PROCEDURE

Enteroscopy

Enteroscopy uses a flexible camera to examine, sample, and treat areas deep inside the small intestine.

PURPOSE
Find, sample, or treat problems deep in the small intestine

PROCEDURE TYPE
Diagnostic and therapeutic; minimally invasive endoscopy through mouth or anus

WHERE IT IS DONE
Endoscopy suite, sometimes an operating theatre

ANAESTHESIA
Moderate or deep sedation; sometimes general anaesthesia

HOW LONG IT TAKES
45 minutes to three hours, based on technique and route

PREPARATION
Fasting; bowel preparation for anal route; medication review

RECOVERY
Usually same day; no driving for 24 hours after sedation

MAIN RISKS
Bleeding, perforation, pancreatitis, and sedation-related breathing problems

RESULTS
Visual findings immediately; biopsy results usually within several days

Overview

Enteroscopy examines the small intestine, the long section of digestive tract between the stomach and colon. Standard upper endoscopy and colonoscopy reach only its beginning or end, whereas enteroscopy can travel farther.

A flexible camera is passed through the mouth or anus, depending on the suspected problem's location. Instruments can take biopsies, stop bleeding, remove growths, widen narrowed areas, or retrieve objects.

Push enteroscopy examines the upper small intestine. Device-assisted techniques use balloons, an overtube, or a spiral device to move the scope more deeply through the bowel.

Why the procedure is performed

Enteroscopy may be recommended when a problem is beyond the reach of routine endoscopy or colonoscopy. Reasons include:

Diagnosis and treatment may occur together, although the target area cannot always be reached in one session.

- Finding unexplained digestive-tract bleeding or iron-deficiency anaemia
- Examining an abnormality found by capsule endoscopy or imaging
- Taking a tissue sample
- Treating bleeding with heat, clips, injections, or other methods
- Removing certain polyps, growths, retained capsules, or other objects
- Widening a narrowed area
- Assessing Crohn's disease or inherited polyp syndromes

Who should and should not have it

Enteroscopy may help when information or treatment is needed from an area that ordinary endoscopy cannot reach. It may be delayed or avoided if:

Blood thinners like warfarin or apixaban do not automatically prevent enteroscopy. The plan depends on why you take them and whether treatment is expected. Do not stop them without specific instructions.

Previous abdominal surgery or altered digestive anatomy may make the procedure harder and require a specialist centre.

- You cannot safely receive sedation or anaesthesia
- A digestive-tract tear is suspected
- A serious heart or breathing condition is unstable
- Bowel preparation is inadequate for the anal route
- Bleeding risk is too high for planned biopsy or treatment
- Pregnancy makes sedation, X-rays, or another part of the procedure unsuitable

How to prepare

Follow your facility's instructions because preparation varies by route, sedation, and expected treatment.

For enteroscopy through the mouth, stop eating and drinking for the stated period so your stomach is empty. For the anal route, you will usually need bowel preparation similar to that used for colonoscopy.

Provide a current list of medicines and supplements. Ask specifically about blood thinners, diabetes medicines, iron, and medicines that slow stomach emptying. Do not change prescribed treatment on your own.

Tell the team if you may be pregnant, have medicine or latex allergies, use a pacemaker or implanted device, or have previously had problems with sedation or anaesthesia.

Arrange for a responsible adult to take you home after sedation or general anaesthesia. Some facilities also require someone to stay with you afterward.

What happens during the procedure

The team confirms your identity, planned route, medicines, allergies, and consent. An intravenous line is placed, and equipment monitors your oxygen, breathing, blood pressure, and heart rate.

For the mouth route, you may receive throat-numbing spray and a mouth guard. Sedation is given before the lubricated scope is advanced through the mouth or anus. Carbon dioxide or air opens the intestine for viewing and may cause pressure or bloating.

Balloons or a spiral device may gather the intestine over the scope so it can advance farther. X-ray guidance is sometimes used. The specialist examines the lining and may take biopsies, stop bleeding, stretch a narrowing, or remove selected growths or objects.

Recovery and what to expect afterward

Pain: Mild bloating, gas, cramps, or a sore throat may occur. Significant or worsening pain is not expected and should be reported.

Eating: You can usually eat and drink once alert and able to swallow safely. Treatment may require a lighter meal or temporary diet change.

Activity: Rest for the day. Walking may relieve trapped gas. Follow additional restrictions after treatment.

Driving: Do not drive yourself home. For 24 hours after sedation or anaesthesia, avoid driving,

machinery, alcohol, and important decisions unless your facility advises otherwise.

Work: Many people return to desk work the next day. More recovery time may be needed after general anaesthesia, treatment, or physically demanding work. Occasionally, hospital observation is required.

Risks and possible complications

Risks vary with the route, examination depth, your health, and whether treatment is performed. They include:

Your team should explain risks specific to your planned procedure.

- Bleeding: Especially after biopsy, polyp removal, or treatment; it may occur later
- Perforation: A tear that may require hospital care or surgery
- Pancreatitis: Mainly associated with balloon-assisted procedures through the mouth
- Sedation or anaesthesia problems: Such as low oxygen, aspiration, abnormal heart rhythm, or blood pressure changes
- Infection: Uncommon, but possible after some treatments
- Incomplete examination: The scope may not reach the target

Results and follow up

The specialist can usually describe visual findings after you recover. Because sedation can affect memory, written results or having a family member present may help.

Biopsy results usually take several days. The facility should explain when and how you will receive them.

Follow-up may involve a clinic visit, phone call, blood tests, imaging, treatment, monitoring, or another procedure from the opposite route if the target was not reached.

Alternatives

Alternatives depend on whether the aim is diagnosis, biopsy, or treatment:

- Capsule endoscopy: A swallowed camera takes pictures without sedation but cannot biopsy or treat abnormalities. It can become stuck in a narrowed intestine.

- CT or MR enterography: Shows the bowel wall and surrounding tissues but cannot biopsy or treat. CT uses radiation.
- Standard endoscopy or colonoscopy: Usually shorter but reaches less of the small intestine.
- Angiography: Can find and treat some active bleeding but uses a catheter, contrast, and radiation.
- Surgery: Provides direct access but has greater risks and a longer recovery.
- Observation or medicine: Appropriate in selected cases but may delay diagnosis and cannot provide biopsy or endoscopic treatment.

When to call your healthcare team

Contact the endoscopy team if mild throat discomfort, bloating, nausea, or bowel changes are not improving, or if you need guidance about eating, medicines, work, or results.

Seek urgent medical advice for increasing abdominal pain, repeated vomiting, fever, a swollen or firm abdomen, black stools, or more than a small amount of bleeding.

Call emergency services for severe abdominal or chest pain, difficulty breathing, fainting, confusion, vomiting blood, or heavy ongoing rectal bleeding.

Common questions

Will I be asleep?

Moderate sedation makes you drowsy but may allow you to respond. With deep sedation or general anaesthesia, you will be fully or almost fully unconscious.

Can I drive home?

No. Sedation can impair judgment and coordination even if you feel awake. Arrange for an adult to take you home.

How painful is enteroscopy?

Sedation usually prevents significant pain during the procedure. Mild pressure, bloating, cramps, or a sore throat may occur afterward.

When will I know the results?

Visual findings are usually available the same day. Biopsy or removed-tissue results generally take several days.

Will the whole small intestine be examined?

Not always. The intestine is long and curved, so a second procedure from the opposite route may be considered.

Why do I need enteroscopy after capsule endoscopy?

Capsule endoscopy may locate an abnormality but cannot sample or treat it. Enteroscopy allows direct examination, biopsy, and treatment.

Sources

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