

Colonoscopy

Endoscopy Department



Patient information leaflet

This leaflet explains more about having a colonoscopy, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a colonoscopy?

A colonoscopy is a routine test to examine the lining of your bowel, also called the large intestine or colon. This is done using an endoscope, which is a flexible tube, about the thickness of a (little) finger, which has a camera and light at one end. It is passed through the anus (back passage) and carefully moved around the large bowel by a specially trained doctor or nurse called an endoscopist.

Why should I have a colonoscopy?

By looking down the endoscope, your endoscopist will be able to get a clear view of the lining of your colon. This will help us to diagnose your symptoms or check any bowel condition that you have had diagnosed in the past.

You may have been advised to have a colonoscopy if you have:

- Bleeding from your anus
- Pain in the lower abdomen (tummy)
- Persistent diarrhoea
- Changes to your bowel habits
- A strong family history of bowel cancer
- Been placed on a bowel cancer screening pathway
- Have an existing condition that needs reviewing such as Crohn's disease or colitis.

What are the risks?

Your doctor or specialist nurse will discuss these potential risks with you in more detail. Please ask questions if you are uncertain.

- All procedures of this nature carry a small risk. The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a perforation (tear) of the lining of the bowel. If this happens, your abdomen may become painful and bloated and you may need medicine, a blood transfusion or a surgical operation to treat the problem. The risk of perforation is 1 in 1000. All therapeutic procedures increase the risk of perforation e.g. dilatation / polypectomy.
- If a biopsy is taken or a polyp is removed during the test, you may pass a small amount of blood from your anus after the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full.
- Please note that occasionally the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or we may suggest an alternative procedure.
- Due to the anatomy of the bowel lining, there is a small chance we may miss small lesions.

Are there any alternatives?

- **Barium enema.** This test can examine the large intestine using X-rays and barium sulphate. The barium sulphate coats the lining of your bowel, making it easier to see on X-ray. This test does not look at the lower part of your bowel, so you may still need to have a colonoscopy.
- **CT (computerised tomography)/ CT Colonography.** This is a special type of X-ray machine that can give more details than normal X-rays. However, it cannot be used to take biopsies or remove polyps, so you may still need a colonoscopy.

- **A sigmoidoscopy.** This is similar to a colonoscopy but only looks at the lower part of the bowel. If your doctor or nurse cannot diagnose your symptoms after this test, you may still need a colonoscopy.
- **Faecal occult blood test (FOB).** This tests for hidden blood in your stool, but you may still need a colonoscopy if this test is positive.

What preparation is required?

To allow a thorough examination, it is essential that the colon is empty. The day before the procedure you will need to take the bowel preparation (strong laxatives) according to the detailed instructions, fast from food and drink plenty of fluids up until 2 hours prior to your procedure.

Follow medication advice

Please withhold Aspirin on the day of procedure and if you take iron tablets please stop this one week before your appointment.

Please contact the endoscopy unit on 01483 406606 / 406607 if you take any of the following medications for advice, as you may need to stop taking them before your procedure:

- Warfarin
- Vorapaxar
- Clopidogrel / Prasugrel / Ticagrelor
- Rivaroxiban / Apixaban / Dabigatran/ Edoxaban
- Fragmin
- Insulin
- Diabetes tablets – e.g. Metformin, Gliclazide etc.

What happens on the day of the examination?

When you arrive, you will be seen by a nurse who will check your medical history. If you feel that the bowel preparation has not worked, please inform the nurse so that additional preparation may be given if necessary. You will be asked to change into a hospital gown.

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves. You should receive the leaflet, **Helping you decide: our consent policy**, which gives you more information. If you do not, please ask a member of staff caring for you for a copy.

Sedation?

This test is normally performed with sedation and an injection of painkillers into a small cannula on the back of the hand. Sedation is medication that makes you sleepy but does not put you to sleep. Your endoscopist will explain this to you in more detail. Following sedation you will be monitored until it is safe to go home. You must have someone to collect and accompany you going home and stay with you for 24 hours. Failure to comply will result in cancellation of your procedure. Please contact the Endoscopy Unit if you have any problems.

No sedation?

As an alternative to sedation you may wish to consider using Entonox® for pain relief. You may already know that Entonox® is used to relieve pain during childbirth. It is also used widely by the ambulance service and in hospitals for a variety of procedures and conditions. Entonox has a rapid onset pain relief, with minimal side effects, self-administered under our supervision and the effect disappears rapidly. Please ask the doctor or nurse for a copy of our leaflet. You will need minimal recovery time and there is no restrictions regarding driving or requiring someone to stay with you for 24 hours.

What happens in the procedure room?

You will be asked to lie on your left side. Your pulse, oxygen levels and blood pressure will be monitored throughout the procedure and oxygen will be given via a mask. You will be given sedation or Entonox as above. The colonoscope is a long flexible tube about the width of your finger, which has a mini camera inside. It is introduced through the anus and passed all the way around the colon. You may experience

some discomfort during the procedure, and it may be necessary to change position or for gentle pressure to be applied to your abdomen to allow the procedure to be completed more comfortably.

Tissue samples (biopsies) may be taken to send for analysis. This is done painlessly through the endoscope using tiny biopsy forceps. It is also possible to remove small polyps during colonoscopy. Polyps are small growths which are not cancers, but if left can sometimes grow into cancers. Most colonoscopies take between 20 and 45 minutes.

What happens post procedure?

After the procedure you will be taken to the recovery area, where you will need to rest quietly until the sedative has worn off. If you have not received sedation you will be able to get changed and will be taken to the patient lounge.

The nurse will check your blood pressure and pulse and offer you something to drink. When you are safe to be transferred, you will be escorted to our patient lounge where you will receive hot drinks, sandwiches and biscuits. You will be discharged home with your next of kin and given post procedure information. The results of any biopsies or polyps taken during the test will generally be available within two weeks of the test. You and your GP will receive a letter with the results and any recommendations for your care and treatment.

You may be given an appointment to come back to the clinic for these results: This may be given to you on the same day of your procedure if it is urgent, otherwise it will be sent in the post.

Going home

If you have sedation, you must have someone to escort you home and stay with you for 24 hours. He/she should come with you for the appointment or be contactable by phone when you are ready to leave. If you do not have an escort or have not arranged for someone to collect you, then your procedure will be cancelled. If you are unable to arrange someone to collect you, please contact us to discuss alternative arrangements.

The sedation lasts longer than you may think, so in the first 24 hours after your examination, you should not:

- drive or ride a bicycle
- operate machinery or do anything requiring skill or judgement
- drink alcohol
- take sleeping tablets
- go to work
- make any important decisions, sign contracts or legal documents.

You should rest at home following your procedure, you can eat and drink normally and should be able to carry out your normal activities 24 hours after the test.

What do I need to do after I go home?

If you have a question or concern after the test, please phone the Endoscopy Unit on **(01483) 571122** ext. **4409** between 8am–6pm.

Please consult your GP, contact 111, contact Royal Surrey County Hospital NHS Foundation Trust Accident and Emergency department on **(01483) 571122** ext. **4293** or go to your nearest A&E department if you develop severe abdominal pain, a fever or pass large amounts of blood after the test.

Reference source

- <https://patient.info/health/colon-rectal-bowel-cancer-colorectal/colonoscopy>
- <https://www.nhs.uk/conditions/bowel-cancer-screening/Documents/Having-a-colonoscopy.pdf>

Contact details

If you require further information or advice, please feel free to contact us.

Endoscopy Unit

Telephone: 01483 571122 **ext** 4409 (8am–6pm, Monday to Friday)

During out of hours, advice can be obtained from your local accident and emergency department or GP.

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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