



DOUBLE BALLOON ENDOSCOPY

What is DBE?

DBE allows your doctor to examine the small bowel where other endoscopes cannot reach. Depending on the position of the abnormality your doctor will then decide which direction the procedure should enter the small bowel. If the abnormality is higher up the small bowel then an oral approach (anterograde) is preferred. If the problem is lower down the small bowel then progressing up from the colon is preferred.

Why is DBE done?

DBE has two main roles. Firstly, it can detect and treat lesions in the small bowel. In comparison to capsule endoscopy which can only “see” lesions, DBE can treat them. Some patients have a low suspicion for a small bowel lesion seen by capsule endoscopy or xray. To clarify if there really is a lesion we use DBE and this is a common reason to perform DBE.

In some cases, DBE cannot treat the lesion successfully and a tattoo is made to assist in finding the correct area if surgery is required.

Bleeding or anaemia is the most common reason to perform DBE. We call this type of situation OGIB (obscure GI bleeding). This can be a difficult area as many patients don't have definite bleeding sites and even when treatment is performed by DBE, not all will stop bleeding. Overall, we estimate that up to 80% of patients will benefit from DBE but this may not last forever.

How should I prepare for DBE?

For antegrade or oral DBE fasting for a minimum of 8 hours is required. For the anal or retrograde approach a full bowel preparation like is used for colonoscopy is required.

Tell your doctor in advance of the procedure about all medications that you're taking and about any allergies you have to medication. He or she will tell you whether or not you can continue to take your medication as usual before the DBE examination. In general, you can safely take aspirin and similar blood thinning medications before an DBE examination, but it's always best to discuss their use with your doctor. Usually, essential medications can be taken on the procedure morning with only a small cup of water.

If you have an allergy to latex you should inform your doctor prior to your test. Patients with latex allergies often require special equipment and may not be able to have a DBE examination.

Suite 7C Level 7
66 High St
RANDWICK

Ph: 93980200

Suite 704 Level 7
3 Waverley St
BONDI JUNCTION

Ph: 83050000

Suite 18 Level 3
193 Macquarie St
SYDNEY

Ph: 92372500

Suite 8 Level 3
19 Kensington St
KOGARAH

Ph: 83050000

Suite 311 Level 3
100 Carillon Ave
NEWTOWN

Ph: 83050000



What can I expect during DBE?

For a DBE examination of the upper gastrointestinal tract, your endoscopist might spray your throat with a local anaesthetic before the test begins. You will receive sedatives intravenously to help you relax. You will most likely begin by lying on your left side. After you receive sedatives, your endoscopist will pass the DBE scope through your mouth, oesophagus and stomach into the duodenum and small bowel. The instrument does not interfere with your ability to breathe. The actual examination generally takes up to 60 minutes. Most patients consider it only slightly uncomfortable. The retrograde approach is similar to colonoscopy where the colon is examined and then the scope is inserted into the small bowel where progress is then made up the small bowel. This can be difficult and overall success may be only 80-90% as difficult loops and angles make upstream progress too difficult.

What are the possible complications of DBE?

Although complications can occur, they are not common. The chances for any complication are less than 1%. The chances of a major complication are less than 0.5% or 1 in 200. For the oral approach you will have a sore throat for a day or more. Pain is unlikely and serious problems like pancreatitis or perforation will cause pain and should be reported to the doctor ASAP. In rare situations surgery may be required to repair a perforation. Other potential, but uncommon, risks of EUS include a reaction to the sedatives used; backwash of stomach contents into your lungs; infection; and complications from heart or lung diseases.

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