via the rectum, then bowel preparation will be needed. This will be sent to you to take at home before the procedure.

What about my current medications?

Some medications, such as aspirin and iron preparations, should be discontinued for one week before the examination. Aspirin and painkillers such as ibuprofen slightly increase the risk of bleeding. If you take a blood thinning medication, such as warfarin, consult with your doctors (GP and specialist) as to when you should stop taking it.

Ask the endoscopy staff about medications for diabetes, heart or lung disease, high blood pressure, or seizure disorders.

Your doctor may not want you to stop some of your medicines and many of these can be taken on the day of the procedure. If you take antibiotics before dental procedures, ask the endoscopy staff if you will need them before DBE.

Will I need someone to take me home?

You will be instructed to arrange for a responsible person to escort you safely home after the procedure.

Even though you will be awake by the time you are discharged, the medications used during your procedure (which is usually done under a short acting general anaesthetic) will cause changes in your reflexes and judgment that will leave you feeling well but will interfere with your ability to make decisions coherently, similar to the effect of alcohol.

What can I expect once I arrive in the endoscopy unit?

An endoscopy nurse will help to prepare you prior to the procedure including checking what you know about the procedure and that you understand why it is being done.

Other questions that you should be prepared to answer include:

Have you managed to follow all of the preparation instructions?

Do you have an escort home?

What medications do you take?

Do you have any medical problems, such as heart disease or lung disease?

Do you have allergies to any medications or latex allergies?

Have you had any previous adverse reactions to general anaesthesia?

The anaesthetist will then insert a cannula (put a needle in a vein in your arm) to administer medications to help you relax and keep you comfortable during the examination. Your observations (blood pressure, pulse and oxygen levels) will be monitored during the examination and for a time after the procedure is over. You may also be given supplemental oxygen during the examination.

What does the procedure involve?

An endoscopist will review the reasons for having the procedure with you, what the procedure involves including the risk of any possible complications and will ask you to sign a consent form. He will also answer any questions you may have about the examination.

The procedure will be performed with you lying on your left side or back (supine). Medications will be administered through the intravenous line by the anaesthetist.

The double balloon enteroscope is a slim, long, flexible endoscope with the same diameter as a large pencil. It has a lens and light source that allows the endoscopist to see high quality video images of the lining of the small bowel.

During the procedure (which usually takes between 1 and 2 hours) the endoscopist inserts the enteroscope along the small bowel, looking carefully for any abnormalities. The enteroscope contains channels that allow the endoscopist to introduce carbon dioxide gas (for insufflation) or withdraw fluid, obtain biopsies (small pieces of tissue), remove polyps, treat bleeding and dilate strictures.

What happens immediately after the procedure?

After the procedure, you will be kept for a time for observation while you recover. The most common discomfort after the examination is a feeling of bloating and gas cramps. You may also be groggy from the general anaesthetic. You should not return to work that day. Unless you are given other instructions, you should be able to drink and eat after the procedure. You will be told when it is safe to restart aspirin or any blood thinning medications you are taking.

Are there any complications?

DBE is a very safe procedure and complications are rare, but can occur:

Bleeding can occur from biopsies or the removal of polyps, but it is usually mild and stops quickly or can be controlled.

The enteroscope may cause a tear or hole in the tissue being examined (perforation), which is a serious problem that could require surgery, but is extremely rare.

Adverse reactions to the medications used during the procedure are possible, but are extremely rare. You will be carefully monitored throughout the examination by the anaesthetist and trained nursing staff.

The following symptoms should be reported immediately:

severe abdominal pain (not just cramps)
a firm, distended abdomen
vomiting
fever
bleeding greater than a few tablespoons

What happens after the procedure?

Most patients tolerate DBE very well and feel fine afterwards. Some fatigue after the procedure is common. You should plan to take it easy and relax the rest of the day. You will be given a copy of the DBE report to take home but if you have any questions, you can speak to the endoscopist after the procedure.

Any further questions?

We will do our best to make your visit as comfortable and stress free as possible. If you need any further information or have any suggestions about the care you have received, please get in touch.