

Patient advice sheet

Having a Colonoscopy – pre-procedure information

You have been advised by your GP or hospital doctor to have an investigation known as a Colonoscopy.

Please read all the information in this booklet carefully as failure to follow instructions may result in your test being cancelled.

Appointment

Please phone the Endoscopy department at the earliest opportunity on **01296 315175** if the date or time is not convenient to you so that we can reschedule your appointment.

Consent

All procedures undertaken in hospital, require your consent. This is a legal requirement.

Please read this information sheet carefully as it provides all the information you need to make an informed choice paying particular reference to the risks associated with your procedure.

During the admission procedure, one of the endoscopy specialist nurses will explain your procedure and go through the risks associated with it, giving you the opportunity to ask questions and have them answered. Once you are completely happy with the information given, you will be asked to sign a consent form. Please note you have the right to withdraw your consent at any time.

Some procedures require tissue samples to be taken for microscopic examination. Rather than destroying the samples after this examination we ask your permission to use these tissue samples for teaching and research purposes. All specimens are treated anonymously.

Your signed consent form is held in our hospital notes. Should you wish to have a copy we can organise a photocopy for your personal records.

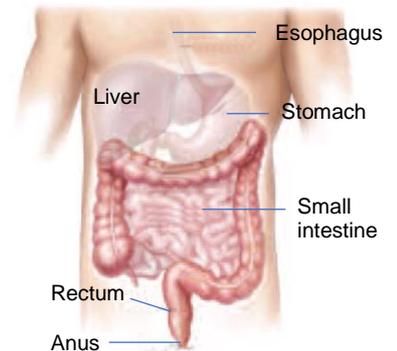
If you do not speak English, an independent translator must be available to ensure you properly understand the test. This should not be a member of your family or a friend. The procedure will be cancelled if a proper consent cannot be taken.

This information sheet enables you to make an informed decision before agreeing to the procedure.

What is a Colonoscopy?

A colonoscopy is an investigation using a flexible tube to look accurately at the lining of the entire large bowel (colon). The long tube, called a **colonoscope**, is inserted at the anus and manoeuvred around to the far end of the large bowel (the caecum).

The colonoscope has within it an illumination channel which enables light to be directed onto the lining of your bowel, and relays pictures back to a television screen. This allows the endoscopist to have a clear view and to check whether your bowel is abnormal.



Why do I need to have a Colonoscopy?

Your symptoms may suggest that you have a problem with the large bowel (the colon), which requires investigation.

- You may be having the procedure as part of the Bowel Cancer Screening Programme.
- You may have previously had surgery for bowel cancer in which case a colonoscopy will be performed regularly to check for signs of any recurrence.
- Likewise, if you suffer from inflammatory bowel disease, previously had polyps removed or have a family history of colorectal (bowel) cancer you may require regular surveillance colonoscopy.

What are the benefits of having a Colonoscopy?

If there is any abnormality in the bowel then it should be possible to see it during the procedure, which is relatively quick (30mins). It does not require a general anaesthetic but may require a short acting sedative drug to be given while the procedure is being carried out. It allows the doctor to take samples (biopsies) of tissue so they can be examined under a microscope. Any polyps which are found may also be removed at the same time. It does not require a general anaesthetic but may require a short acting sedative drug to be given while the procedure is being carried out.

Polyps

A polyp is a lumpy growth from the lining of the bowel. Some polyps are on a stalk and some are flat. Polyps can usually be removed or sampled (biopsies taken) as they may grow and cause problems.

Polyps are usually removed by placing a snare (a wire loop) around the polyp. A high frequency current is then applied and the polyp removed. Smaller polyps are sometimes removed by forceps that cut the polyp off.

Is there an alternative to having a Colonoscopy?

There are alternatives such as a CT scan which is an X-ray procedure. This may find areas which are abnormal but does not allow samples (biopsies) to be taken. You may have already had another investigation which did not pick up the problem or showed an abnormality which now requires a biopsy to be taken.

Are there any risks?

A colonoscopy is a skilled procedure performed by a trained endoscopist who takes every care to reduce any risks. However, as it involves inserting a camera into your bowel, by its nature it carries the risk of complications. Although these complications arise very rarely we need to make you aware of them.

Risks associated with the procedure:

- **Perforation or tear** of the lining in the bowel. This is a rare complication with an approximate incidence of 1 in every 1000 procedures, requires hospital admission for observation and possible surgery to repair the perforation. The risk of perforation is higher with polyp removal; approximate incidence 1 in every 500 procedures.
- **Bleeding** – at the site of polyp removal or biopsy. Bleeding is normally minor and usually stops on its own; however in the event that this isn't the case, it may need to be controlled by cauterisation, clipping or injection treatment.

Risks associated with having sedation:

Sedation in a small number of patients may cause problems with slower breathing, low blood pressure and a slow heart rate. Careful monitoring of these vital signs during the procedure by your nurse will detect any changes early and these can be treated rapidly.

Incomplete procedure

In a small number of patients the colonoscope cannot be manoeuvred all the way around the to the far side of the bowel. You may then need another test such as a CT scan.

In addition it is possible to miss small abnormalities particularly if the laxative or enema used to empty the bowel has not worked well.

Will I need sedation?

The majority of colonoscopies are done under sedation. Sedation is given through an intravenous cannula (small plastic tube put into your vein). It is a sedative, not an anaesthetic so you will not go to sleep but most people feel drowsy and relaxed. Some patients may like to use Entonox (gas and air) as an inhaled pain killer.

How long will I have to be at the hospital?

You will usually have the colonoscopy as a day patient, involving a stay of between 2-4 hours. The endoscopy unit closes at 6pm.

Please note, appointment times are not exact, the unit has to respond to unexpected emergencies and therefore delays occasionally are inevitable.

Will I get the results straight away?

When you have recovered, a healthcare professional will explain the results and go through the report. Should you require a further endoscopic procedure your appointment may be made before you leave the unit. You will also receive an aftercare leaflet.

Are there any after effects?

After effects are rare, but you may notice some bleeding if a biopsy has been taken or a polyp removed. You may experience wind /cramp like tummy pain. If you have had sedation you may have some drowsiness during the first 24 hours after the colonoscopy.

Preparing for the examination

The bowel must be completely cleared of all waste matter. This is achieved by the use of a bowel cleansing medicine. The medicine is designed to give you diarrhoea so it is advisable to stay at home during this time as you need to be close to a toilet - the medicine works quickly and so you will not be able to go to work whilst taking the medicine.

IT IS EXTREMELY IMPORTANT THAT YOU FOLLOW THE INSTRUCTIONS ABOUT HOW TO TAKE THE BOWEL PREPARATION CAREFULLY

Please note: If you have a **colostomy** the medicine will work in the same way. You are advised to put on a drainable appliance before taking the medicine and keep it on until after the examination. If you do not have any drainable appliances (pouches), please contact your stoma care nurse.

Preparing for your Colonoscopy

- Please bring a **dressing gown, slippers** etc.
You will be asked to change into a hospital gown for the procedure.
- Do not bring valuable items such as credit cards and jewellery.
- If you are **asthmatic**, please bring your inhalers with you and tell the nurse.
- If you have **diabetes** please ensure the endoscopy unit is aware and your diabetic tablets and/or insulin are with you on the day. If you need advice, contact your diabetes specialist nurse.
- If you have **sleep apnoea** please bring your usual breathing apparatus with you for use during the procedure.
- If you are taking **iron tablets**, stop 7 days before the test.
- If you are taking **Warfarin** (or any other blood thinning tablets e.g. Rivaroxaban, Dabigatran, Apixaban) or **Clopidogrel** (or other “antiplatelet” drugs), please ensure you have informed the endoscopy unit.
- **Aspirin** can be continued.
- If you are taking any other regular medications, please continue these as normal and bring your list of medications with you.
- If you have a **heart valve replacement**, are **pregnant, trying to conceive** or **breastfeeding**, are in poor health or very frail, please telephone us.
- **If you suffer from kidney failure, you must contact us for advice.**

On arrival at the unit

The receptionist will book you in and then a member of the endoscopy nursing team will collect you from the reception area. If you have not already been seen for a pre-assessment discussion, you will be taken to a private room where a brief medical history will be taken and your current medications will be documented (please bring your prescription list with you). The nurse will also explain the risks involved in the procedure and you will have the opportunity to ask questions. If you have not already signed your consent form, you will be asked to do so at this point.

Family friends and relatives

Friends and family will be asked to leave once you enter the endoscopy unit. Refreshment facilities are available:

- **Stoke Mandeville Hospital:** A restaurant is available within the main entrance (entrance 3), there is also a Costa Coffee inside the A&E entrance (entrance 4) adjacent to outpatients.
- **Wycombe Hospital:** Within reception at main entrance (ground floor of the main tower block).

The examination

- Before the examination it is likely that you will be given an injection to make you relaxed and sleepy. A nurse will stay with you throughout the examination.
- You will be asked to lie on your left side with your knees slightly bent. (This does not apply to patients with a stoma.)
- An oxygen probe will be placed on your finger and you will be given some oxygen to breathe for the duration of the procedure.
- Air is introduced to the bowel with the colonoscope to help pass it around the bowel, so you may feel uncomfortable with wind or feel bloated until you pass the excess 'wind' naturally.
- You will have your blood pressure and breathing monitored throughout the procedure.
- Photographs may be taken during your procedure and retained in your medical records as evidence of findings.
- The lining of the bowel is insensitive to pain so you should not feel anything when/if the samples (biopsies) / polyps are removed.
- The examination is usually completed within 20 to 30 minutes, however, this does vary.

After the examination

You will rest in recovery afterwards for a short while; during this time nursing staff will check your blood pressure, pulse, respiratory rate and oxygen levels. You may feel a little bloated with wind and cramp like pains, which can sometimes be quite painful but usually disappear quickly.

You may resume eating and drinking as normal but please be aware that your bowel will work slightly faster because of the residual bowel cleansing medicine.

If you have had a sedative injection, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure even though you feel wide-awake. For this reason, you **must** have someone who can take you home **and** look after you.

If you have had sedation, **for 24 hours after** your procedure **you must not**:

- Drive
- Operate potentially dangerous machinery
- Sign any legal documents
- Drink any alcohol

In addition, **for 8 hours after** sedation, **you should not**:

- Have a bath unsupervised
- Look after dependants on your own
- Go to work
- Take sleeping tablets or recreational drugs

Checklist

- Dressing Gown & Slippers
- Medication prescription list
- Insulin/Sandwich (if diabetic)
- Accompanied lift home (if having sedation)
- Organised support at home overnight

Useful Links:

Buckinghamshire Healthcare NHS Trust Website www.buckshealthcare.nhs.uk/gastro
Guts UK Charity for patient information <https://gutscharity.org.uk/>

If you would like a copy of this information sheet on audiotape, in large print or translated, please call 01296 315175 (SMH) or 01494 425288 (WH)

Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible, but please note that it is subject to change. Please therefore always check specific advice on any concerns you may have with your doctor.

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