

Having a Colonoscopy through a Stoma

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 camera and a bright light on the end) being passed through your stoma and into your remaining 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 we can check the condition of your bowel and investigate any problems you may be having.

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 bowel to the end 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.

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 this does not allow us to clearly see the lining of the large bowel wall or enable samples to be or polyps removed.

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What are the risks of not having the procedure?

If you do not undergo the test, we may not be able to detect an abnormality in your bowel that would require further treatment. Some conditions can only be detected by colonoscopy rather than CT scans. 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. Please bring a spare stoma bag with you to apply after the procedure.

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. You should stay close to the toilet as your stoma is likely to be active.

Drainable Bags

It is advisable that you have a supply of drainable bags, so you do not have to keep peeling off the bag each time it fills up. Contact your stoma bag provider directly or your stoma nurse and ask for a variety of drainable bags. Use them before you have to take the bowel preparation so that you can be sure the adhesive sticks and there are no leaks. You can wash the outlet with an antibacterial solution after each opening.

If you have trouble kneeling to drain the bag into the toilet, you could try putting a bucket on the toilet lid to drain the bag into, and then empty the bucket into the toilet.

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.

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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 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 back. 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.

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You may be asked to change position 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 may be 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.

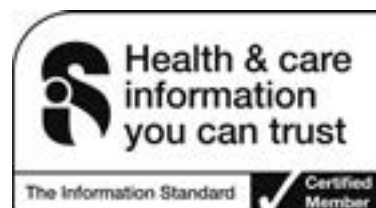
Further Reading

Colostomy UK

Colonoscopy through the stoma: a patient's perspective

<https://www.colostomyuk.org/wp-content/uploads/2019/12/Colonoscopy-through-the-stoma.pdf>

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A Teaching Trust of The University of Birmingham
Incorporating City, Sandwell and Rowley Regis Hospitals
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ML7029

Issue Date: January 2024
Review Date: January 2027