

Patient Information - Colonoscopy (Day Case)

What is a colonoscopy?

Colonoscopy is a test where an Endoscopist (a Doctor or Nurse) looks into your colon. The colon is sometimes also called the large intestine or large bowel. This procedure allows the Endoscopist to look inside your entire large intestine, from the lowest part, the rectum, all the way up through the colon to the appendix. The procedure is used to diagnose the causes of unexplained changes in bowel habits. It is also used to look for polyps and early signs of cancer in the colon and rectum.

During the procedure the Endoscopist uses a colonoscope which is a long flexible tube, about the thickness of your index finger, with a camera at the end. The colonoscope is passed through the anus and into the colon. It can then be gently inserted all the way round the colon as far as the appendix. Side channels allow the Endoscopist to take small samples of tissue (biopsy), this does not hurt as the lining of the colon does not have the same pain sensation as your skin. You may experience some cramping as air/CO₂ is introduced through the scope and the scope is passed through twisty segments of the colon. The air is needed to permit the Endoscopist to advance the scope along the colon. This may also make you feel bloated, and may cause you to pass wind. This is normal and there is no need to be embarrassed as the staff will expect this to happen.

Colonoscopy is usually done as an outpatient or day case. Before your procedure you will be asked to change into a hospital gown and to lie on your left side with your legs in a curled position. The procedure itself usually takes about 20-30 minutes. But, you should allow at least two to three hours for the whole appointment to prepare, give time for any sedative to work, for the colonoscopy itself, and to recover. Please note the appointment time you are given is the time you can expect to see the nurse for pre-assessment and not the time actual time of the procedure.

Preparing for the procedure

To allow a clear view the whole large bowel must be completely empty of waste material; the main method for this is a liquid bowel preparation.

It is essential that you drink the sachets of liquid bowel preparation sent to you by the hospital and drink plenty of fluid to clear the bowel. You will be provided with our information sheet on how to take the product which will vary depending on whether you have a morning or afternoon appointment. Please follow our guidelines very carefully.

Whilst taking the bowel preparation do not drink blackcurrant drink/Ribena or eat red jelly.

Occasionally following the bowel preparation you may experience abdominal pain or a Headache it is fine to take paracetamol or similar painkillers.

Medicines and Medical Conditions

It is important you bring a list of your current medication with you so that you can give it to the nurse on arrival. If you have a latex allergy please telephone the Unit for medical advice.

Iron tablets

If you are taking iron tablets please stop taking them for TWO WEEKS BEFORE the procedure. This is because iron coats the colon, making it difficult to see the lining.

Warfarin / Phenindione / Clopidogrel / Rivaroxaban/ Apixaban/ Dabigatran/ Prasugrel/ Ticagrelor (blood thinning medication)

If you are taking any of the above, please inform the Gastroenterology Unit as soon as possible, as our doctors may decide that it is necessary for you to stop taking your tablets for a limited time before the procedure.

Diabetes

If you suffer from insulin dependent diabetes, please inform the Gastroenterology Unit as soon as possible, as it may be necessary to change the time of your appointment or be admitted to hospital a day before your procedure for treatment. If your diabetes is managed by your GP please contact the surgery for advice. If under the care of Elsie Bertram Diabetes Centre, please contact your Diabetes specialist nurse on 01603 288513.

Pregnancy

If you are pregnant or breast-feeding please contact the Gastroenterology Unit.

Loperamide / Lomotil (antimotility drugs)

If you regularly take Loperimide, Lomotil or another medicine to control diarrhoea, you are advised to stop taking it one week prior to your procedure. If you are concerned or have any problems please contact the Gastroenterology Unit.

Pacemaker

If you have a pacemaker this may need to be checked before the procedure. Please let us know so this can be arranged. Please allow sufficient time as you may need to attend the Pacing Clinic before your appointment.

Stoma

If you have a stoma, please contact your stoma nurse for advice.

The procedure

You will normally have **sedation**, which is a medicine to help you to relax. This is given by injection. Whilst this will make you drowsy it does not 'put you to sleep' like a general anaesthetic. You may also be offered gas & air (Entonox) as an additional form of pain relief during this test. In some cases you may be given gas & air instead of sedation.

Please be aware you cannot have sedation unless you bring someone with you to your appointment. Your escort must stay in the department so they can be with you when the endoscopist or nurse discusses the outcome of your procedure - sedation will make you sleepy and therefore you may not remember what is being said. They will also need to escort you home. Someone must then stay with you for 24 hours following your procedure to look out for any complications.

During this time you must not:

Drive a motor vehicle Drink Alcohol Operate Machinery Sign Legal Documents

Please take advice from your nurse discharging you about whether you should work the next day.

We are unable to perform your procedure if you require sedation and **do not** have an escort. As sedation is used in over 90% of cases, it is advisable to bring someone with you just in case.

You will be asked to **consent** to the procedure, so we have enclosed a consent form for you to read before you come for your appointment. This is to ensure that you understand the test and its implications/risks. Please bring it with you to your appointment but DO NOT sign it until AFTER you have had a discussion with the nurse or doctor in the Unit.

Please be aware that in order to protect the **privacy and dignity** of all patients, relatives / carers will not be allowed in the theatre/recovery rooms. They are welcome to accompany the patient during the initial admission process but will then be required to leave the admission/recovery area once the patient has been made ready for the procedure. If you have had sedation we will tell your escort about the outcomes as the medication will make you forgetful.

We hope that your visit to the gastroenterology department will be made as pleasant as possible for you; however please be aware that this is an emergency department and any emergencies will take priority over outpatient appointment times and this may result in delays to your procedure. Appointment times are approximate as we try to give each individual as much time as he or she needs, so we would ask you to be patient if you experience delays and be assured we are doing our utmost to ensure appointments are on time.

After the procedure

The Endoscopist or nurse will discuss the findings with you at the end of the procedure and explain the results and any planned follow-up or further investigations. If a biopsy has been taken, your GP will be sent the results and informed of any necessary treatment or we may arrange for you to see us in our clinic.

Once you have returned home, or back to your ward you may begin to eat and drink normally and resume your normal medication, unless instructed otherwise by the Doctor. You will be given an advice sheet on after care and signs to watch for before you leave the hospital.

If required, normal painkillers such as paracetamol may be taken.

What are the risks/complications?

Most colonoscopies are done without any problem. If you have had a sedative you may feel tired or sleepy for several hours afterwards. You may pass a small amount of blood from your anus if a biopsy was taken, or a polyp was removed.

The risks of the procedure are bleeding and perforation, which although occurring rarely are known complications. If any of the following occur within 48 hours after a colonoscopy, it is important that you consult a doctor immediately.

- Abdominal pain. (In particular if it becomes gradually worse, and is different or more intense to any 'usual' pains that you may have.)
- Fever (raised temperature).
- Passing a lot of blood from your anus.

Useful source of information

Please contact us using the below details:

Email: gastroqueries@nnuh.nhs.uk - preferred method

Telephone: 01603 288857

<http://www.patient.co.uk>

We aim to provide the best care for every patient. So, we would like your feedback on the quality of the care you have received from the Hospital. Please visit: <http://ratenhs.uk/IQu9vx>

