Having a colonoscopy

Information and advice for patients

Bowel Cancer Screening Programme

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 become cancerous at a later date.

You have been advised to have a colonoscopy to help find the cause of your symptoms and as part of the bowel cancer screening programme.

What are the benefits of this procedure?

The benefit of a colonoscopy is, it can help to diagnose the cause of your problems and prevent you from getting bowel cancer in the future, by removing polyps.

What are the risks of the procedure?

- Bloating and abdominal discomfort are not unusual for a few hours.
- Occasionally 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 heavy bleeding needing a blood transfusion or even less commonly, surgery. Bleeding after a polyp has been removed and risk of needing a blood transfusion is 1 in 2,400.
- There is a risk of making a small tear (perforation) to your bowel. The risk of this is 1,700. Around half of these patients may need surgery.
- 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. There is a 3 in 100 chance of missing cancer or a polyp.

If you have any questions about the risks of this procedure please ask your bowel cancer screening nurse.

What are the alternatives to this procedure?

In some cases, depending on your symptoms and condition, a Computerised Tomography (CT) colon scan may be an alternative to having a colonoscopy, however they will not allow the direct visual inspection of 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?

If you do not undergo this test, we may not be able to detect an abnormality that would require further treatment. Some conditions can only be detected by colonoscopy rather that CT scans. If you wish to discuss what it would mean to decline this test please speak to your screening nurse.

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

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 your screening nurse if you have any queries.

Medication

If you take diabetic medication (tablets or insulin) and did not understand or receive your diabetic information please contact your screening nurse. If you take warfarin, clopidogrel/ plavix, dabigatran, rivaroxiban, prasugrel, ticagelor, apixaban or any other blood thinner, and did not understand your instructions for stopping medication please contact the screening nurse team.

Please stop taking all iron tablets 7 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.

What happens when I arrive at the hospital?

Your appointment will last for 2 – 4 hours. When you arrive please report to the reception desk 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, the endoscopy department does not usually allow friends or relatives to stay with you while attending for your test.

Your screening 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 screening nurse will ask you to sign the consent form to confirm you understand the procedure.

What happens during the test?

The colonoscopy will take place in a private room with only you, the person doing the colonoscopy and nurses present. You will be asked to change into a hospital gown for the test. The test takes about 30 minutes – 1 hour, but may take longer if a polyp is removed.

Sedation, pain relief and oxygen

The procedure can be done using Entonox (gas and air) or sedation for pain relief and the screening nurse will discuss this with you at your clinic appointment. If you choose to have entonox you will administer this yourself by inhaling through a mouthpiece. Entonox has fewer side effects than sedation and you will recover more quickly. If you choose to have sedation this will be given through a small cannula tube in the back of your hand or in your arm. The sedation is not an anaesthetic but it is conscious sedation which may you sleepy and you may not remember the procedure but you will be awake.

You will be given oxygen through small tubes placed gently in your nostrils. 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

1. In the examination room you will be made comfortable on the trolley and will be asked to lie on your left side.
2. Your back passage will be examined using a finger before the colonoscope is inserted.
3. 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 also feel the sensation of wanting to go to the toilet, but as your bowel will be empty please do not worry. You may pass wind and although this may be embarrassing for you, this is absolutely fine and staff understands.
4. You may be asked to change position to your back or other side during the procedure.
5. If a polyp needs to be removed or a biopsy taken, this is performed through the colonoscope and is not painful. Sometimes the base of the polyp is cauterised (burnt) to reduce the risk of bleeding.

What happens after the test?

After the test you will need to stay in the endoscopy unit to rest for up to 1 hour, as each person can react differently to sedation. You will be given fluids and something to eat before you are discharged.

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 and accompanies you home by car or taxi. 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. Your screening nurse will contact you by telephone the next working day after the procedure to check you have had no complications.

Sedation can impair your reflexes and judgement. For the first 24 hours following sedation do not:

- Drive a car
- 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 get the results?

Your screening nurse will explain the test results to you before you are discharged. If a biopsy or polyp has been removed, this will be sent to the laboratory for testing and you will be told the results of this within 7 to 10 days. You will also be given a written report of the procedure and instructions as to what to do if you have any problems following the test. Most results are given by telephone but if required a clinic appointment to see the screening nurse will be made to discuss your results.

How to contact us

Bowel cancer screening nurse

City Hospital	0121 507 6002
Sandwell Hospital	0121 507 3185
Queen Elizabeth Hospital	0121 371 6993

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

Further information

For more information about our hospitals and services please see our website **www.swbh.nhs.uk**, like us on Facebook **www.facebook.com/SWBHNHS** or Instagram **www.instagram.com/swbhnhs/**.

Sources used for the information in this leaflet

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