

Balloon Enteroscopy Patient information sheet

What is balloon enteroscopy?

Balloon enteroscopy is a specialised endoscopic procedure used to examine and treat the small bowel (small intestine). The small bowel is long and difficult to reach with standard gastroscopy or colonoscopy. Balloon enteroscopy allows your doctor to access deeper parts of the small intestine using a specially designed endoscope with an overtube and balloon system.

The procedure can be performed either:

- **Antegrade (through the mouth)** — to examine the upper and middle small bowel
- **Retrograde (through the anus)** — to examine the lower small bowel

In some cases, both approaches may be required to fully assess the small intestine.

Why is balloon enteroscopy performed?

Balloon enteroscopy is commonly performed to investigate or treat abnormalities in the small bowel that cannot be reached with routine endoscopy.

Common reasons include:

- Obscure gastrointestinal bleeding
- Iron deficiency anaemia
- Abnormal capsule endoscopy findings
- Suspected small bowel polyps or tumours
- Small bowel ulcers or inflammation
- Crohn's disease affecting the small bowel
- Retrieval of retained capsule endoscopes
- Treatment of bleeding lesions within the small bowel

The procedure also allows your doctor to perform specialised treatments including:

- Biopsies
- Treatment of bleeding blood vessels (angioectasias)
- Polyp removal
- Dilation of strictures (narrowed areas)
- Tattoo marking for surgery or future localisation

How do I prepare for balloon enteroscopy?

Preparation depends on whether the procedure is being performed through the mouth (antegrade) or through the anus (retrograde).

Antegrade balloon enteroscopy

You will usually need to fast:

- No solid food for at least 6 hours before the procedure
- No fluids for approximately 3 hours before the procedure

Retrograde balloon enteroscopy

A bowel preparation similar to colonoscopy is usually required to clean the bowel thoroughly before the examination.

Your doctor or nursing staff will provide detailed instructions before your procedure.

Please inform your doctor if you:

- Take blood thinning medications
- Have diabetes
- Have heart or lung disease
- Have sleep apnoea
- Have allergies to medications

Medication adjustments may be required before the procedure.

How is balloon enteroscopy performed?

Before the procedure, you will receive sedation administered by a qualified anaesthetist. You will not usually require a full general anaesthetic.

Once you are comfortably sedated, the endoscope is carefully advanced into the small bowel using a balloon-assisted technique. The balloons help gently pleat the small intestine over the scope, allowing deeper access into the bowel than standard endoscopy.

The procedure duration can vary significantly depending on the indication and how deep into the small bowel examination is required. Procedures commonly take between 45 and 90 minutes.

During the procedure, your doctor may:

- Inspect the lining of the small bowel
- Take biopsies
- Treat bleeding
- Remove polyps
- Dilate narrowed areas
- Retrieve retained capsules

Highly trained nursing and anaesthetic staff will monitor you throughout the procedure to ensure your safety and comfort.

What happens after balloon enteroscopy?

Following the procedure, you will remain in the recovery area until the sedation has worn off. You may experience:

- Mild bloating
- Mild sore throat (after antegrade procedures)
- Mild abdominal discomfort

These symptoms are usually temporary.

Your doctor will briefly discuss the findings with you on the day of the procedure. If biopsies are taken, results may take several days.

Because sedation is used, you must not:

- Drive a vehicle
- Operate machinery
- Sign important documents
- Drink alcohol

for the remainder of the day after your procedure.

You should arrange for a responsible adult to take you home and stay with you overnight.

What are the risks or side-effects?

Balloon enteroscopy is generally safe, however complications can occasionally occur.

Potential risks include:

- Bleeding
- Perforation (tear in the bowel wall)
- Pancreatitis (more commonly with antegrade procedures)
- Reactions to sedation
- Infection
- Abdominal pain or bloating

Serious complications are uncommon but may require hospital admission, surgery, or further treatment.

When should I seek urgent medical attention?

Please contact your doctor or present to the emergency department if you experience:

- Severe or worsening abdominal pain
- Fever
- Persistent vomiting
- Black bowel motions or significant bleeding
- Chest pain
- Difficulty breathing
- Any symptoms causing significant concern