

Having a Colonoscopy

Your appointment has been arranged at:

- Lady Sobell Gastrointestinal Unit, Wexham Park Hospital, Slough ☎ 01753 634150
- Heatherwood Endoscopy Unit, Heatherwood Hospital, Ascot ☎ 01344 877801

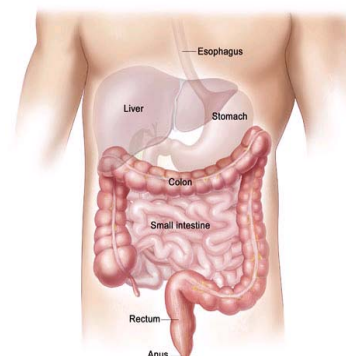
If you need an interpreter, please contact us as soon as possible so that we can arrange for a qualified person to attend your appointments.

What is a Colonoscopy?

A colonoscopy is an investigation using a flexible, telescopic tube to look at the lining of the large bowel (colon). A long tube, called a colonoscope, is inserted at the anus and manoeuvred around to the appendix. The whole of the large bowel (colon) is about 1.5 metres in length.

To get good views, you will need to eat a restricted diet for 2 days before your appointment and take a laxative (bowel prep) to clear out the bowel. Some medications may need to be stopped.

Detailed instructions for taking bowel prep will be sent to you with the bowel prep after you have had any necessary blood tests.



Why do I need a Colonoscopy?

Your symptoms suggest that you may have a problem with the large bowel (the colon), which requires investigation. Or you may have previously had surgery for bowel cancer, in which case a colonoscopy will be performed periodically to check for signs of any recurrence. Your doctor will decide how often this should be done. Likewise, if you suffer from inflammatory bowel disease or have a family history of colorectal (bowel) cancer, you may need to be monitored.

What are the benefits of having a Colonoscopy?

If there is any abnormality in the bowel, then it should be possible to see it during the procedure, which is relatively quick (about ½ an hour). It allows the doctor to take samples (biopsies) of tissue so they can be examined under a microscope. The lining of the bowel is insensitive to pain so you should not feel anything when the samples are removed.

Is there an alternative to having a Colonoscopy?

An alternative procedure is a CT colonography for which your doctor can refer you separately. This is a less invasive test which uses x-ray equipment and a computer to obtain an interior view of the colon. However, it is a strictly diagnostic procedure, that still requires bowel prep to be taken, but which does not allow tissue to be sampled. If the results show a polyp, for example, a colonoscopy would then be needed to remove the polyp. Though a CT colonography is less accurate than a colonoscopy (it can give a false negative), for some patients it is more appropriate.

Are there any risks involved?

A colonoscopy is a skilled procedure which is performed by a specially trained clinician who takes every care to reduce any risks, which are described overleaf.

- A sedative drug is usually required which, in a very small number of patients (1 in 1,000), can cause your breathing or heart rate to slow down. For this reason, the nurse will put a probe on your finger to monitor your pulse and oxygen levels. You might also have your blood pressure monitored. The effects of the sedative are easy to reverse if necessary. If you are asthmatic, or have any breathing difficulties, please inform the nurse on your arrival and bring your inhaler with you if you use one.
- It is possible to perforate (tear) part of the bowel (approximately 1 in 1,000) and the risk is increased if a polyp is removed. In the event of a perforation, immediate surgery may be required to repair it.
- Bleeding may be experienced following the procedure. The risk of this is 1 in 100, if you have a polyp removed. A blood transfusion or surgery may then be required.
- It is also possible to miss small abnormalities. In a small percentage of patients (around 10%) the colonoscope cannot be manoeuvred all the way around the colon. You may then need a CT scan. This is the exception rather than the rule and should not cause you to be concerned.
- During the procedure you may experience some discomfort which is caused by the gas used to assist the transit of the colonoscope around the colon. This will probably leave you feeling bloated until you pass the excess 'wind' naturally.
- If you have haemorrhoids banded, you may experience pain and bleeding. It also is possible to develop an infection, abscess or small tear (fissure).

Will I need sedation?

The majority of colonoscopies are done under sedation. The type of sedation used is called conscious sedation and is not a full general anaesthetic. This means that although you will feel sleepy, relaxed and may not remember the examination, you will still be able to respond to verbal instructions, i.e., you are awake, but drowsy. Sedation is given through an intravenous cannula, which is a small tube that is put into a vein in the back of your hand.

After having sedation, you **MUST** have someone to take you home and stay with you for the next 24 hours.

Will I have to stay in hospital?

You will usually have the colonoscopy as a day patient, involving a stay of 3 - 5 hours. However, if you are very elderly or in poor health, you may need to come into hospital the day before to take the bowel prep.

Will I get the results straight away?

When you have recovered, a healthcare professional will explain the results. If a biopsy has been taken or a polyp removed, you will be told when and where you can get these results.

Are there any after effects?

After effects are rare, but you may notice some bleeding if a biopsy has been taken or a polyp removed. You may also experience abdominal pain within the first 24 hours after the colonoscopy.

What preparation do I need for the examination?

The bowel must be completely cleared of all waste matter. This is achieved by eating a very low fibre diet for 2 days before your procedure and the use of a laxative medicine (bowel prep).

For 2 days before your procedure, you will only be able to eat foods from the following list:

chicken, white fish, cheese, potatoes (without the skin), eggs, chapattis, white bread, butter or margarine, honey (but not jam or marmalade), rich tea biscuits, yellow jelly (but not red), plain yoghurt, ice cream

For **appointments before 2.00 pm**, you will need to begin taking your bowel prep between 5.00 pm and 6.00 pm on the day before your procedure.

For **appointments at 2.00 pm or later**, you will take all your bowel prep on the day of your procedure. Bowel prep is designed to give you forced diarrhoea, so it is advisable to stay at home during this time.

Bowel prep and detailed instructions will be sent to you once you have had any necessary blood tests. For comfort during the bowel preparation, you may wish to put some ointment on your bottom. Zinc and castor oil, Sudocrem and Vaseline are all suitable.

Special Precautions for Bowel Preparation

- If you are taking any regular medication for stomach, bowel, heart, lung, kidney or other medical conditions, please continue these as normal, you may take your medications with a glass of water on the day of your examination.
- If you normally take any **iron** tablets, stop taking them 7 days prior to your procedure.
- For patients on **oral anticoagulants (warfarin, apixaban, daligatran, rivaroxaban) OR the antiplatelet drugs clopidogrel or tricagralor**, we will advise how these medications should be managed around your procedure. Please contact us on 01753 634157 if you have not been contacted regarding the above medication.
- 75 mg daily of aspirin may be continued.
- If you have had a heart attack, have acute heart failure or have had a coronary stent inserted recently, it is advisable to wait until your condition has stabilised before having your colonoscopy, usually 3 months. Check with us by telephoning 01753 634157. Please also check with your cardiologist.
- If you are asthmatic, please bring your inhalers with you.
- If you are taking any regular medication for diabetes, please telephone 01753 634157 for a separate leaflet that will explain how to control your blood sugar around the time of your procedure and bring your diabetic pills or insulin with you. It is important to maintain a blood sugar above 5 mmol/l leading up to your procedure. Check your blood sugar level and if necessary suck some glucose tablets ahead of your procedure to achieve this.
- If you have a colostomy (external stool bag on a stoma from previous bowel surgery), the bowel preparation medicine will work in the same way. You are advised to put on a drainable appliance before taking the medicine until after the examination. If you do not

have any drainable appliances (pouches), please contact your stoma care nurse at Wexham Park Hospital on 01753 633734 or bleep via the hospital switchboard on 01753 633000.

- Please let us know by telephoning 01753 634157 if you are pregnant or trying to conceive.
- If you are taking the oral contraceptive pill, you should take alternative precautions during the week after taking bowel prep as rapid bowel transit may make the pill ineffective.
- If you are in poor health or very frail, this procedure may not be appropriate for you. Telephone 01753 634157 and explain this to the booking clerk who will instead arrange for you to be seen in an outpatient clinic first to decide whether this is indeed the best way to check your bowel. A CT colonography may be more appropriate.

General Information

Please bring a dressing gown, slippers and something to read. Do not bring valuable items such as credit cards and jewellery.

On arrival at the unit

The receptionist will ask for your questionnaire. A healthcare professional will then complete a form about your medical history and take your blood pressure.

Informed Consent

Prior to the procedure, you will be required to sign a consent form. Before signing it, the healthcare professional will discuss with you what the procedure is likely to involve; the intended benefits; alternative investigations; significant, unavoidable or frequently occurring risks; and any extra procedures which may become necessary. All of the information which will be discussed with you is included in this leaflet.

The examination

If you are having sedation, it will be given before the examination and you will begin to feel relaxed and sleepy. A nurse will stay with you throughout the examination. You will be asked to lie on your left side with your knees slightly bent. (This does not apply to patients with a stoma.) The examination is usually completed within 15 to 30 minutes.

After the examination

You must rest in the unit for at least an hour afterwards. You may feel a little bloated with wind pains but these usually disappear quickly. You may resume eating as normal.

If you have had sedation, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure even though you feel wide-awake. For this reason, you must have someone who can collect you from the Unit, take you home and look after you for the rest of the day.

If you have had **sedation**, for **24 hours** after your procedure **you must not**:

- Drive
- Operate potentially dangerous machinery

For 8 hours after sedation, you should also not:

- Use potentially dangerous appliances, such as a cooker or kettle
- Have a bath unsupervised
- Look after dependants on your own
- Go to work
- Sign any legal documents
- Drink any alcohol, take sleeping tablets or recreational drugs

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:

Frimley Park Hospital
Telephone: 01276 526530
Email: fhft.palsfrimleypark@nhs.net

Heatherwood Hospital
Telephone: 01753 633365
Email: fhft.palsheatherwood@nhs.net

Wexham Park Hospital
Telephone: 01753 633365
Email: fhft.palswexhampark@nhs.net

<p>Frimley Health NHS Foundation Trust Frimley Park Hospital Portsmouth Road Frimley Surrey GU16 7UJ</p> <p>Hospital switchboard: 01276 604604 Website: www.fhft.nhs.uk</p>	<p>Frimley Health NHS Foundation Trust Heatherwood Hospital London Road Ascot SL5 8AA</p> <p>Hospital switchboard: 01344 623333 Website: www.fhft.nhs.uk</p>	<p>Frimley Health NHS Foundation Trust Wexham Park Hospital Wexham Slough Berkshire SL2 4HL</p> <p>Hospital switchboard: 01753 633000 Website: www.fhft.nhs.uk</p>
--	--	---

Title of Leaflet	Having a Colonoscopy				
Author	Dr Sass Levi Kathy Friend	Department	Lady Sobell GI Unit		
Ref. No	H/005/15	Issue Date	July 2018	Review Date	July 2021

Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.