

Patient advice sheet

Having a Colonoscopy – Information for Individuals with Spinal Cord Injury (SCI).

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

Please read this patient information leaflet carefully. It provides information on the procedure, the risks and the preparation involved, as well as after-care guidance. Following the preparation instructions below will contribute to the effectiveness of the colonoscopy.

Appointment

If your appointment is not convenient, please phone the Endoscopy Department at Stoke Mandeville Hospital at the earliest opportunity on **01296 315175** so that we can reschedule it.

Consent

All procedures undertaken in hospital require the patient's consent. This is a legal requirement.

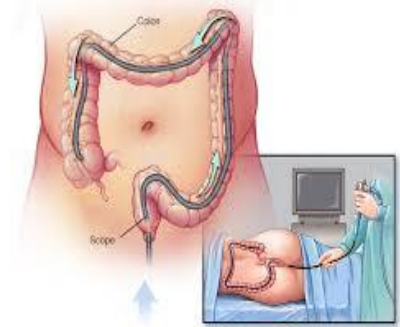
Some procedures require tissue samples to be taken for analysis. Rather than destroying the samples after this examination we ask your permission to use these tissue samples for teaching and research purposes. All specimens are treated anonymously.

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, telescopic tube to look accurately at the lining of the entire large bowel (colon). This long tube, called a **colonoscope**, is inserted at the anus and manoeuvred around to the appendix.

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 helps the Endoscopist to have a clear view to check whether your bowel is abnormal.



Why do you 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 have been seen by the NSIC colorectal team who have requested this to rule out any other issues that they couldn't see in clinic or prior to planned surgery
- You may be having the procedure as part of the Bowel Cancer Screening Programme to determine whether you require

What are the benefits of having a Colonoscopy?

If there is any abnormality in the colon then it should be possible to see it during the procedure, which is relatively quick (30mins). It does not require a general anaesthetic but depending on your level of injury, it may be necessary for you to have a short acting sedative drug while the procedure is being carried out. The doctor may need to take samples (biopsies) of tissue so they can be examined under a microscope. Polyps, if found, may also be removed at the same time.

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 (biopsied) 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. Polyp removal should not be painful.

Is there an alternative to having a Colonoscopy?

There are alternatives such as CT Pneumocolon, which is an X-ray procedure, but these do not allow the doctor to take samples and may not be suitable for all Spinal Cord Injury (SCI) levels. You may have already had one of these investigations 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 miniature 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 whilst rare, approximate incidence 1 in every 1,000 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 has a risk of 1 in 200 but the bleeding is normally minor and usually stops on its own; however, in the event this isn't the case, it can be controlled by cauterisation, or injection treatment.

Will you need sedation?

Some colonoscopies are done under sedation, and this depends on your level of spinal cord injury. Sedation is given through an intravenous cannula (small plastic tube put into your vein). It is a sedative, not an anaesthetic and will make most people feel drowsy and relaxed.

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. In this case it is possible to miss small abnormalities particularly if the bowel preparation and enema used to empty the bowel has not worked well. You may then need another test such as a CT scan or a repeat procedure after longer bowel preparation.

How long will you need to be at the hospital?

This is usually performed as a day procedure but is not always practical or advised for people with SCI due to the extended bowel preparation required. It may therefore be requested that you are admitted to the NSIC, which will involve a stay of between 2 – 4 days. You will be admitted to a ward at the spinal unit 2 days prior to the procedure (possibly earlier if longer preparation is deemed necessary), so that we can assist you with the preparation.

Preparing for the examination

The bowel must be completely cleared of all waste matter. This involves a low residue diet and oral and rectal medications. The medicine you will be given over 2 days is designed to give you diarrhoea, so it is advisable to stay on the ward or on your bed where the nursing staff are available to assist you as required. You may have a short period of bed rest as you may feel tired.

The bowel preparation medication will be prescribed by your doctor and the instructions should be followed carefully. You are asked to start a low residue diet at home 2 days before your admission and if not admitted to a Spinal ward, to drink Moviprep as outlined in the “Preparation for Spinal Cord Injury (SCI) Patients” charts on page 5.

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 until after the examination. If you do not have any drainable appliances (pouches), please contact your stoma care nurse.

What is a Low Residue (low fibre) Diet?

A well-balanced diet contains fibre that helps with digestion and absorption of nutrients and water. However, it also helps bulking in stool and this diet can leave behind residue. The residue makes seeing and performing the colonoscopy harder. A low-residue diet cuts out all high fibre foods to reduce the volume of stool in the bowel. Some examples are listed below. This is a very important part of the preparation for the colonoscopy, as it helps to make sure the bowel is clean for the procedure and that the colonoscope can see everything clearly.

Clear fluids include still water, fruit juice without bits, tea or coffee (no milk), squash (not blackcurrant), jelly or clear soups. It is important to drink enough to satisfy your thirst. This will help to avoid dehydration and headaches.

Foods to avoid

Breads and Cereals and Grains

Wholemeal, granary or high-fibre white flour breads

Any bread products or biscuits containing grains, seeds, nuts or dried fruit

Wholemeal / High fibre cereals, e.g.

Muesli, fruit and fibre, Weetabix,

Shredded Wheat, Crunchy Nut or Porridge

Wholemeal pasta or rice.

Fruit and Vegetables

All fruit and vegetable skins, stalks, seeds, peel and stones e.g. smoothies, bananas, kiwi, tomato skins and pips, peppers, cucumber, cabbage

Beans, including baked beans, peas, sweetcorn, and lentils

Dried fruit and coconut

Raw or undercooked vegetables

Firm beans and pulses with thick skins, eg kidney beans, soybeans, puy lentils and chickpeas

Meat, Fish, Vegan & Dairy Foods

Tough, gristly meat or skin including pork scratchings. Fish with bones like sardines or with edible bones like whitebait

Yoghurt or fromage frais containing nuts, seeds or pips

Cheese containing dried fruit, onions or nuts

Extras

Jam with pips or seeds, marmalade with peel

Popcorn

Chocolate with fruit or nuts

Foods allowed

Breads and Cereals and Grains

White flour breads

White crispbreads and biscuits, e.g.

Shortbread, Rich Tea, Cream Crackers

Plain cakes made with white flour, e.g. muffins and crumpets

Low fibre cereals, e.g. Rice Krispies, Ready Brek

Well cooked pasta, white rice or egg noodles

Fruit and Vegetables

1 portion well cooked vegetables (no peel) or salad daily

1 portion fresh, stewed or tinned fruit, without peel

Mashed potatoes, or well cooked potatoes without skins

Fruit juice or smoothies (no seeds, pips, skins or piths)

Melon, banana, peaches or apricots.

Meat, Fish, Vegan & Dairy Foods

Soft, tender, minced or pureed meat without visible fat and with skin removed.

White fish and chicken

Dairy foods allowed, except yoghurts listed to avoid

Plain tofu, textured vegetable protein, Seitan, Quorn

All types of egg

Extras

Seedless jam or marmalade

Plain cake. Clear or meat soups

Clear jelly, mousse or custard

Dark / milk / white chocolate, boiled sweets, marshmallows, toffee

Preparation for SCI Patients – Afternoon appointment (unless Diabetic)

Day 0 = day of procedure

We suggest you avoid excessively high fibre foods one week before procedure

Day 4 (4 days before procedure)	All day	Start low residue diet Drink at least 2 litres of fluids in 24 hours	Routine bowel routine (even if not usual day) including usual oral bowel medication and evacuation method inc Trans-anal irrigation (TAI)	
Day 3 (3 days before procedure)	All day	Continue low residue diet Drink at least 2 litres of fluids in 24 hours	Routine bowel routine (even if not usual day) including usual oral bowel medication and evacuation method inc TAI	
Admission day Day 2 (2 days before procedure) Routine admission checks	Morning Afternoon (Admission to hospital)	Continue low residue diet and clear fluids Clear fluids (2L/24 hours) Low residue diet	Routine bowel routine (even if not usual day) including usual oral bowel medication and evacuation method inc TAI	18.00 Oral Bisacodyl 20mg 18.00 Moviprep* in 1 litre water (First dose) Drink at least 2 large glasses clear fluids between 7 and 8pm
Day before procedure Day 1 Medical staff to Check bloods Stop usual bowel meds after morning dose	Morning Afternoon	Continue low residue diet Take breakfast before 8am then nil else to eat. Clear fluids only after breakfast (2L/24 hours) Clear fluids only	08.00 Oral Bisacodyl 20mg 08.00 Phosphate enema or usual TAI Followed by digital rectal stimulation / digital evacuation as appropriate 18.00 Oral Bisacodyl 20mg	11.00-13.00 Moviprep* in 1 litre water (Second dose) Drink at least 2 large glasses clear fluids in the next hour 18.00-20.00 Moviprep* in 1 litre water (Third dose) Drink at least 2 large glasses clear fluids in the next hour
Day of procedure Day 0	Morning Afternoon Procedure	Clear fluids only (2L/24 hours)	07.00 Phosphate enema or usual TAI Followed by digital rectal stimulation / digital evacuation and digital check after to establish if bowel is clear. If a clear bowel result, i.e. no stool just clear mucous / fluid = ready for procedure.	If stool present give additional fourth Moviprep dose at least 2 hours before procedure repeat digital interventions and discuss with Endoscopy

* **Each** dose of Moviprep consists of 2 sachets (A and B) mixed together in 1 litre of fluid (check jug holds 1 litre) Drink one glass every 10-15 mins. Each litre to be drunk within 1-2 hours.

NB.- Moviprep does not count towards ‘fluid intake’ and extra fluids are needed.

NB - This is an unlicensed use of Moviprep adapted for Spinal Cord Injury patients of the NSIC and its effects and electrolyte balance should be monitored by the medical team daily

Medication advice for SCI patients before your Colonoscopy

Medicines taken by mouth should not be taken within one hour of taking Moviprep as they may not be absorbed properly. The Medicines Resource Centre can provide additional information on medicines just call 01494 425355.

Medicine	Instruction	Additional detail
Iron tablets	Stop 7 days before the scheduled day of the test	
Anticoagulants (Blood thinning medication) e.g. Warfarin, Apixaban, dabigatran, rivaroxaban, edoxaban or clopidogrel)	Please inform the Endoscopy Unit that you take these medications.	Stoke Mandeville on 01296 315220 / 315217 High Wycombe on 01494 425710 / 425073
Anti-epileptics, oral contraceptives, and antibiotics	Preparation for this procedure may interfere with the normal absorption of the medicines	Contact the Medicines Resource Centre for further advice 01494 425355
Bulk forming laxatives e.g. Ispaghula Husk (Fybogel) / Steculia (Normacol)	Stop 4 days before the procedure	
Constipating agents e.g. Loperamide (Imodium) / Co-phenotrope (Lomotil) If you are taking codeine to slow the bowel, please ask for advice.	Stop 4 days before the procedure Do not stop codeine without taking advice from the endoscopy team, your Doctor or the Medicines Resource Centre	Stoke Mandeville on 01296 315220 / 315217 High Wycombe on 01494 425710 / 425073 Medicines Resource Centre on 01494 425355
Diabetic patients who use medicines to control their diabetes and who are not being admitted to the NSIC for bowel preparation.	Please ensure the Endoscopy Unit is aware and your diabetic tablets and / or insulin are with you. You may require changes to your medicines and insulin regimen to manage your diabetes. A supplementary information sheet can be provided.	It is advisable to contact your diabetes specialist nurse for more advice or the Medicines Resource Centre on 01494 425355. Glucose energy drinks and glucose tablets if sucked can be taken to manage hypoglycaemia.
Autonomic Dysreflexia	Please ensure that you bring your labelled supply of medication to manage Autonomic Dysreflexia if you are at risk	Your supply will need to be with you in the endoscopy unit should it be required

- Continue taking any other regular medications as normal but be aware that because the time medicines remain in your intestines may change control of your symptoms following a SCI may be less predictable. It is also likely that after your procedure it may take some time for your normal bowel routine to be established again.

- If you have a **heart valve replacement**, are **pregnant, trying to conceive** or **breastfeeding**, please ensure you have informed the ward staff and the Endoscopy Unit.
- If you are **asthmatic**, please take your inhalers with you and tell the nurse who looks after you.
- **If you suffer from kidney failure, you must contact us for advice on 01296 315175.**

On the day of your Colonoscopy

You will be asked to change into a hospital gown ready for the procedure and taken to the Endoscopy Unit on your bed. A member of the ward staff will accompany you to the Unit and book you into reception. During the Endoscopy handover process, one of the specialist nurses will explain your procedure and go through the risks associated, giving you the opportunity to ask questions and have them answered. The nurse will also check you understand the information in this leaflet and the risks involved in the procedure. Once you have understood 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. A copy of the consent form will be given to you if you wish.

You will have a pre-assessment done, where a brief medical history will be taken, and your current medications will be documented. Please bring your prescription list (or prescription chart from the ward) with you.

The examination

Depending on your level of injury, you may be given an injection before the examination to make you relaxed and sleepy. An Endoscopy Nurse will stay with you throughout the examination. You will be asked or assisted 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 facilitate the passage. Depending on your level of injury, you may feel slightly 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 of your bowel may be taken during your procedure and retained in your medical records as evidence of findings. Biopsies may be taken but 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.

Please inform the Endoscopy staff if you are prone to Autonomic Dysreflexia and bring your medication used to manage this condition with you from the spinal ward e.g. Nifedipine or GTN spray for example.

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 experience headaches or feel a little bloated with wind and cramp-like pains, which can sometimes be quite painful but usually disappear quickly.

Once back on the ward, you may resume eating and drinking as normal. We encourage you to have a light diet and drink 2 litres of fluids over the next 24 hours.

You should expect some disruption to your bowel management routine. There may perhaps be some residual diarrhoea as your bowel may work slightly faster for 24 hours because of the residual bowel cleansing medicine. There may be a delay in passing the next stool. In theory this will resolve in a day or two but may take longer until you regain your pre-procedure levels of confidence with your routine.

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. Therefore, you should expect to stay overnight on the ward and be discharged the following day. If you are discharged the same day, you must have another responsible adult with you for 24 hours **and you MUST NOT drive for 24 hours.**

Will you 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 will be made before you go home.

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. Depending on your level of injury, you may experience abdominal pain. If you were given sedation, you may experience some residual drowsiness within the first 24 hours after the colonoscopy.

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

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

If you would like the use of our translation service, please contact the Endoscopy Unit to organise it for you.

Stoke Mandeville Hospital

Tel: 01296 315175

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.

“How can you help to reduce Healthcare Associated Infections?”

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention & control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand rub (special gel) available at the entrance of the hospital and at the entrance to every ward before coming in to, and after leaving the ward or hospital. You should also clean your hands before eating, using the wipes provided.

In some situations, hands may need to be washed at a sink using soap and water rather than using the hand rub. Staff will let you know if this is the case.

Patient Advice Sheet

If you would like a copy of this information on audiotape, in large print or translated, please call the Patient Advice Liaison Service on 01296 831120 or email bht.pals@nhs.net

Make your own notes here: