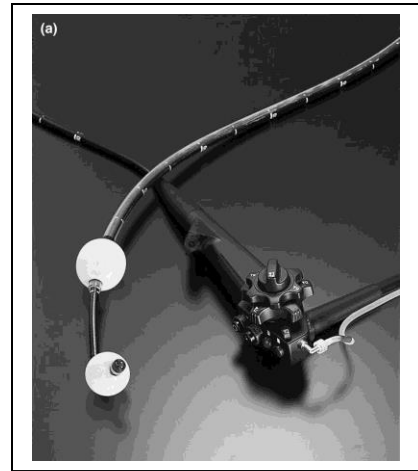


DOUBLE BALLOON ENDOSCOPY

Patient information sheet

What is DBE:

Double balloon endoscopy or DBE is a sophisticated endoscopic technique that allows a skilled gastroenterologist to access and perform endoscopic interventions (biopsies, cautery) almost anywhere in the small bowel. The instrument consists of a specialized endoscope (flexible tube with a light source and a camera at its tip) fitted with a plastic overtube and a system of pressure-controlled balloons. It is specifically designed for observation and interventions in the small bowel and not for other parts of the digestive tract such as esophagus, stomach and colon (large bowel), although occasionally the endoscopist may detect abnormalities in these areas as well.



Indications for Double-balloon endoscopy (DBE):

Your referring physician scheduled you for this procedure for one of several conditions that can affect the small bowel, and may be responsible for symptoms such as unexplained bleeding or anemia. Patients who are sent for this procedure almost always have had other tests done previously such as upper endoscopy, colonoscopy, capsule endoscopy (pill camera) or small bowel X-ray, and usually a combination of the above. Often there are abnormalities seen on the previous tests for which your physician needs additional information in order to provide the appropriate treatment, such as abnormal blood vessels, tumors (polyps) or inflammation such as Crohn's disease. This procedure allows the endoscopist to either take a sample of these abnormalities (biopsy) or, perform other interventions through the scope using specially designed instruments. The performing endoscopist will be able to give you additional details about the reason the procedure is being done.

How you should prepare for DBE:

There are two kinds of double-balloon endoscopy, depending on the reason it is to be done for. For the upper DBE, the instrument is introduced through the mouth and gradually advanced through the stomach into the small intestine. For this procedure, the only preparation you will usually need is over-night fasting before the test. Occasionally, the physician might give you additional prep information such as regarding the use of blood thinners like Aspirin, Plavix, Coumadin, etc. In general, you may need to avoid these as well as other non-steroidals medicines such as Ibuprofen, Motrin, Advil, Naprosyn and similar drugs at least one week before the test is being done. For the lower DBE, the instrument is introduced through the rectum and advanced through the colon into the small bowel. For this procedure you will need to be prepped as well or better than for a regular colonoscopy (i.e. bowel prep with either Fleets or Golytely). Instructions will be provided for you at the time the test is scheduled regarding a preparation that is safe for you and generally works very well. It is important to understand that without a perfect prep, the physician will not be able to do the test and you may need to be rescheduled for a later time.

What are the contraindications for DBE:

DBE uses latex balloons to allow the advancement of the scope into the intestine. Therefore, if you have a documented **latex allergy** you need to inform your physician and you will not be able to have this test done. You should also not have this test done if there is any suspicion of bowel perforation (hole in the bowel) which can be made worse by DBE. The physician might ask you additional questions about contraindications for DBE before performing this study.

What should you expect from DBE:

Most patients are asleep (sedated) throughout the entire procedure. Occasionally, due to chronic heart or lung disease, the level of sedation will be only moderate (conscious sedation) in which case you may be able to occasionally see, hear, feel and respond during the procedure. However, all efforts will be made for you to be comfortable during this test. If you have any concerns regarding anesthesia for this test, please inform your physician right away. You should also let your physician know if you had any previous complications from anesthesia for other procedures in the past. After the procedure, you may experience mild bloating and gas, because the physician will blow air into the bowel to allow for a good visualization. A moderate amount of gas is not unusual and it should resolve within a few hours. Some patients may experience sore throat after an upper DBE. This is not a complications but rather a consequence of the tube sliding down through the throat.

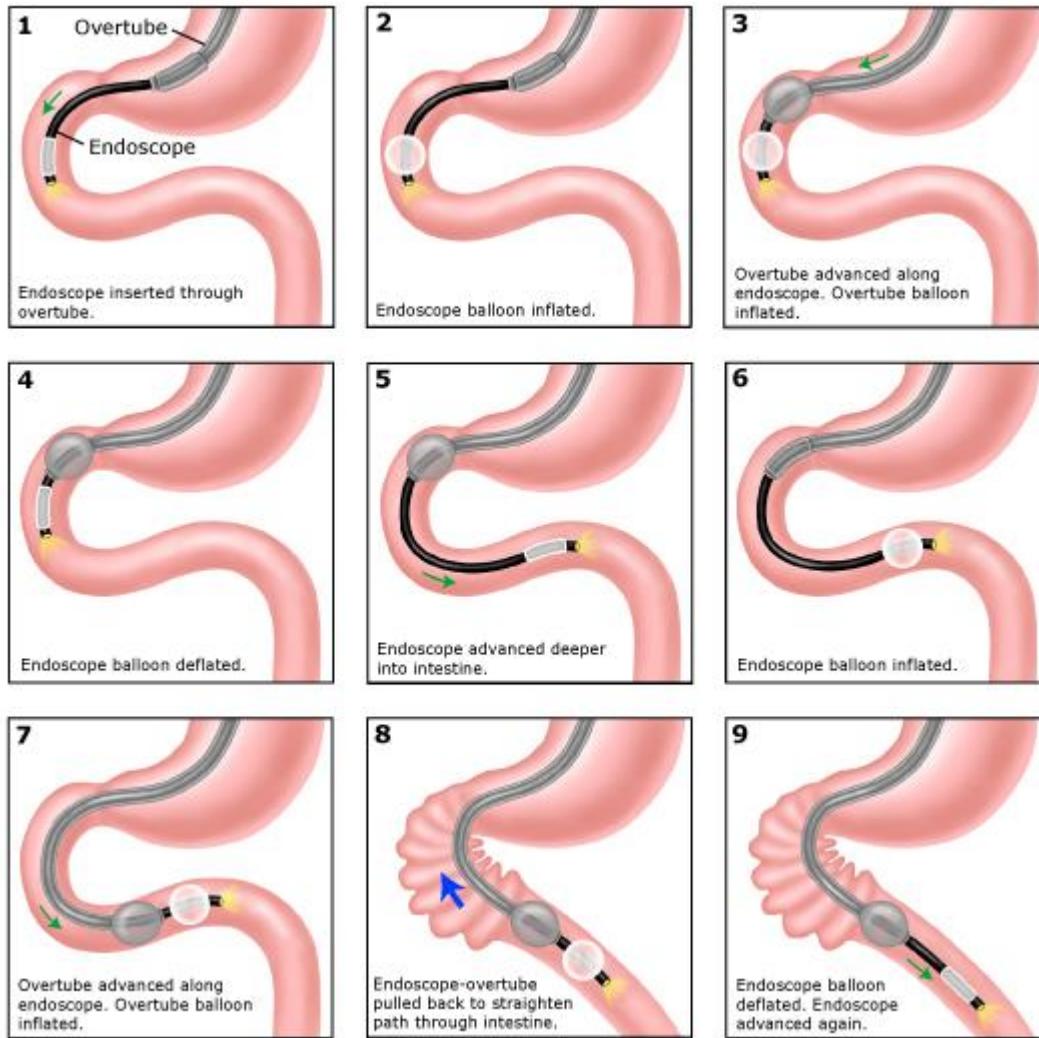
What are potential complications from DBE:

Complications from DBE are very infrequent but important to understand. Sore throat, abdominal cramping and gas are expected after DBE and are not considered complications. Severe pain lasting more than a few hours, vomiting and fever may be signs of a developing complication and you should let your physician know right away. The most common serious complications with DBE are bowel perforation (putting a hole in the bowel), causing or worsening a bleeding such as to require blood transfusions or surgery, pancreatitis (inflammation of the pancreas, which is very uncommon), ileus (temporary bowel paralysis that is also very rare) or complications from the medications that you will receive for sedation. Together these complications are on average less than 1%. If you develop a complication, you may need to be hospitalized and receive treatment which may include surgery.

What are the benefits of DBE:

DBE allows the gastroenterologist to explore and perform procedures in remote, otherwise inaccessible areas in the small bowel. The alternatives to DBE are doing nothing and continuing medical treatment or intra-operative endoscopy, where the surgeon opens the abdomen and then advances a scope into the small bowel under general anesthesia. This is usually followed by several days of recovery in the hospital as with any other major surgery.

Double balloon endoscopy technique



Vascular Malformation