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

Frimley Park Hospital

Telephone: 01276 526530

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Heatherwood Hospital

Telephone: 01753 633365

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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.

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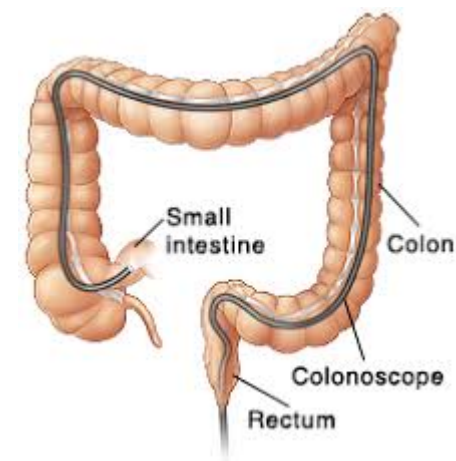
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Endoscopy Unit
Frimley Park Hospital

Colonoscopy



Information for patients, relatives
and carers

What is a Colonoscopy?

A colonoscopy is an examination of the lining of your large bowel (colon). We put a long, thin flexible tube called a colonoscope into your anus (back passage) and pass it into your large bowel. The colonoscope is slightly thicker than your little finger and has a camera in its tip which sends pictures of the inside of your colon to a video screen.

Why do I need this test?

Your hospital specialist has recommended you have this test to investigate the cause of your symptoms. There are many reasons for this investigation including: bleeding from your anus, pain in the lower abdomen, persistent diarrhoea, changes to your bowel habits, a strong family history of bowel cancer, inflammatory bowel disease.

What are the alternatives?

A test called a CT colonography (scan) is available but we get better pictures from a colonoscopy and can also take biopsies (small samples for testing) or remove polyps (growths on your bowel lining) at the same time, both of which help with your diagnosis. If we find an abnormality during CT colonography, you would then need to have a colonoscopy to examine or treat it.

What are the benefits?

A normal test result can reassure you that all is well. A colonoscopy can also help us to reach a diagnosis (sometimes by taking biopsies) to make sure you are on the best treatment. If you have polyps, we can remove them during the procedure.

NOTES

Please use the space below to write down any questions or queries you may have and bring this with you when you come into hospital.

Always ask anything you wish, no questions are trivial or 'silly'. The person you ask will do their best to answer but, if they don't know, they will find someone else who is able to discuss your concerns.

What should I bring with me to hospital?

- the name and contact number of the person collecting you
- a list of medications including herbal and over the counter medications
- a list of allergies to medication, food or substances
- please bring your essential medications such as insulin, Parkinsons medication, epilepsy medications, etc.

Please do not bring any valuables with you. The hospital cannot accept responsibility for the loss or damage to personal property during your stay in endoscopy.

Who can I contact with queries and concerns?

For medication queries before or after your test, please contact the Endoscopy Unit Nurses' Station on 01276 526045, between 8.00am and 1.00pm, Monday - Friday.

If you want to change your appointment or need another information leaflet, please contact the Endoscopy Unit booking team:

Tel: 01276 526647/01276 604858
9.00am – 5.00pm, Monday – Friday.

What are the risks?

A colonoscopy is an extremely safe procedure and complications are very rare.

Possible complications can include:

- **Bleeding:** It is common to pass small amount of blood from your anus if a biopsy or a polyp has been removed. This should only happen up to 12-24 hours after the procedure and is usually no more than a few teaspoons full. So do not worry if you open your bowels after the test and notice some blood.
The risk of major bleeding during this test is less than 1 in 100.
- **Perforation:** We take every care to avoid perforation; but if it happens your abdomen may become painful and bloated. You may need to stay in the hospital, have more tests such as a CT scan or, in extremely rare cases, you may need surgery to repair the hole.
The risk of making a perforation (hole) during this test is less than 1 in 1,000.
- **Reactions to the sedative:** We give you the smallest possible dose of sedative to prevent you from having any side effects. If you do have a reaction, we will give you medication to reverse the effects of the sedative.
- **Failure to complete:** Occasionally, the procedure may need to be abandoned or may be incomplete; for example, if the bowel preparation did not empty your bowel completely, if there is a narrowing or sharp angulation of the bowel or if you find the procedure too uncomfortable. In this case, the procedure may need to be repeated or we may suggest an alternative procedure.

Sedation and analgesia (pain killer) or Entonox® (gas and air)?

Intravenous sedation and pain killer or Entonox® for pain relief can improve your comfort during the procedure so that the endoscopist can perform the procedures successfully.

Intravenous sedation and pain killer

The sedative and the pain killer will make you feel slightly drowsy and relaxed. Sedation is not an anaesthetic therefore you will be conscious.

You will be in a state called co-operative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions such as a request to change your position during the procedure.

You should still be able to talk to the staff during the procedure and tell them how you are feeling, and see the video screen if you wish.

If you have a sedative, someone must come to the endoscopy unit; collect you and stay with you overnight. If not, we would have to cancel your colonoscopy. You will not be allowed to go home on your own in a taxi.

Entonox® (gas and air)

Entonox® is a powerful pain killer. It provides rapid, safe and effective short-term pain relief. You may already know that Entonox® is used to relieve pain during childbirth. You are able to drive a car after 30 minutes of its use.

Please read the attached advice sheet on Entonox®. If you have not received this, please ring the booking office on 01276 526647 / 01276 604858, between 9.00am and 5.00pm, Monday – Friday and we will send you a copy.

What happens when I go home?

- You may feel a little bloated and have some mild cramps due to or gas that was put into your bowel during the procedure. This usually settles within 24 hours. We encourage you to pass wind to ease these symptoms. If you keep getting wind pain, we advise you to lie on your right side; or walk around if you are stable on your feet.
- You may notice a little blood with your next bowel movement, on your underwear or toilet tissue.
- As you had bowel prep, it may take up to three days before your colon fills up and you have a bowel movement.
- You can eat and drink as normal and continue to take your regular medication unless advised otherwise.
- We recommend you drink plenty of fluids to keep hydrated.

Care provided by trainees

Our department supports clinical training and so there may be a trainee nurse or doctor assigned to the procedure list. We will make the investigation as comfortable as possible for you.

If you do not wish to have your care or procedure undertaken by a trainee, please advise the staff. Neither your treatment nor timings will be affected by your decision.

occasional 'twinge' as the colonoscope is pushed around bends. It should not be painful. If it is, please tell the endoscopist. They can give you medication to ease the pain or change what they are doing.

The endoscopist can take biopsies or remove polyps during the test, by passing thin instruments through the colonoscope. This does not hurt and you may not feel it happening at all. During the test medical photographs are taken for the report.

How long does the test take? What happens after the test?

It usually takes 20 – 30 minutes. It may take longer depending on what needs to be done. How long it takes you to recover depends on whether you have had a sedative.

Patients with morning appointments should be ready to be discharged from the unit between 11.00am and 1.00pm. Patients with afternoon appointments should be ready for discharge between 4.00pm and 6.00pm.

We advise you to stay in the unit for at least 30 minutes after your procedure or until the effect of the sedative has worn off.

A nurse will give you any necessary paperwork before you leave the department. We will also send a copy of the report to your GP or the hospital specialist.

If you have had sedation, someone must come to the endoscopy unit; collect you and stay with you overnight. You will not be allowed to go home on your own in a taxi.

What are the risks of having a sedative?

If you have a sedative you may feel tired, dizzy or weak straight afterwards. During the first 24 hours you must not:

- drive a car
- operate machinery
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependants alone.

Do I need to prepare for the colonoscopy?

We need to get a clear view, so your colon must be clean. You need to take the prescribed laxative beforehand to prepare your bowel. Please read our advice sheet, 'Preparing for a colonoscopy', which explains how and when to use the laxative.

If you have not received this, please ring the booking office on 01276 526647 / 01276 604858, between 9.00am and 5.00pm, Monday – Friday, to ask for a copy.

Do I need to stop taking my medication?

If you take blood thinning medication, you may need to stop taking them for a short time.

If you have not been advised whether you need to stop or continue to take them, please contact us on 01276 526045, between 8.00am and 1.00pm, Monday – Friday.

If you take antidiarrhoeal medications such as loperamide, codeine phosphate, lomotil, please stop taking them the day before you start your bowel preparation as they will reduce the effect of the bowel prep.

If you are diabetic, please read our advice sheet.

If you have not received this, please ring the booking office on 01276 526647 / 01276 604858, between 9.00am and 5.00pm, Monday – Friday and we will send you a copy.

If you take iron tablets, please, stop taking them at least one week before the colonoscopy.

If you are taking any other medications, in general you can take these as usual, unless your doctor has advised you otherwise.

What happens when I arrive for my test?

Please note that your appointment time is the time that you should arrive in the department. It is not the time of your actual procedure. We recommend that you plan to be with us for the whole morning or afternoon, depending on your time slot.

When you arrive, a nurse will fill out an assessment form with you and ask you about your arrangements for getting home. If you have a sedation, someone must come to the endoscopy unit; collect you and stay with you overnight. You will not be allowed to go home on your own in a taxi.

The nurse will check your temperature, blood pressure, pulse, respiration rate and your oxygen levels. If applicable, the nurse will check your INR and blood sugar levels. If you choose to have sedation, a nurse will put a cannula (small plastic tube) into a vein, usually on the back of your hand, through which the endoscopist will administer the sedation. You will be asked to change into a hospital gown and remove your underwear. We will offer a pair of dignity shorts for you to use. There are single changing cubicles available in the unit.

Consent

We must by law obtain your written consent to any procedures beforehand. We want to involve you in decisions about your care and treatment. Staff will explain all the risks, benefits and alternatives. If you decide to go ahead, we will ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a member of staff.

What happens before the test?

A nurse will take you into the endoscopy room and make you comfortable on an examination couch. The nurse will monitor your blood pressure, pulse, respiration rate and your oxygen levels during the test. The nurse will ask you to lie down on your left side. The nurse or endoscopist will give your choice of pain relief (sedation and pain killer or gas and air) now. If you are having a sedative, we will give you supplementary oxygen.

What happens during the test?

A nurse will be with you at all times during your procedure to reassure you and talk you through what is happening.

The endoscopist will gently put the colonoscope into your anus and move it along the length of your colon. They may ask you to change position to:

- make you more comfortable.
- make it easier to pass the colonoscope around your bowel.
- and/or make sure they can see as much of the inside lining of your bowel as possible.

We will put gas into your bowel so that we can see better. You may feel 'wind' or cramps during the procedure and perhaps the