

Colonoscopy or Flexible Sigmoidoscopy and Endoscopic Mucosal Resection (EMR)

Endoscopy



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Introduction

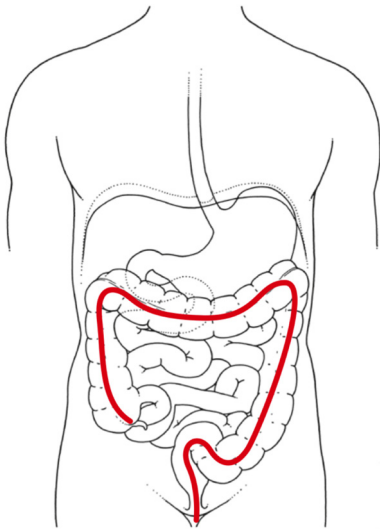
Your doctor has advised that you should have a Colonoscopy or a Flexible Sigmoidoscopy and Endoscopic Mucosal Resection.

The purpose of this leaflet

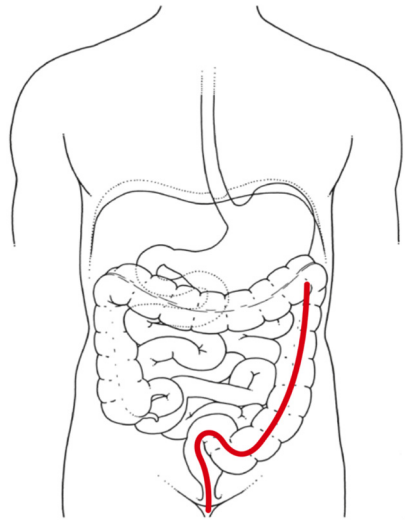
This leaflet tells you why you need the investigation, how to prepare for it and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read the leaflet, please contact us on the telephone number found at the end of this leaflet.

What is a colonoscopy or a flexible sigmoidoscopy?

A Colonoscopy or a Flexible Sigmoidoscopy is a test that allows the doctor or nurse to look directly at the lining of your large bowel (colon).



Colonoscopy



Flexible Sigmoidoscopy

What is an Endoscopic Mucosal Resection (EMR) and what are the benefits?

An Endoscopic Mucosal Resection (known as EMR) is a technique for removing large or flat polyps (growths) within the bowel which reduces the risk of damage to the bowel. Liquid is injected beneath the polyp. It is then removed by placing a small wire loop around the polyp and applying a small electrical charge (diathermy). Removing a polyp is painless.

The polyps are sent to the laboratory for analysis. Removing polyps from the bowel reduces the risk of developing bowel cancer.

Consent

You will be required to sign a consent form to give permission to have the test done. The consent form may be completed in clinic, or be sent to you with the appointment details. Please read all the information on the consent form.

Your doctor or nurse will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

You will be asked to consent to having the procedure, but we also need your permission to retain and store in the laboratory any tissue samples removed at the time of Endoscopy.

If you do not have any questions after reading the consent form then you can sign the document. This must be signed a least one day before your test. If you have questions, then do not sign the consent form as you will need to speak with a nurse or doctor before your test.

Please bring the consent form with you to your appointment.

What are the risks of having a colonoscopy or flexible sigmoidoscopy and EMR?

The majority of these procedures are straightforward. However, as with any procedure there is a small chance of complications or side effects. (You may have some wind for a couple of

days afterwards). National studies have shown that serious complications are infrequent.

They include:

- Reactions to drugs
- Bleeding
- Perforation of the bowel
- Missed lesions (unable to see an abnormality)

Complications of endoscopic mucosal resection can be more frequent than standard polyp removal.

Bleeding:

Bleeding may occur in up to 5 in 100 cases (5%). Bleeding may occur up to 14 days after your procedure.

Perforation:

Perforation may occur in up to 3 in 100 cases (3%). The risk is highest for large polyps and those in the right side of the large bowel.

Severe complications are rare, but may require emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, in extremely rare circumstances, result in death.

Recurrence of lesion:

There is a 20% risk of recurrence of the lesion or polyp. For this reason your endoscopist may arrange for another procedure to check the area.

Although this test has been recommended as the best test to detect any abnormalities, no test is perfect. There is a small risk that we may miss other lesions including polyps and rarely cancers.

What if I don't have the colonoscopy or flexible sigmoidoscopy and EMR?

If you do not have the procedure, then polyps cannot be removed from the colon. Removing polyps reduces the risk of developing bowel cancer.

What are the alternatives?

Endoscopic Mucosal Resection is used to remove polyps with a risk of becoming cancers. The alternative is to have a surgical operation, under a general anaesthetic, with removal of a section of bowel. If the Endoscopic Mucosal Resection is unsuccessful, or if unsuspected cancer is found within the polyp, then you may require an operation at a later date.

How to prepare for the procedure

It is very important that your bowel is empty when the procedure is done. To ensure your bowel is empty it is necessary for you to restrict your food intake, and drink some laxative solutions to cleanse your bowel. **Please avoid foods with seeds, for example, multi-grain or wholemeal seeded bread for 7 days before your appointment.**

Please follow all the instructions on the appointment letter.

Please stop iron tablets 7 days before your appointment.

You must avoid alcohol on the day of your procedure.

If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor) call 01922 656217 and speak to a nurse, as we may need to alter your medication before you take the bowel preparation and have your procedure.

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area.

A nurse will invite you into an office to ask you questions about your health, explain about the procedure and find out what arrangements you have made for going home. You will have the chance to ask about anything you are unsure of. You will also be given the opportunity to confirm the details on your consent form with a nurse or your endoscopist.

Please bear in mind there may be a slight delay before you are taken through for your procedure, however a relative or friend is more than welcome to wait with you.

You will be taken into the recovery area and asked to change into a gown. Please bring a bag with you large enough for all of your clothes and belongings.

In the examination room

Before the procedure is done you will be asked to remove your glasses (contact lenses can stay in).

A Colonoscopy or a Flexible Sigmoidoscopy is sometimes a little uncomfortable. The next section describes the options available for pain relief and / or sedation.

Pain relief and sedation

Sedation can be provided by an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the procedure having been done.

Sometimes sedation may not be advisable because of other health problems.

Pain relief can again be provided by injection into a vein, or Entonox (also known as gas and air). Entonox is a ready-to-use medical gas mixture consisting of 50% nitrous oxide and 50% oxygen and provides pain relief by being inhaled. The nurse will show you how to use this.

You will be able to discuss with the nurse and your endoscopist which method of pain relief and/or sedation will be the most suitable for you.

The colonoscopy or flexible sigmoidoscopy and EMR procedure

A nurse will stay with you throughout the procedure. You will be made comfortable lying on your left side on a trolley with your knees bent up.

If a sedative injection is given you will have some oxygen to breathe through a small plastic tube in your nostril.

Throughout the procedure a monitor is placed on your finger to check your pulse and oxygen levels.

The endoscopist will examine your back passage with a finger and then insert the endoscope. Lubricant jelly is used. The procedure can take between 15 and 60 minutes.

Air is passed through the endoscope into your bowel to allow

clear views. This may cause you some discomfort and cramping. The air makes you feel like you want to go to the toilet.

Remember your bowel is empty so all you will pass is wind. Please do not feel embarrassed; this is normal.

During the procedure you are sometimes asked to change your position, to lie on your back, right side or stomach. This helps to steer the endoscope around your bowel.

After the colonoscopy or flexible sigmoidoscopy and EMR procedure

If you have had sedation and pain killer you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may take between 1 and 2 hours. You will be given something to eat and drink before you go home.

Please tell us of any specific dietary requirements at least 24 hours prior to your procedure.

You will have some written instructions to take with you.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

If you do not have sedation, you will be offered something to eat and drink. You will be advised when you can go home and you will have some written instructions to take with you.

When will I receive the results?

The doctor or nurse will usually give you preliminary results before you go home. If you have had sedation, you may not remember all that has been said to you, however, the test results can be given to you by your General Practitioner or at clinic.

Information for women of childbearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy Unit on the telephone number at the front of this booklet.

We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Training

Walsall Healthcare NHS Trust is a regional centre for endoscopy training. You may be asked if you would be willing to be examined by a trainee consultant or trainee nurse endoscopist.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

Contact Details

If you require any further information, please contact us:

Endoscopy Booking Office:

01922 656217

Monday to Friday, 9:00am until 4:30pm

Additional information from:

Guts UK - The Charity for the Digestive System

3 St Andrews Place

Regents Park

London, NW1 4LB

Telephone: 020 7486 0341

Fax: 020 7224 2012

email: info@gutscharity.org.uk

<https://gutscharity.org.uk/>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਬਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ਟ ਰਿਲੇਸ਼ਨਜ਼ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



যদি আপনি এই লিফলেটটি বাংলায় চান তবে অনুগ্রহ করে প্যাশেন্ট রিলেশন টিম-এর সাথে যোগাযোগ করুন।



Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



اگر آپ کو یہ کتابچہ اردو زبان میں مطلوب ہے تو، براہ کرم
پیشنٹ ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.