

Colonoscopy

Endoscopy Department Patient information

Important:

Please read all of this leaflet or you may miss important information about your test. Failure to follow instructions may lead to cancellation.

Please confirm you can attend. If you cannot attend, please let us know as soon as possible so we can offer the appointment to someone else who is waiting.

What is a colonoscopy?

A colonoscopy is an investigation in which the lining of your colon (large bowel) is examined with a colonoscope. A colonoscope is a long, thin, flexible endoscope - a smooth bendy tube with a light source and camera built into the tip.

Colonoscopy is usually performed as a day case. Following a special diet and taking bowel preparation in the days leading up to colonoscopy helps to ensure the bowel lining is visible.

Why am I having a colonoscopy?

Your doctor may have referred you for this procedure in order to investigate symptoms such as anaemia, rectal bleeding, or a change in your bowel habit. You may have been referred for further investigation of an abnormality shown on x-ray, or as a result of a screening programme.

You may also be having a colonoscopy as part of your follow-up for surveillance of conditions such as inflammatory bowel disease, bowel cancer, or after removal of a polyp.

Colonoscopy allows the endoscopist (specialist doctor) to directly view the lining of the colon. During this procedure the endoscopist can take a biopsy (a small sample of tissue) for testing if necessary. The tissue is removed painlessly through the colonoscope using tiny forceps (like small tongs) and sent off for examination. We can also treat and remove polyps if any are found. Polyps are small, fleshy growths on the lining of the bowel, which are usually harmless but, in some cases, can progress to form cancers.

Are there any alternatives to this test?

It is possible to have an x-ray test, called a barium enema, or a CT scan (colonography). These tests are both very useful in helping the doctor diagnose your problem. However, they do not allow the endoscopist to look directly at the lining of the bowel and take tissue samples or remove polyps.

Are there any risks with a colonoscopy?

As with many medical investigations, there are some possible complications associated with colonoscopy. These happen very rarely, but it is important that you are made aware of them, so you can give your informed consent.

The doctor who has referred you will have considered the risks and whether the benefits of having the procedure outweighs them. The potential risks as they appear on the consent form include:

Perforation: there is a very small risk that the investigation may result in a small tear or hole (perforation) in the lining of the bowel, for example, when a polyp is removed. This may mean you would need to stay in hospital until it heals, and very occasionally an operation may be needed to repair it.

Bleeding: there is a small risk of bleeding when a sample is taken. Bleeding can also arise if perforation occurs, or from damage to the soft lining from the endoscope. The risk is increased if polyps are removed. Bleeding usually stops by itself, but it may be necessary for you to stay in hospital for treatment and observation if it persists or is excessive. There is a very small likelihood of the need for a blood transfusion.

Infection: Infection: the risk of infection is very low as the colonoscope is disinfected according to strict guidelines. All other equipment used is disposable.

Miss rates: we cannot guarantee that we will spot everything there is to be seen, although it is unlikely we would miss anything significant. The lining of the bowel contains lots of folds, and views may be obscured. If the bowel lining has not been cleaned out effectively, there is a small risk that abnormalities may be missed. You can help to prevent this by ensuring that you follow the bowel preparation instructions (which are enclosed with your appointment letter) very closely.

Adverse reaction to medication: we will watch you closely for signs of allergic reaction to any medication that is given. Your breathing and oxygen levels will be monitored throughout the procedure. While we want you to be relaxed and comfortable, excessive sedation and/or analgesia (pain relief) could compromise your breathing so we will observe you closely and support you as necessary.

Pain: the procedure can be uncomfortable at times due to air being introduced into the bowel. Sedation, pain medication and Entonox (gas and air) can help reduce this.

Failure to complete the procedure: Your comfort and safety are our priority and we will stop at any time if we cannot ensure this, or if there is a problem with equipment.

Why have you sent the consent form to me?

The consent form gives the hospital and the endoscopist a formal indication that you are agreeing to have a colonoscopy. Please read the consent form to familiarise yourself with it and bring it with you to the Endoscopy Department on the day of your test. You do not need to fill it in as a nurse or doctor will complete the form with you and witness your signature as part of your admission process. **Please do not sign the form before then.** Before you sign the form, you should understand what you are consenting to. The information about your test is included in this booklet. The endoscopy staff will also be happy to answer any questions you may have.

Can I change my mind?

You are quite within your rights to change your mind at any stage. You may find it helpful to discuss the test with your family, friends and/or GP. If you decide not to go ahead with your colonoscopy, please make sure you let us know.

Can I seek a second opinion?

Yes, at any stage. This can be arranged through your GP.

What do I need to do to prepare for my colonoscopy?

In order to ensure that the bowel lining can be thoroughly inspected, you will need to take strong laxatives (bowel preparation) to remove the stool (poo). This reduces the risk of small abnormalities being missed.

When you receive your appointment letter and this booklet, please make sure that you have also received:

- your bowel preparation
- bowel preparation instruction sheet
- medication advice sheet
- Entonox advice sheet

If you are having a pre-assessment, your bowel preparation and instruction sheet will be sent to you after this appointment.

If you are diabetic, you should also find that a separate advice sheet is enclosed with this booklet and your appointment letter.

If any of the above items are missing, please contact the booking office so that they can provide you with them:

Royal Bournemouth Hospital endoscopy booking office: 0300 019 4667

Poole Hospital endoscopy booking office: 0300 019 8675

The bowel preparation instruction sheet contains detailed advice to help you ensure the lining of your bowel is as clean as possible. You may need to stop taking some of your medication (such as iron supplements and stool-bulking agents) in the week running up to the procedure. The instruction sheet also contains information about following a low fibre diet and what 'clear fluids' includes.

It is very important you follow the bowel preparation instructions very carefully and take the bowel preparation with plenty of clear fluids to keep you hydrated.

Should I take my medicines as normal?

Please read the medication advice sheet very carefully:

It contains advice about which medications to stop and when to take your remaining medications while having bowel preparation.

Some medicines may need to be stopped or adjusted one to two weeks before your Colonoscopy.

Please notify the endoscopy department when making/confirming your appointment as you will require additional information if you are:

- taking **iron tablets**
- taking stool bulking agents **such as ispaghula husk (Fybogel)**
- **diabetic**
- **on medication to thin your blood/prevent clotting e.g.: Warfarin or Sinthrome/Rivaroxaban/Apixaban/Dabigatran/Clopidogrel/Dipyridamole/Prasugrel/Ticagrel**, as this may require adjusting a week before your appointment. A trained nurse will advise you whether to continue to take these in preparation for your procedure. The nurse may recommend that you have a blood test to check your INR (clotting level) on the day of your procedure.

You may continue to take aspirin.

Contraceptive pill - please note if you are using the contraceptive pill, a loose bowel motion will make this ineffective. It is recommended you use others contraceptive methods, eg condom/cap for a period of 14 days following the examination. **Do not stop taking the pill.**

Can my relative/friend stay with me?

Due to limited space, your relative/friend will be unable to wait in the department. We will advise them of an appropriate time for you to be collected.

Before you come for your test:

The bowel preparation advice sheet will guide you through the preparation process. It provides detailed instruction on when to start a low fibre diet, when to take each dose of bowel preparation and what clear fluids you may drink during that period. You can continue to drink clear fluids up to two hours before your appointment time. After that you should stop taking anything by mouth until after the procedure.

Helpful advice from previous patients

If your bottom feels sore when you are taking the preparation or after your procedure, a barrier cream or product used to treat nappy rash can really help.

Do I need to bring anything with me?

Please ask your GP's receptionist to print out a list of your medication and allergies and bring this list with you on the day of your appointment. You do not need to see your GP for this. We will also ask you for details of your medical history.

It is always sensible to bring your medication with you, particularly if you are diabetic and/or taking insulin.

The Endoscopy Department is very busy and sometimes appointments are delayed due to emergencies or unforeseen problems. Every effort will be made to see you punctually, but it may not always be possible for you to be seen at precisely the time stated on your appointment letter. It is advisable to bring a book or something to read to help you pass the time.

Please remember, the time of your appointment is not the time you will have your test. It takes time to safely admit you and prepare you for your procedure. You may observe others being called before you who may have arrived after you, this is because we have several lists running at the same time and not everyone will be having the same procedure.

Do not bring valuables or large quantities of money into the hospital as we cannot accept responsibility for them.

You will need to get undressed for your colonoscopy. We will provide you with a hospital gown to wear and shorts to protect your dignity if you wish. Some people like to bring a dressing gown and slippers with them. Your clothing and belongings will always remain with you.

Most people find it helpful to have sedation and pain relief to ease the discomfort of having a colonoscopy. The effects of these medications can take up to 24 hours to wear off. You will be unable to drive or use public transport unsupervised during this period. Please make sure that a responsible adult is available to collect you after your colonoscopy and stay with you for at least 12 hours. Make sure you bring their contact details with you when you come.

What will happen on the day?

Please report to the Endoscopy Department at the time indicated on your appointment letter. The receptionist will check your details and ask you to complete a form, if you have not already done so, giving details of your medical history, regular medications, allergies, and contact details of the person collecting you / next of kin.

You will then be escorted to a seating area from where a nurse will collect you to complete your admission. We ask your family and friends not to accompany you beyond this point. The department is very busy, and space can be limited at times. We will tell them the approximate time that you will be ready to leave and ask them to return at that time.

A nurse will check your details and documentation and admit you for your colonoscopy. Your blood pressure, pulse and oxygen levels will be measured to ensure that you are well enough to have the procedure. If you are diabetic the nurse may also measure your blood glucose level at this time.

A cannula (flexible needle) will be inserted into your hand or arm in order that pain relief and / or sedation can be given. It may also be necessary to administer Buscopan, a medication to reduce spasms in the bowel during the procedure.

If you have any communication difficulties, or require a translation service, please let the booking team know when you book or confirm your procedure and they will ensure that you have the support you require.

The nurse will discuss the risks and benefits of having a colonoscopy and make sure that you understand what the procedure involves. You will then be asked to sign the consent form to indicate that you understand the information given and that you give permission for the procedure to go ahead. You will have the opportunity to ask any questions at this point and may withdraw your consent at any time.

You will be asked to undress and put on a hospital gown, you may wish to bring with you your own dressing gown and slippers. It is advisable to wear loose, comfortable clothing as you may feel slightly bloated with air following your investigation.

Why have you asked me whether I have a pacemaker or internal cardiac defibrillator (ICD)?

Implanted cardiac devices such as permanent pacemakers and internal cardiac defibrillators may be subject to interference from some of the electrical equipment used during colonoscopy. If you have such a device, precautions will be taken to ensure your safety throughout your procedure. Please inform the booking team when booking or confirming your procedure. It is helpful if you can bring details of the device if possible.

Who will be in the procedure room with me?

You will be accompanied into the procedure room by a nurse who will monitor and support you throughout your colonoscopy. Also present will be the endoscopist performing the procedure and another nurse or healthcare assistant who will assist with equipment and the collection of samples.

The procedure will be performed by an appropriately qualified and experienced endoscopist. In some cases, an endoscopist who is undertaking further training (a qualified professional), may be present. They will be learning to perform colonoscopies under direct, expert supervision. If you would prefer not to have your colonoscopy performed by someone who is training, you will have the opportunity to make this known before entering the procedure room. (Student nurses may also be present, always under the supervision of trained nursing staff). You will be introduced to the team.

What will happen when I go into the room?

When you enter the procedure room you will be asked to lie on your left side on a trolley. If you find this difficult please let the nurse know and the staff will assist you. A probe will be placed on your finger so that your pulse and oxygen levels can be monitored throughout the procedure. If you wear glasses or a hearing aid, we may ask you to remove them at this point and keep them safe with the rest of your belongings.

Will I be given sedation?

You will be given a choice of having your colonoscopy with sedation or with Entonox (gas and air). If you choose to have your colonoscopy with the help of sedation and analgesia (pain relief), this will make you feel relaxed and drowsy, but it is unlikely to send you to sleep. The sedation we give is Midazolam. It will reduce your awareness of time and may make you forget the procedure itself. The pain relief used is a strong opiate analgesic (pethidine or fentanyl). Both are given intravenously through a cannula in your arm. Afterwards, you will need to be monitored for approximately an hour before you can get up and have refreshments. It takes about 24 hours for the sedation to leave your system. Until then your reaction times will be slower, and your judgement will be impaired. Therefore, if you have had sedation:

You must be supervised by an adult for the next 12 hours.

For 24 hours you must not drive any motor vehicle, work, operate heavy machinery, drink alcohol or take sedative medication, or look after babies or young children.

Some people also benefit from using Entonox ('gas and air') to ease discomfort. The gas is inhaled as needed to relieve pain. Some people choose to have the procedure with Entonox alone. Since Entonox wears off quickly after the procedure, no driving or supervision restrictions are imposed. However, it may not be suitable for everyone. The admitting nurse will talk through the options with you and help you decide upon the most suitable and safest option for you.

What will happen to me during the procedure?

Once you are comfortable on your left side, the endoscopist will begin the procedure. If you are having sedation and analgesia, an oxygen mask will be placed over your nose and mouth. The medication will be administered through a cannula. This will make you feel drowsy, relaxed and will reduce your awareness of time, though it is unlikely to send you to sleep.

If you are going to be using Entonox, the nurse will instruct and supervise you in its use. You do not need to have oxygen while you are using Entonox, as it contains 50% oxygen.

The endoscopist will lubricate your bottom and gently check that the way is clear with a gloved finger. He or she will then pass the colonoscope into the rectum and introduce some air so that the lining can be clearly viewed. This may cause you to feel as though you need to open your bowels. Rest assured that your bowel will be empty and there is no danger of this happening. Any stool that is left behind is usually liquid and can be rinsed away and sucked out down the colonoscope.

The endoscopist will carefully pass the colonoscope round the colon, which measures approximately 1.5 meters. You may wish to watch the images on the screen or prefer to rest with your eyes closed. The endoscopist and nurses will support and reassure you throughout the procedure.

You may be asked to change position, turning on to your back or right side and occasionally on to your front to assist the passage of the colonoscope. Gentle pressure may be applied to your abdomen to help guide the camera round. As the scope is withdrawn, the endoscopist will take photographs and biopsies as necessary. If any polyps are detected they may be removed if it is safe to do so. When the procedure is finished the colonoscope will be removed and you will be taken to the recovery area on the trolley until you are ready to get up.

How long does the procedure last?

The colonoscopy usually lasts about half an hour, although it may take longer in some cases.

You should expect to be in the hospital for at least 3-4 hours so that you can be admitted and recovered safely.

What happens after the procedure?

You will need to remain in recovery for about another hour after the procedure if you have had sedation. A nurse will monitor and support you until you are fully awake. (If you have had Entonox alone, the effects will wear off within 30 minutes).

When you are feeling comfortable and alert, you can get dressed and we will escort you through to our discharge lounge for refreshments. The nurse will contact the person who is collecting you.

When will I know the results of my colonoscopy?

Once you have had something to eat and drink, the nursing staff will go through your report with you. This will take place in a private room where you can ask any questions you may have. We prefer to do this once you have someone with you, as sedation can make it difficult for you to remember things. If you object to hearing your results with a friend or relative present, please let the nursing staff know. A copy of your report will be sent to your GP. Further details of the test, results of any samples and any necessary treatments or medications should be discussed with your GP. The nurse will tell you before you leave if you require an outpatient appointment with the consultant. You will be given a discharge advice sheet and contact numbers to take home.

How will I feel after the colonoscopy?

You may feel a little bloated due to air remaining in your bowel after the procedure. It will soon settle as you pass wind and does not require any treatment, but gentle exercise and paracetamol may be helpful. If you have not had sedation you can return to your usual way of life as soon as you feel able.

If you have had sedation you should rest quietly for the remainder of the day. You will be able to return to your normal way of life after 24 hours. You will be given an advice sheet which clearly details the safe advice and restrictions discussed earlier. Please abide by them as they are designed to protect you and others while you are recovering from sedation.

Removal of polyps have an increased risk of complications for up to two weeks after the procedure. The risk varies depending on the size and location of the polyp and cannot usually be predicted before colonoscopy takes place. Therefore, it is not advisable to travel by plane (particularly long haul, longer than four hours or to remote destinations) for two weeks after colonoscopy and polypectomy. For removal of small polyps and short haul flights, you should not fly for 48 hours.

What if I feel unwell after I have been discharged?

It is quite normal for the bowel to take several days to regain its normal action, and not uncommon to pass a little blood from your back passage after a colonoscopy. However, if you pass a large amount of blood or have severe abdominal pain which is not settling, please attend the Emergency Department.

You can also call the following numbers for advice:

Royal Bournemouth Endoscopy Department: 0300 019 4668

Poole Hospital Endoscopy Department: 0300 019 2944

If you have any communication or mobility difficulties or any concerns about your appointment, please let the admissions team know in advance.

If you have any communication or mobility difficulties, or any concerns about your appointment, please let the admissions team know in advance of your appointment.

Please don't be a DNA!

A DNA is someone who 'did not attend' for a hospital appointment and did not advise us beforehand. Many appointments each year are wasted in this way. If you cannot attend, or need to rearrange your appointment, please telephone the number on your appointment letter.

The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
Poole Hospital, Longfleet Road, Poole, Dorset, BH15 2JB

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