

## Colonoscopy

### The Procedure Explained

You have been advised by your GP or hospital doctor to have an investigation known as a **colonoscopy**.

**This procedure requires your formal consent.** If you are unable to keep your appointment, please notify the Endoscopy scheduling office as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you. Please bring this booklet with you when you attend.

An appointment for your **Colonoscopy** has been arranged at:-

The Endoscopy Unit  
Calcraft Suite  
Level 3  
Royal Gwent Hospital  
Newport  
NP20 2UB

Tel. No:- 01633 – 234425 or 01633 – 238998

Please telephone the Endoscopy unit on the above number, if this is not convenient or you would like to discuss any aspect of the procedure before your appointment.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation. At the back of the booklet is the consent form.

**The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation, please sign and date the consent form. You will notice that the consent form is duplicated, allowing you to keep a copy for your records, so please fill it in while it is still attached to this booklet.**

If however there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a health care professional. The procedure you will be having is called a colonoscopy.

This is an examination of your large bowel (colon). It will be performed by or under the supervision of a trained doctor and we will make the investigation as comfortable as possible for you. When you are having a colonoscopy procedure you will usually be given sedation and analgesia.

### **Why do I need to have a colonoscopy?**

- You may have been advised to undergo this investigation of your large bowel to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.
- Follow-up inspection of previous inflammatory bowel disease.
- Assessing the clinical importance of an abnormality seen on an x-ray

### **What is a colonoscopy?**

This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary. The instrument used in this investigation is called a colonoscope, (scope) and is flexible.

Within each scope is an illumination channel which enables light to be directed onto the lining of your bowel, and another which relays pictures back, onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present. During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis: this is pain less. The samples will be retained. A video recording and/or photographs may be taken for your records.

## **What other alternatives are there?**

CT colon is an alternative investigation to a colonoscopy. It has the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent endoscopic examination may be required.

## **Preparing for the investigation**

### **Quick Guide & Reference**

1. Stop Iron one week before Colonoscopy.
2. If on Warfarin, check INR one week before and contact Endoscopy unit on: 01633 234225 or 234229 as soon as INR results available.
3. If on Clopidogrel / Apixaban / Rivaroxaban / Diabigatran / Edoxaban or if you are diabetic please ring the Endoscopy Unit for advice.
4. Please strictly follow the dietary instructions on the leaflet inside the laxative packet.
5. Once you started taking the laxative no food allowed.
6. If you wish to have sedation, make arrangements for transport as you must not drive for 24 hours and arrange for someone to stay with you overnight.
7. Please bring a list of your current medication with you.

## **Eating and drinking**

It is necessary to have clear views of the lower bowel. Please follow the dietary instruction leaflet inside the laxative box.

## **Two days before your appointment**

- You will need to be on a low fibre diet and considerably increase your fluid intake.

## **One day before**

- You will need to take a laxative which should have arrived with this booklet along with clear instructions on how to administer it. If you have any queries do not hesitate to contact the endoscopy unit and someone will assist you on 01633 234225.

## **On the day of the examination**

- You may continue taking clear fluids until you attend for your appointment.

## **What about my medication?**

### **Routine Medication**

**Your routine medication should be taken, but you should take it at least one hour before or one hour after any of the laxatives.**

**If you are taking iron tablets you must stop these one week prior to your appointment.** If you are taking stool bulking agents (e.g. Fibogel, Regulan, Proctofibe), Loperamide (Imodium) Lomotil or Codeine Phosphate you must stop these **3 days prior** to your appointment.

### **Diabetics**

**If you are diabetic controlled on insulin or medication, please ensure the Endoscopy department is aware so that the appointment can be made at the beginning of the list.**

### **Anticoagulants/Anitplatelet drugs/Allergies**

Please telephone the unit if you are taking anticoagulants such as WARFARIN, APIXABEN, RIVAROXABAN, DABIGATRAN, EDOXABAN; Or the antiplatelet drug CLOPIDOGREL. Phone for information if you think you have a Latex allergy.

### **How long will I be in the endoscopy department?**

This largely depends on how quickly you recover from the sedation and how busy the department is. You should expect to be in the department for approximately half a day. The department also looks after emergencies and these can take priority over our outpatient lists.

## **What happens when I arrive?**

When you arrive in the department, you will be met by a qualified nurse who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation.

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. As you will be having sedation she may insert a small cannula (small plastic tube) in the back of your hand or arm through which sedation will be administered later. As you will have sedation you will not be permitted to drive or use public transport so you must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that she can contact them when you are ready for discharge.

You will have a brief medical assessment when a qualified endoscopy nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had to confirm that you are fit to undergo the investigation. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

## **Intravenous sedation**

The sedation and a painkiller will be administered into a vein in your hand or arm which will make you lightly drowsy and relaxed but not unconscious. You will be in a state called cooperative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation makes it unlikely that you will remember anything about the examination.

Whilst you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.

Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.

### **The colonoscopy investigation**

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions. The nurse looking after you will ask you to lie on your left side. She will then place the oxygen monitoring probe on your finger. The sedative drugs will be administered into a cannula (tube) in your vein.

The colonoscopy involves manoeuvring the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time but the sedation and analgesia will minimise any discomfort. Air is gently passed into the bowel during the investigation to facilitate the passage of the colonoscope. During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained.

### **Risks of the procedure**

Lower gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; we would wish to draw your attention to them and so with this information you can make your decision. The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out. The risks can be associated with the procedure itself and with administration of the sedation and the prior bowel preparation.

### **The endoscopic procedure**

The main risks are of mechanical damage.

- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.

- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.

## **Sedation**

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

## **Bowel preparation**

**Diarrhoea is to be expected after taking the bowel preparation. Some people experience nausea, vomiting, bloating, abdominal discomfort, irritation of the anus or sleep disturbance. Vomiting or excessive diarrhoea can lead to fluid loss (dehydration), with dizziness, headache and confusion, so guard against this by drinking plenty of clear fluids, preferably water.**

**If these problems persist please do not take any more bowel preparation. People taking water tablets (diuretics) are at increased risk from bowel preparation and should ensure they maintain a good fluid intake.**

## **What is a polyp?**

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

## **Polypectomy**

A polyp may be removed in one of two ways both using an electrical current known as diathermy. For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed. Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp. For smaller polyps biopsy forceps (cupped forceps) are used. These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

## **After the procedure**

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation (which normally takes 30-60 minutes), you will be offered a hot drink and biscuits.

Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations required. She or he will also inform you if you require further appointments.

The sedation may temporarily affect your memory, so it is a good idea to have a member of your family or friend with you when you are given this information although there may be a short written report given to you. Because you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent lapses of memory. If you live alone, try and arrange for someone to stay with you or, if possible, arrange to stay with your family or a friend for at least 24 hours.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

## **General points to remember**

It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is very busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.



The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

If you are unable to keep your appointment please notify the endoscopy department as soon as possible.

Because you are having sedation, please arrange for someone to collect you.

- Please bring with you a list of your current medication.
- Please bring with you a change of clothes, jogging bottoms, pyjama and or dressing gown.

### **Low fibre diet**

Fibre is the indigestible part of cereals, fruit and vegetables. **Please commence a low fibre diet 2 days prior your examination.**

### **Foods allowed**

Lean tender lamb,, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding, pancakes; bread sauce; clear and pureed soups; potato (no skins), boiled and mashed; tomato pulp (no skins or pips); fruit juice (if tolerated); pastry made with white flour, white bread, white flour, cornflakes, rice krispies, icing smooth biscuits, e.g. Marie, Osborne; spaghetti and pasta; white rice, crisps; rosehip syrup, Ribena; sugar or glucose in small amounts; boiled sweets, toffees; plain or milk chocolate; shortcake, cream crackers, water biscuits; sponge cake, Madeira cake; ice cream, iced lollies; plain or flavoured yoghurt; jelly marmalade; honey, syrup; tea and coffee (without milk) and fizzy drinks.

### **Foods to be avoided**

Wholemeal, wheatmeal, granary bread, wholemeal flour; bran biscuits, coconut biscuits; all cereals containing bran or wholewheat, e.g. shredded wheat, bran flakes, bran buds, muesli; digestive biscuits; Ryvita, Vita Wheat, oat cakes, etc.

### **Fluids not allowed**

Drinks or soups thickened with flour or other thickening agents.

### **Discharge Instructions Following Colonoscopy**

When your nurse feels that you have recovered enough she will discharge you from the unit to the safety of your relative/friend.

You may feel bloated due to the air introduced through the scope. You may experience some abdominal discomfort due to the excess wind or you may pass some traces of blood from the back passage following this examination. This should settle within a few hours.

If you experience other symptoms such as vomiting or worsening pain, please contact the Endoscopy Unit on:- 01633 - 234225 between the hours 0800-17.00, your GP or after 6.30 pm the out of hours team on 01633 744285

**If you have had sedation you must follow these instructions for 24 hours after your procedure**

- Do not drink alcohol or smoke
- Do not drive any form of transport or operate machinery
- Do not sign any legal documents
- Do not take any drugs other than those prescribed for you
- **You will need someone to stay with you overnight**
- Please adhere to any discharge advice you may be given by the nursing or medical staff.
- You may eat and drink normally following the procedure.
- You should rest overnight and if you feel well enough you should be able to return to work the next day but you should not drive.

**“This document is available in Welsh /  
Mae’r ddogfen hon ar gael yn Gymraeg”.**