

Patient Information Leaflet

Undergoing a Colonoscopy

Produced by: Endoscopy Unit

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

Introduction

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

A trained Endoscopist will perform the investigation, this will either be a nurse or a doctor.

This booklet has been written to enable you to make an informed decision when you are asked to consent to the colonoscopy, please do take time to read it as it contains important information.

If you are unable to keep your appointment please notify the Endoscopy Unit as soon as possible on:

01983 534885. This will enable us to give your appointment to someone else and if necessary rearrange your appointment date and time.

Before your procedure you will be seen and assessed on the Endoscopy Unit, The procedure and the necessary bowel clearance preparation will be discussed with you. An appointment will be agreed with you. If you have any concerns about the procedure and the necessary preparation please do bring them to the attention of the nursing staff assessing you.

Before the procedure you will need to make firm arrangements for your discharge home and arrange for someone to collect you from the Endoscopy Unit. **If this is not in place your procedure may be postponed.**

Giving your consent

Before a doctor or health professional examines or treats you, they need your consent. A written record of your decision is helpful. You will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing.

The consent form that you will be given is a legal document; therefore if there is anything that you do not understand or are worried about it is important that you ask the Endoscopy staff **before you sign it**.

Why do I need a colonoscopy?

You have been advised to undergo this investigation to help your doctor to either find a cause for your symptoms or for cancer screening. This will then help you and your doctor to decide on any further investigations and/or any treatment that you may need.

Symptoms that may need investigation include:

- Anaemia
- Weight loss
- Change in bowel habit e.g. constipation/diarrhoea
- Bleeding
- Abdominal pain
- Family history

What is a colonoscopy?

This is an investigation looking at the lining of the large bowel (colon) using a flexible endoscope (camera), which is connected to a television system. The diameter of the instrument is about that of an adult index finger. The instrument is passed into the anus (or if you have a colostomy through the stoma), as far as possible up the left of the colon, across your abdomen and down the right colon to where it joins the small bowel. The instrument gives the Endoscopist a clear view to check whether any abnormality is present in the bowel. During the investigation, air is passed through the instrument into the bowel to allow views of the bowel. Samples may be taken of the lining of the bowel for analysis.

Polyps, which are extra lumps of tissue that can grow and change over a period of time, can be removed.

Photographs may be taken for record and documentary purposes.

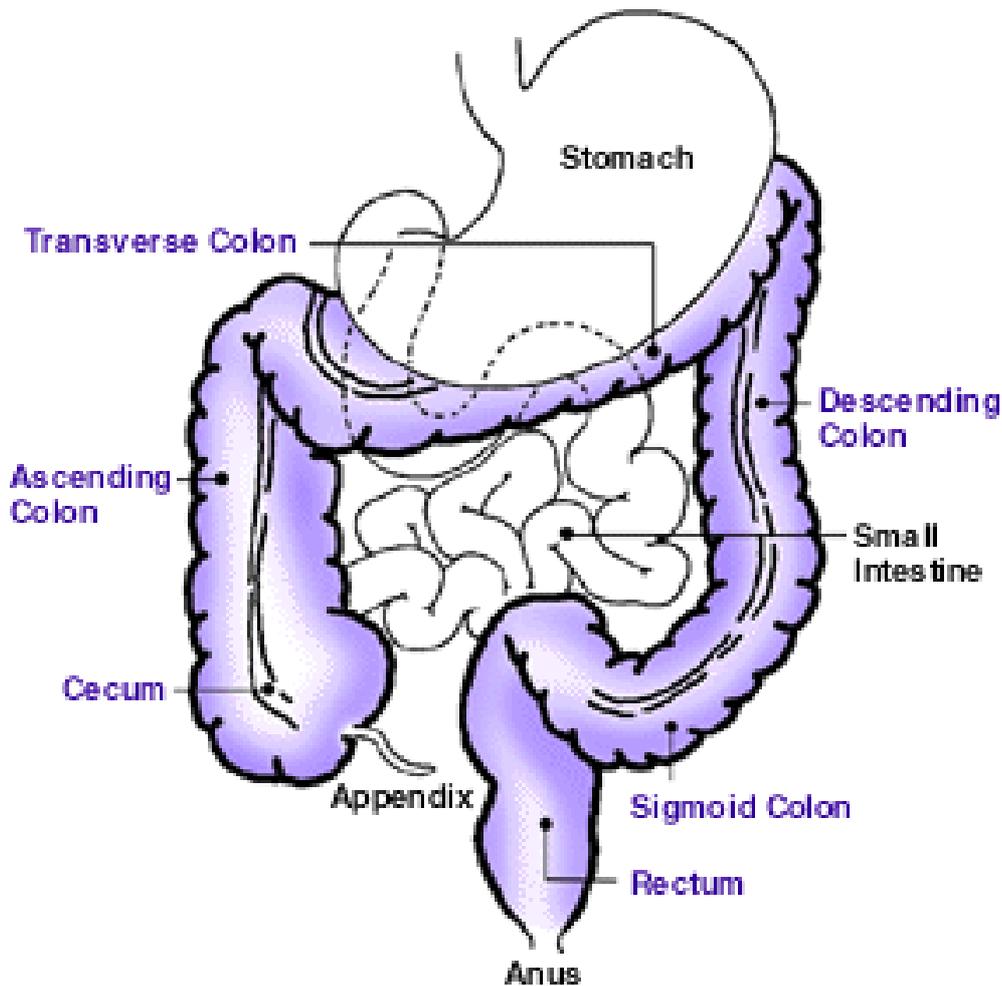


Diagram of the Colon and Rectum

What are the risks of this procedure?

As with every medical procedure there are some risks that you need to be aware of, but they must be compared to the benefits of having the investigation. The doctor who has requested this test for you will have discussed this with you.

- Damage to the bowel causing a hole in the bowel about 1:1000.
- Bleeding due to damage to the lining of the bowel, which may be from the site where a specimen has been taken, less than 1:100. This usually settles on its own.

Both of these will mean that you may be kept in hospital and an operation to correct the damage may be necessary.

- There may be change in your heart rate, breathing or blood pressure that may prolong your stay in the Unit until they settle.
- Discomfort; as the flexible colonoscope passes around the bowel and around the corners, air is also passed in to enable good views, it may also cause pressure on scarring from any previous surgery.
- Missed lesion; there are many folds in the bowel in which a small lesion may be hidden from view.

Be sure to inform your GP immediately if you have any unusual pain or bleeding following the examination.

How do I prepare for the colonoscopy?

In order to ensure that you are fit enough for the procedure you will be seen in the endoscopy pre-assessment clinic prior to the procedure. Several observations will be taken, notes will be made of past medical history, current medicines, current symptoms, allergies, current blood results. The procedure will be explained in depth and consent for the procedure will be explained. You will agree an appointment for your procedure. If it is felt that you are not fit for procedure or that the procedure is inappropriate you will be referred back to the health professional who referred you.

Taking the laxative:

To allow the endoscopist to have the best possible views of the lining of your bowel, it must be as clean as possible and be completely empty of waste material. You will therefore be asked to take a strong laxative before you attend the actual examination. The laxative supplied is dependant on recent blood results and instructions for its use will be sent with your appointment.

You will need to stay close to a toilet when you start taking the laxative.

It is important that you keep taking plenty of fluids during this time; this will help the bowel preparation to work and help to prevent you from becoming too dehydrated. You may drink water up to 2 hours before your appointment.

Medication; You should continue to take your normal medication even on the day of the procedure, **unless** you take the following:

- **Warfarin, Clopidogrel or other anti-platelet medication;** please contact the Endoscopy unit at least 10 days before the date of the procedure.
- **Diabetes** tablets; **do not** take on the morning of the procedure.
- **Diuretics: do not** take on the morning of the procedure
- **Insulin:** please contact the Endoscopy Unit **01983 534885** or the Diabetes Nurse **01983 534545**
- **Iron tablets:** stop taking these **5 days before** the morning of the procedure.

Dress:

- If you wear nail varnish you **must** remove it prior to your arrival in the Endoscopy unit
- You should bring with you your dressing gown and slippers/soft shoes

What will happen when I arrive in the Endoscopy Unit?

You will be greeted by the receptionist and shown to the waiting room, where a member of staff will confirm your transport arrangements home. You will need to give a contact telephone number. If you have not made prior arrangements for your discharge the procedure may not be performed.

You will be taken through to the admission area where your admission will be completed. You will be asked to confirm your previous details including: if you have any allergies, have previously had a bad reaction to drugs or other tests, if you take any medications on a regular basis (a list will be very useful). The nurse will explain the procedure to you, go through the consent form with you again to ensure nothing has changed since pre-assessment. Your blood pressure and heart rate will be recorded prior to the procedure. You will need to get undressed and be given a gown to put on.

If you have any questions or worries please do not be afraid to ask and we will try to answer them.

How long will I be in the Endoscopy Unit?

You can expect to be in the Endoscopy Unit for about **2-3 hours**. The procedure will take 10-30 minutes. Some procedures may take longer than others or you may need a longer time to recover. It is everyone's aim for you to be seen as soon as possible.

However this Unit also deals with emergencies and these patients will be given priority. We will endeavour to keep you informed if delays occur.

Does the procedure hurt?

A sedative and/or painkiller to help you relax will be given to you through a needle, which will be placed in your hand or arm. The drugs you will be given are **not** an anaesthetic. They are designed to help you through the procedure and are not meant to put you to sleep.

We need to be able to talk to you throughout the procedure. (Some patients do have the procedure without sedation/painkiller but this your choice). You may be asked to change your position during the procedure, although you may not remember doing so as the sedation can make you forgetful of the procedure. We also need to assess your level of discomfort during the procedure. If necessary, extra sedation may be given or the colonoscopy may be discontinued. If this happens then you may be offered a barium enema or Ct Scan to view the rest of the bowel under X-ray on a different day. This procedure may also be done without sedation, this is your choice. If you choose not to have sedation the usual restrictions for 24 hours after the procedure will not apply

When the instrument is passed into your bowel, air is passed through the instrument into your bowel to enable the endoscopist to have clear views. This causes the bowel to be stretched, which may be uncomfortable. As the instrument is manoeuvred around the bowel this may also cause discomfort for a short period of time. Occasionally the discomfort may be severe and the procedure stopped. A further investigation under general anaesthetic may then be considered.

The investigation (colonoscopy)

The Endoscopist will introduce him/herself to you and will explain the procedure to you again. If you have any questions about the procedure please ask and we will try to answer them.

In the procedure room you will be asked to lie on a trolley bed on your left side with your knees bent upwards. A probe for monitoring your heart rate and oxygen levels will be placed on your finger or ear. Some oxygen will be given to you throughout the procedure via a small tube or mask. The sedative and/or painkiller will be given to you via the needle in your hand or arm. Nurses will stay with you throughout the procedure.

The colonoscope will then be passed into and around your bowel, any specimens or polyps may be removed during this time. During the procedure some air is passed into the bowel through the flexible colonoscope and you may feel that you need to go to the toilet, but because your bowel is empty this will not happen. You will need to pass the air that the Endoscopist has put in. Do not feel embarrassed about this and do not try to hold onto it, as this can be quite uncomfortable. The procedure can take from 10-30 minutes. The tube is easily removed. Afterwards you will be taken into the recovery area and the nursing staff will monitor your condition.

What happens after the procedure?

You will be allowed to rest in the recovery area, where your pulse and blood pressure will be monitored. If your blood pressure is found to be low, this may be because of the dehydrating effects of the bowel preparation that you took combined with the effect of the sedative and /or painkiller. You may be given extra fluids via the needle in your hand or arm to help you recover more quickly. If you are diabetic your blood glucose will be monitored. You will be offered some refreshment once you have recovered.

Before you leave the Endoscopy Unit the results of the investigation and any possible follow up will be explained to you. A copy of the endoscopy report may be given to you. Any specimens that were taken during the procedure will be sent to the Pathology Department to be analysed. The specimen results can take up to two weeks. The results of the investigation are sent to the Dr who referred you for the colonoscopy and to your GP. If you have any concerns the Endoscopist will be happy to discuss them at the time of your appointment. If you experience any problems after the examination, such as any

unexplained bleeding, abdominal pain or black motions, please contact your GP. Or Island Healthline 0845 6031 007 or NHS direct 0845 46 47.

Transport home:

If you have been given a painkiller/sedation, these drugs remain in your system for up to 24 hours, so although you may feel normal the following precautions are for your own safety:

- You will **not** be allowed to drive yourself home or use public transport, so you must arrange for a family member or a friend to collect you from the Endoscopy Unit.
- **The procedure may be cancelled if you arrive at the Endoscopy Unit and you have not made appropriate transport arrangements home. The Endoscopy Unit is open from 8am-5pm.**
- The nursing staff will need to have a contact number in case the collection time is changed.
- If you have difficulty in organising transport please contact us as soon as possible as we may be able to help you, but at least **24 hours** notice is required.
- You will need someone at home with you for 12-24 hours after the colonoscopy.
- You will not be able to drive, operate heavy machinery or sign any legal documents for 24 hours after the colonoscopy.

If you have **not** had sedation/painkiller the above restrictions will not apply. You may make your own way home.

What are the alternatives to a colonoscopy?

A colonoscopy is a good way of looking at the lining of the large bowel as specimens or polyps can be taken during the procedure. A barium enema involves taking some bowel preparation (strong laxative), then when you attend the radiology department some fluid and air is passed into your bowel and X Ray pictures are taken. It does not provide such detailed pictures of the lining of your bowel, and it does not allow biopsies or polyps to be taken at the same time. Therefore you may still need to have a colonoscopy. Ct colonography this is also done in the X-ray department. If you wish to discuss this further please contact your GP or the doctor who has referred you.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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