

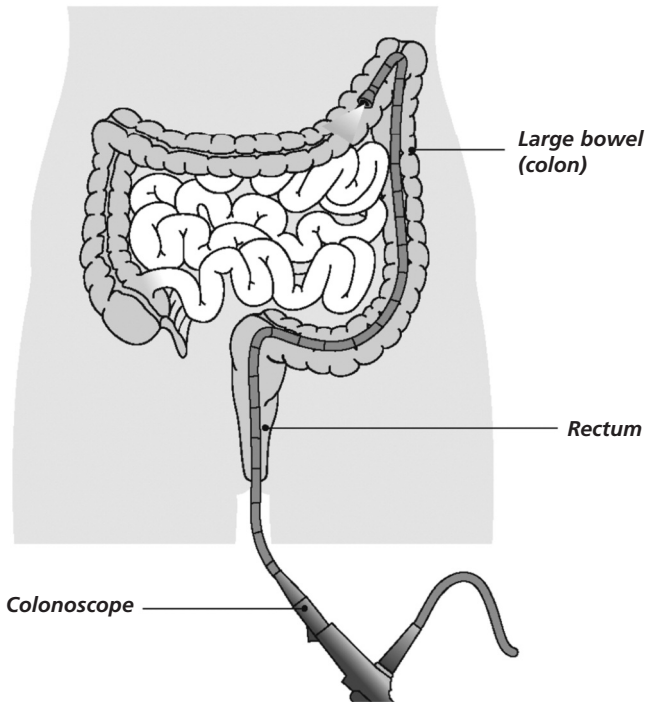
Colonoscopy

Endoscopy Department

PATIENT NUMBER

This information leaflet is for patients who are having an examination of the bowel (known as a colonoscopy). The leaflet explains the reasons for the examination, what is involved, and about any possible risks or side effects.

A **colonoscopy** is an examination of the inside of the large bowel using a long flexible instrument called a colonoscope. This is introduced into the colon via the back passage and an image is projected via a small camera onto a screen.



Reasons for having this examination include:

- To investigate your symptoms. The results can help us to decide on the best treatment for your problem or whether we need to carry out further examinations
- To treat abnormalities such as polyps
- To re-examine any previous problems

What is a polyp?

A polyp is a protrusion from the lining of the bowel. If a polyp is found, or if we already know you have a polyp, it is usually removed by the endoscopist as some polyps can cause problems in the future. Alternatively, your endoscopist may take some sample biopsies for further examination.

Preparation for the examination

For this examination to be successful your bowel must be as empty as possible. You will be given a laxative (instructions for this will be provided separately) and a recommended change in diet for a few days before the test. **It is very important to follow these instructions carefully and drink plenty of fluids on the day before the examination.**

You can continue to take any medicines as usual **except** for iron tablets and any medicines that can cause constipation such as Codeine Phosphate or Loperamide. These should be stopped seven days before the procedure.

If you have **diabetes**, or you are taking anticoagulants (blood thinning medication) such as **warfarin, ticagrelor clopidogrel, dabigatran, rivaroxaban, edoxaban** or **apixaban**, you will be given specific instructions in advance. Patients who continue to take Warfarin, or who have stopped Warfarin just before the test, will need to have a blood test on the day in the unit.

Please read and complete your **medical assessment form** in advance of your procedure. You will also be sent a **consent form** which a nurse will go through with you on the day.

If you have not been advised what to do about your medicines or if you require any additional access or support, please call our Endoscopy reception on **01582 497298**.

On arrival at the hospital

- Please **go straight to the Endoscopy Unit** and ring the bell to let the staff know you have arrived
- **Procedure times can be unpredictable** so you may have to wait a while, it is a good idea to bring something to read
- A **nurse will go through your medical history** with you, while also checking your pulse, blood pressure, oxygen levels, blood sugar (if diabetic) and clotting (if on anticoagulants). They will ask any necessary additional questions and you will have the chance to ask anything you may want to know
- The **nurse will go through the consent form with you** to confirm that you understand the procedure and agree to go ahead with it, after which you should sign the form. You will be given an identity band which you should also check
- You will then be asked to **change into a hospital gown**. Put on your dressing gown over this and wait until you are taken through to the examination room.
- A **nurse will remain with you throughout** the examination

The examination

Most examinations last between 20 and 45 minutes. Not all procedures require sedation and some patients choose to have no medication or Entonox (gas and air).

If you choose to have sedation and/or a painkiller you will be given an injection to make you as relaxed and comfortable as possible. Sedation may also make you feel sleepy but for most patients it induces sleep after the examination, rather than during it. We will monitor your heart rate and breathing throughout.

In order to have sedation and/or pain relief it is important that you have a responsible adult to look after you for 24 hours after

your colonoscopy. As an alternative you may be offered Entonox, an inhaled painkiller. Throughout the test you also may be given oxygen via a nasal tube.

While you are lying comfortably on your left side on the examination trolley, the doctor or nurse specialist will gently pass the small flexible tube (colonoscope) into your large bowel via the back passage.

Some air is passed into the bowel to expand it to allow for a clear view. This can cause some discomfort but it will not last long. You may feel as if you want to go to the toilet but be reassured that this will not happen. Most of the air will be sucked out at the end of the test.

The bowel can be very long and bendy, so manoeuvring the tube around it can take time and may cause some discomfort and stretching. In order to complete the examination it is occasionally necessary to change your position onto your front, back or right side. An assistant may have to press on your abdomen to assist the procedure.

Air that has been passed up into the bowel will have to come out again as wind. Please do not worry about this, it is quite normal.

A biopsy (a small sample of tissue) may be taken during the examination to be sent into the laboratory for further tests. This does not cause pain.

Occasionally polyps are found in the bowel and can be removed. This again is painless but can result in bleeding from the lining of the bowel when the polyp has been removed. This bleeding usually settles down quickly.

After the examination

If given sedation or a painkiller injection, you will be taken to the recovery area. Once recovered from the effect of the sedation and the procedure, you will be offered a drink and a biscuit.

A nurse will explain the findings of your procedure and you will be given a copy of your report before being discharged. It would be a good idea for an adult member of your family or a friend to be present as you may not remember everything you have been told.

You may experience some more discomfort from wind – this should settle after a few hours.

The sedative effects (if administered), may make you sleepy and can last for 24 hours. Even though you may feel alert you **must be accompanied home**. If you had the sedative injection and/or analgesia, you must have a responsible friend or relative to take you home and stay with you for 24 hours. If this is a problem, please telephone the department as soon as possible.

Individuals are unable to donate blood for 4-6 months following any endoscopic procedure.

The risks

Colonoscopy is a safe procedure but there can be a risk of the following:

- **Bowel preparation** can cause immediate problems with the kidneys, particularly in patients with known kidney problems or those who are on medication that affects the kidneys. This can usually be treated, however very rarely there may be permanent damage
 - **A perforation** (a small tear) in the wall of the bowel. The risk of this happening is around 1 in 1,000. If this happens you may need to stay in hospital to have an operation to repair the tear
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- **Bleeding** occurs rarely following a biopsy but frequently if a polyp is removed. The risk is about 1 in 150. If it occurs and does not stop then you will need to come back into hospital
 - **Sedation** lowers blood pressure and can cause short term problems with breathing and heart rate. You will be monitored carefully so that if any problems do occur they can be treated quickly. Older people and those with pre-existing conditions may be at higher risk

If you have any concerns about these risks please talk to your specialist before your colonoscopy.

Alternative procedures

The main alternative is a CT scan; however this is not as accurate as a colonoscopy. Biopsies cannot be taken and procedures cannot be performed with x-rays and scans.

For further information

If you have any questions please contact us between 8am–6pm on 01582 718486. Alternatively, you can call our 24 hour emergency advice line on 07815178199.

