

Colonoscopy

What is a colonoscopy?

The examination you will be having is called a colonoscopy. This is an examination of your large bowel (colon) through your back passage.

A colonoscopy is a very accurate way of looking at the lining of your large bowel, to establish whether there is any disease present. The instrument used is called a colonoscope (scope) and it is flexible. The scope has a light which is shone onto the lining of your bowel. It also has a very small camera which sends a live image to a screen where it is viewed by the endoscopist.

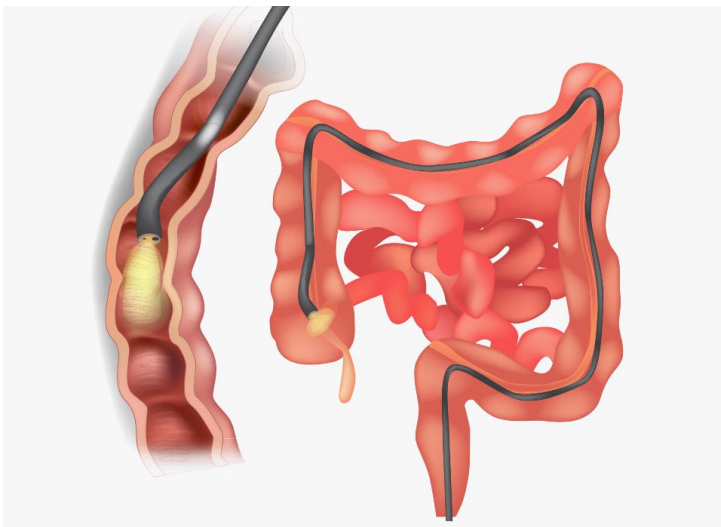
During the examination the endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope in our laboratories.

Images from the colonoscopy will be kept in your health record.

Why do I need a colonoscopy?

You may have been advised to have a colonoscopy for the following reasons:

- to try and find the cause of your symptoms. The results will help us to decide on the best treatment for your problem or whether we need to carry out any further examinations.
- as a follow-up inspection of a previous disease
- to find out more about an abnormality seen on an X-ray or scan
- to remove polyps
- for bowel cancer screening.





What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, whereas others are flat without a stalk. If a polyp is found, or if we already know you have a polyp, it is usually removed by the endoscopist as it may grow and cause problems later. Sometimes removal of a polyp requires use of a high frequency electric current. Alternatively, the endoscopist may take some samples for further examination.

What are the alternatives to a colonoscopy?

An alternative examination is a CT scan. The disadvantage of this is that we cannot collect tissue samples that may be important for diagnosis. This may mean that you will still need to have a colonoscopy examination at a later date.

If you would like to discuss this option please speak to your doctor.

Pain relief and sedation

We routinely give light sedation and a painkilling injection to help you to relax. The sedative injection and a painkiller will be injected into a vein in your hand or arm. It will make you lightly drowsy and relaxed but will not put you to sleep. You are likely to be aware of what's going on around you and will be able to follow simple instructions during the examination. We will monitor your breathing and heart rate throughout the examination.

After sedation you will not be allowed to drive home. You should also not go home alone on public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that we can contact them when you are ready to go home.

We recommend that someone responsible stays with you overnight after your colonoscopy. However, if this is not possible you may still be able to have sedation, depending on your general health. If you would prefer not to have sedation, please discuss this with your endoscopist when you come for your appointment.

Bowel preparation instructions

You will need to take a bowel preparation which will be prescribed by your consultant. **You must follow the instructions below carefully. Please note that the instructions are different for morning and afternoon procedures.** The manufacturer's instructions enclosed are to provide information about possible side-effects, as well as effects on other medicines and other health problems.

This bowel preparation is to make sure that your bowel is thoroughly cleaned, and we can carry out a complete examination.

If you need further information, please contact your consultant's secretary.

Seven days before the examination

- If you are taking iron tablets, please stop taking these



Fours days before the examination

- Stop taking any constipating agents e.g. Lomotil, Imodium, codeine phosphate, etc
- Stop taking any stool bulking agents e.g. Fybogel, Regular, Proctofibre
- Continue with all other medication until your appointment

Two days before the examination

To help the bowel preparation to work effectively, you will need to start to eat a low fibre diet. This should consist of white fish, chicken, white bread, eggs, cheese, or potato without skins. High fibre foods such as red meat, fruit, vegetables, cereals, nuts, salad, and whole meal foods must be avoided. Have plenty of fluids to drink.

The day before the examination

MOVIPREP INSTRUCTIONS FOR PATIENTS WITH A MORNING APPOINTMENT

Please follow these instructions rather than the instructions provided with the Moviprep to ensure effectiveness of bowel preparation. You will need to be near a toilet when taking the bowel preparation so we strongly recommend that you do not go to work on this day.

TIMETABLE

You need to take the Moviprep on the day before your appointment.

The day before your procedure:

- **7am** – have breakfast but avoid high fibre foods (such as fruit, vegetables, bran and pulses).
- **8am** – stop eating. You can make up the Moviprep solution now and refrigerate to make it easier to drink.
- You can only have clear fluids after this. Examples of clear fluids include Lucozade, tea and coffee without milk, consomme, clear or strained soup, jelly but not red jelly, bovril, fruit juices but not freshly squeezed or with pulp, water, soda or tonic water.
- **1pm** – start drinking the Moviprep solution. Drink a glassful every 15 minutes until it is finished. Continue to drink clear fluids to ensure adequate hydration and effective bowel preparation.
- **6pm** – start drinking the second litre of Moviprep. Drink a glassful every 15 minutes until it is finished. Continue to drink clear fluids up to 10 pm.

Do not eat once you have started taking the Moviprep.

How to prepare Moviprep:

- Open up one clear bag and remove sachets A and B.
- Add the contents of one A and one B to 1 litre of lukewarm water and mix until all is dissolved.
- Repeat to make up the second litre of Moviprep.

Bowel preparation is designed to give you severe diarrhea, so it is advisable to stay close to a toilet! It is normal to experience some intestinal cramping. It can take a varying amount of time for the bowel preparation to work, from about 30 minutes to several hours. Using a barrier cream on your bottom, such as zinc and castor oil (available from pharmacies), will help to avoid soreness.



You may have as much clear fluid as you like up until 2-3 hours before your examination. **Do not drink anything after this time.**

MOVIPREP INSTRUCTIONS FOR PATIENTS WITH AN AFTERNOON APPOINTMENT

Please follow these instructions rather than the instructions provided with the Moviprep to ensure effectiveness of bowel preparation. You will need to be near a toilet when taking the bowel preparation so we strongly recommend that you do not go to work once you have started the Moviprep.

TIMETABLE

You need to take the first litre of Moviprep on the day before your appointment and the second litre on the morning of your appointment.

The day before your procedure:

- **am** – have breakfast but **avoid** high fibre foods (such as fruit, vegetables, bran and pulses).
- **12pm** – stop eating. You can make up the Moviprep solution now and refrigerate to make it easier to drink.
- You can only have clear fluids after this. Examples of clear fluids include Lucozade, tea and coffee without milk, consommé, clear or strained soup, jelly but not red jelly, Bovril, fruit juices but not freshly squeezed, water, soda or tonic water.
- **5pm** – start drinking the first litre of the Moviprep solution. Drink a glassful every 15 minutes until it is finished. Continue to drink clear fluids to ensure adequate hydration and effective bowel preparation.

The day of your procedure:

- **6am** – start drinking the second litre of the Moviprep solution. Drink a glassful every 15 minutes until it is finished. Continue to drink clear fluids to ensure adequate hydration and effective bowel preparation.
- You may have as much clear fluid as you like up until 2-3 hours before your examination. Do not drink anything after this time.

Do not eat once you have started taking the Moviprep.

How to prepare Moviprep:

- Open up one clear bag and remove sachets A and B.
- Add the contents of one A and one B to 1 litre of lukewarm water and mix until all is dissolved.
- Repeat to make up the second litre of Moviprep.

Bowel preparation is designed to give you severe diarrhoea, so it is advisable to stay close to a toilet! It is normal to experience some intestinal cramping. It can take a varying amount of time for the bowel preparation to work, from about 30 minutes to several hours. Using a barrier cream on your bottom, such as zinc and castor oil (available from pharmacies), will help to avoid soreness.



What about my medicines?

You should continue to take your routine medicines – **with the exception of iron tablets and stool bulking agents (as previously explained).**

Patients with diabetes

If you have diabetes controlled by insulin or tablets, please make sure that you tell us. Please also contact your consultant at least 1 week before your colonoscopy appointment for advice about your diabetic medicines, if this was not already discussed at your consultation.

Anticoagulants

This also needs to be discussed with your consultant. This may have already occurred in the consultation however if it did not, please contact your consultant at least 2 weeks before your colonoscopy appointment if you are taking anticoagulants,

e.g. warfarin, clopidogrel, dabigatran, rivaroxaban or apixaban.

What to bring with you

Please bring with you a dressing gown and a pair of slippers or these can be provided. Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What happens when I arrive in the Endoscopy Unit?

Soon after you arrive, you will be reviewed or seen by a nurse who will ask you a few questions about your medical condition and any past surgery or illness you have had. This is to confirm that you are fit enough to undergo the colonoscopy examination.

The nurse will record your heart rate, blood pressure and oxygen levels. If you are diabetic, your blood glucose level will also be recorded. The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have.

The nurse will also ask you about your arrangements for getting home after your colonoscopy. If you have decided to have a sedative, you must be accompanied home.

What happens during the colonoscopy examination?

The nurse will ask you to change into a hospital gown, dressing gown and slippers.

Your consultant will meet you prior to the procedure and you will have a chance to ask any questions. Another consent form may need to be signed at this stage due to different hospital policies.

You will be escorted into the examination room and the nurses will introduce themselves and you will have the opportunity to ask any final questions. The nurse looking after you will then ask you to lie on the trolley on your left side and will place a probe on your finger to monitor your oxygen levels. You will be given the sedative injection and will quickly become sleepy.

Your consultant will move the colonoscope through your back passage around the length of your large bowel. Air is gently passed into your bowel to make moving the scope around easier. You may feel some discomfort when the endoscopist moves the scope around the natural bends in your bowel. This discomfort will be kept to a minimum by the sedative and painkillers.



How long will I be in the endoscopy unit?

This depends upon how quickly you recover from your examination and also how busy the Unit is. You should expect to be in the Unit for most of the morning or afternoon.

What are the risks?

Colonoscopy is a safe examination for most people. Serious problems are rare, but life-threatening complications are possible. However, you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself, as well as from the sedation. The main risks are:

- A tear (perforation) in the lining of the bowel. Nationally this happens to approximately 1 in 1,000 people. The risk of a tear is higher with polyp removal. If we know before your
- Colonoscopy that you have a large or difficult to remove polyp, your endoscopist will discuss the risks with you in more detail. An operation may be required to repair a tear if it cannot be closed during the colonoscopy.
- Risk of a missed lesion – Although colonoscopy has been selected as the best test to diagnose your symptoms, no test is perfect. There is a small risk (1 in 100) that we might miss a large polyp or other important finding during your test.
- Bleeding where we take a sample (biopsy) or have removed a polyp happens to about 1 in 150 people, but this is usually minor and often stops on its own.
- Short term problems with breathing, heart rate and blood pressure (related to sedation). We will monitor you carefully so that if any problems do occur, they can be treated quickly. Older people and those with significant health problems (for example, people with serious breathing difficulties) may be at higher risk.
- Heart attack or stroke (related to sedation) – though this is very unlikely.



After the examination

We will ask you to rest for up to an hour. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be regularly checked. Once you have recovered from the initial effects of any sedation you will be offered a drink and a biscuit. You should not have any pain other than some discomfort from wind, which will settle after a few hours.

Before you leave the Unit, a nurse or the endoscopist will explain what was seen during the examination and whether you need any further appointments. The sedative can make you drowsy and forgetful for up to 24 hours after the examination – even though you may feel alert. It is a good idea to have a member of your family or a friend with you when you are given the findings of your examination, just in case you don't remember everything we are telling you.

You must be collected and accompanied home. If the person collecting you has left the Unit while you are having your examination, a nurse will telephone them to ask them to return when you are ready to go home.

If you have had sedation and live alone, we recommend that you try and arrange for someone to stay with you overnight.

For 24 hours after the sedation you must not:

- drive
- drink alcohol
- operate heavy machinery
- Sign any legally binding documents.

Most people feel perfectly back to normal after 24 hours.

After you go home

If you have any problems with persistent abdominal pain or bleeding during the next 48 hours after your colonoscopy, please contact the Endoscopy Unit of Hospital where the procedure was performed. You will be given the contact details in the discharge notes after the procedure.

If you are unable to keep your appointment, please help us by contacting our secretary as soon as possible. Your appointment slot can then be given to someone else and you will be offered an alternative date and time.

Telephone: 07557 515743

Email: secretary@oxfordgutandliver.co.uk

Website: www.oxfordgutandliver.co.uk