

Having a Colonoscopy

Information and advice for patients

Endoscopy

What is a colonoscopy?

A colonoscopy is an examination of the lining of the large bowel (colon). It involves a colonoscope (a thin, flexible tube with a bright light on the end) being passed through your back passage (rectum) and into your bowel. It allows samples of tissue (a biopsy) to be taken, or the removal of small warty growths (polyps) that may cause cancer at a later date.

What are the benefits of this procedure?

The benefit of a colonoscopy is that it can help to diagnose the cause of your problems and rule out other conditions. Alternatively, a colonoscopy can be used as a screening procedure to diagnose or rule out illness without any symptoms being present.

What are the risks of the procedure?

- Bloating and abdominal pain or discomfort are not unusual during the test and for a few hours following the procedure.
- Taking the bowel preparation might prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.
- In less than one in 10 patients, it is not possible to examine the whole of the large bowel and you may require either a repeat colonoscopy or a different test on another day to complete the examination.
- A rare complication is an adverse reaction to the intravenous sedative and pain relief medication.
- Removing a polyp can sometimes cause bleeding, although this is usually stopped during the procedure. Occasionally bleeding may occur after you have gone home and, even more rarely, could result in needing a blood transfusion or even less commonly, surgery.
- Colonoscopy procedures carry a small risk (1 in 1000 cases) of perforation (tear) in the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation.
- Like all tests, there is a risk the procedure will not show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified.

If you have any questions about the risks of this procedure please ask the endoscopist doing the test or the person who has referred you.

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What are the alternatives to this procedure?

In some cases, depending on your symptoms and condition, a Computerised Tomography (CT) colon scan or barium enema (a test that helps to highlight the large bowel so it can be seen on an X-ray) may be an alternative to having a colonoscopy, however these will not allow us to clearly see the lining of the large bowel wall or enable samples to be taken or polyps removed.

What are the risks of not having the procedure?

You've been referred for this procedure to look for conditions affecting the colon. If you do not undergo the test, we may not be able to detect an abnormality that would require further treatment. Some conditions can only be detected by colonoscopy rather than CT scans or barium enema. If you wish to discuss what it would mean to decline this test please speak to your doctor.

What do I need to do before I attend for a colonoscopy?

If your symptoms have improved the test will still need to be performed as we need to check for any abnormality in your large bowel (colon).

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact us as soon as possible. If you are unable to attend your appointment for any reason, please let us know as soon as possible so that your appointment can be offered to somebody else. **If you fail to attend without giving us more than 24 hours notice, you may not be offered another appointment.**

Bowel preparation

To allow a clear view of your bowel it must be empty of faeces (poo). You will have been given bowel preparation to take for this; please follow the instructions carefully and contact the endoscopy unit if you have any queries.

Medication

If you take diabetic tablets or insulin and did not receive a diabetic leaflet, please contact the unit. If you take tablets that thin the blood such as warfarin, dabigatran, rivaroxaban, clopidogrel/ Plavix, prasugrel, ticagrelor or apixaban and did not receive instructions on stopping these, please contact the healthcare professional who referred you for the procedure.

Please stop all iron tablets seven days before your appointment.

You may continue to take your other usual medication. Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment, and details of any allergies or reactions to medicines in the past.

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What happens when I arrive at the hospital?

Your appointment will last for two to four hours. When you arrive please report to the reception desk at the endoscopy unit where a receptionist will check your details and direct you to the waiting area. Please do not bring any valuables or jewellery to the hospital. To respect the privacy of other patients, we do not usually allow friends or relatives to stay with you whilst you are attending for the test. A nurse will then explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet. The staff will want you to be as relaxed as possible for the test and will not mind answering questions. Provided you are happy for the procedure to be performed, the endoscopist will ask you to sign the consent form to confirm your understanding of the procedure.

What happens during the test?

The colonoscopy will take place in a private room with only you, the endoscopist and nurses present. You will be asked to change into a hospital gown for the test. The test takes about 30 minutes, but may take longer if a polyp is removed.

Sedation, pain relief and oxygen

The procedure can be done with sedation and a painkilling injection and you will be awake throughout. If you know of drugs that you are allergic to, please tell the endoscopist doing the test. Sedation will be given through a small tube (cannula) in the back of your hand or in your arm. The sedation will make you feel sleepy and you may not remember the procedure taking place. You will be given oxygen through small tubes placed gently in your nostrils.

Alternatively you can use 'gas and air' (Entonox) during the procedure. Entonox acts as an effective painkiller and wears off very quickly.

A clip will be attached to a finger or ear lobe so that the levels of oxygen in the blood can be monitored. Your blood pressure may also be measured during the procedure using a small cuff around your arm.

The procedure

In the examination room you will be made comfortable on the couch and will be asked to lie on your left side. Your back passage will be examined using a finger before the colonoscope is inserted. When the colonoscope is inserted, air is passed into the bowel to inflate it, which helps to give a clearer view. This may give you a bloated feeling and some tummy pain which should not last too long. You may feel the sensation of wanting to go to the toilet, but as your bowel will be empty, this is unlikely. You may pass wind and although this may be embarrassing for you, staff understand what is causing the wind.

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You may be asked to change position to your back or other side during the procedure to make the test easier for you, and if the test is too uncomfortable you can ask for a rest or for the test to be stopped. If a polyp needs to be removed or a biopsy taken, this is performed through the colonoscope and is not painful. The base of the polyp is usually cauterised (burnt) to reduce the risk of bleeding.

What happens after the test?

You will need to stay in the unit to rest for up to two hours, as each person can react differently to sedation.

Going home

Before you go home, the wind pains and bloating should have settled. It is important that you tell the nurse if they have not or if they are becoming worse. If you have had sedation it is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi as public transport is not suitable.

When you arrive home it is important to rest quietly for the remainder of the day with someone to look after you overnight. It is advisable you have the following day off work. Sedation can impair your reflexes and judgement. For the first 24 hours following sedation do not:

- Drive a car - it is illegal to drive under the influence of midazolam (a medication used for procedural sedation).
- Drink alcohol
- Take sleeping tablets
- Operate any machinery or electrical items; even a kettle
- Work at heights (including climbing ladders or onto chairs)
- Sign any legally binding documents

When will I know the results?

The test results will be explained to you before you are discharged from the unit. If a biopsy or polyp has been removed, this will be sent to the laboratory for testing and the results will take longer; we will explain when these results will be available. You will also be given a written report of your procedure and instructions as to what to do if you have any problems following the test and a copy of the results will be sent to your GP. If you need one, you will be given a clinic appointment.

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How to contact us

City Hospital and Birmingham Treatment Centre patients

0121 507 5318 or 0121 507 4062

Monday- Friday 8am- 6.30pm

Sandwell Hospital patients

0121 507 2796 or 0121 507 2489

Monday- Friday 8am- 6.30pm

If you are unable to keep your appointment please telephone one of the above numbers as soon as possible so the appointment can be allocated to another patient.

Further information

For more information about our hospitals and services please see our website

www.swbh.nhs.uk, follow us on Twitter @SWBHnhs and like us on Facebook

www.facebook.com/SWBHnhs.

Sources used for the information in this leaflet

British Society of Gastroenterology, 'Guidelines on complications of gastrointestinal endoscopy', 2006.

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5303 or email: swb-tr.swbh-gm-patient-information@nhs.net



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