

Colonoscopy

Endoscopy Unit

Introduction

You have been advised that you should have a test called a colonoscopy.

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 information, please contact us using the telephone number you will find towards the end of the leaflet.

What is a Colonoscopy?

A colonoscopy is a test that allows the endoscopist to look directly at the lining of your large bowel (colon).

The colonoscope is a long flexible tube (as thick as your finger) with a bright light at the end. It is passed into your back passage and round your colon.

During the colonoscopy the endoscopist may need to obtain tiny pieces of tissue (biopsies) from the lining of your bowel to help find the cause of your symptoms and or assess the lining further.

Sometimes the endoscopist may need to remove a polyp (overgrowth of tissue). This is done through the colonoscope by placing a small wire loop around the polyp and applying a small electrical charge (diathermy) to remove the polyp. Taking biopsies or removing polyps is painless.

All biopsies taken and any polyps removed will be sent to the laboratories for analysis. Your endoscopist will advise you on how you will be informed of these results.

Consent

You will be asked 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. 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.

The risks, benefits and relevant alternatives to the procedure will be explained before your written consent is obtained. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

If you have no questions, it is important that you sign the consent form at least one day before the test; otherwise this will be done prior to the test after you have spoken to a nurse or doctor.

Please bring the consent form with you to your appointment.

What are the benefits of the procedure?

The benefits of a colonoscopy include:

- To diagnose and treat a possible cause of your problems
- To review the findings of any previous endoscopy
- For screening or surveillance.

What are the risks of having a Colonoscopy?

The majority of colonoscopies 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 after the colonoscopy. National studies have shown that serious complications are infrequent.

They include:

- Reactions to drugs
- Bleeding: occurs in approximately 1 in 150 cases. Bleeding may occur up to 14 days after your procedure.
- Perforation: (a hole or tear in bowel wall) occurs in approximately 1 in 1500 cases and this is more likely if a polyp is removed
- Missed lesions: 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 lesions including polyps and rarely cancers.

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

Are there any alternatives to a Colonoscopy?

Your doctor may recommend a CT scan. Some scans require bowel preparation. Images are taken of your bowel to help diagnose your symptoms but polyps cannot be removed or biopsies taken, if there are suspected abnormalities.

What if I do not have a Colonoscopy?

A Colonoscopy has been recommended because you have symptoms, or have had other investigations, which suggest disease of the large bowel. Alternatively you may have known bowel disease which needs assessment. If you do not have the Colonoscopy then important bowel disease may be missed. Alternative investigations of the bowel can be performed, but a colonoscopy may still need to be done to confirm the diagnosis or to deliver treatment within the bowel.

What should I expect before the procedure?

It is very important that your bowel is empty when the colonoscopy is done. **Please avoid foods with seeds, i.e. Multi-grain or wholemeal seeded bread for 5 days before your appointment.**

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 follow all the instructions provided with the laxative solution.

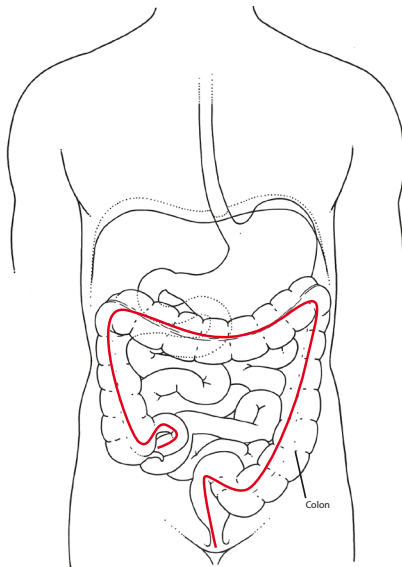
Please stop iron tablets 7 days before your appointment.

If you take anticoagulant tablets (such as warfarin, rivaroxaban, dabigatran apixaban or edoxaban), or antiplatelet drugs (such as clopidogrel, prasugrel or ticagrelor), or if you are a diabetic, please telephone 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.

You can take all other medications as normal.

What will happen on the day of the 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 colonoscopy and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have. You will also have the opportunity to confirm the details on your consent form with the nurse or your endoscopist.

Please bear in mind that 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 large enough for all your clothes and belongings.

In the examination room

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

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

What are the options for pain relief and/or 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 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

A nurse will stay with you throughout the colonoscopy. 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 nostrils.

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

The doctor or nurse will examine your back passage with a gloved finger and then insert the colonoscope. Lubricant jelly is used. The colonoscopy can take between 15 and 60 minutes.

Air is passed through the colonoscope 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 colonoscopy you are sometimes asked to change your position, to lie on your back, right side or stomach. This helps to steer the colonoscope around your bowel.

What will happen after the Colonoscopy?

If you have had sedation and pain relief, 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 one and two 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.

If you have had sedation 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, drive any vehicle, 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 straight away. 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 end 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.

If you require any further information, please contact us on these numbers:

Endoscopy Booking Office:

01922 656217

08:30 to 16:30

Monday to Friday

Additional information from:

Guts UK

The Charity for the Digestive System.

3 St Andrews Place

London

NW1 4LB

Tel: 020 7486 0341

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.