

# Having a Lower GI Endoscopy (Colonoscopy)



## Endoscopy Patient Information

Please carefully read this leaflet immediately so you are fully informed about the proposed procedure and have time to contact us in advance with any queries.

**You can have clear fluids (such as black tea or coffee, sugar-free squash, clear soups or water), and swallow essential prescribed medication up to 2 hours before your appointment time but must not eat in this time.**

Patient name	
Appointment date	
Arrival time	
Department	B57- Zone B, second floor

**Please be aware that your arrival time does not reflect your procedure time. Every effort is made to see you promptly. Our sessions run from 09.00 - 13.00 and 13.30 - 17.30; please be prepared to be in the department for 2 - 3 hours.**

If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the department on one of the numbers below:

To cancel or change an appointment: 01225 821412 (administrative staff)

To discuss your appointment or ask questions about the preparation and medications call: 01225 821425 or 01225 821788 (nursing staff)

**If you cannot accept the appointment date, it is important that you telephone without delay so that your date may be offered to another patient.**



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## Introduction

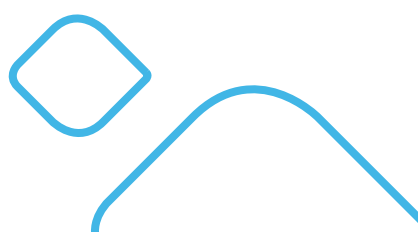
This booklet has been designed by our endoscopy team, with input from former patients. If you have any questions about the information or instructions in this booklet, please do not hesitate to call the department on the numbers provided in the first page.

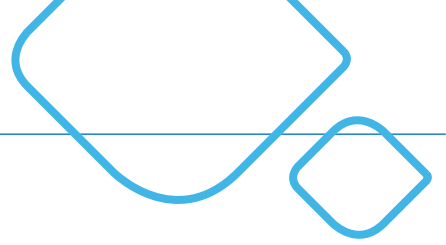
## Your Health

Please complete the following health questionnaire before you arrive for your appointment and bring this booklet with you. We will need it for the admission process.

Do you have any of the following problems; if so please give details?

<b>Heart problems</b>
<b>Breathing problems</b>
<b>Diabetes</b>
<b>Liver problems</b>
<b>High Blood pressure</b>
<b>Seizures</b>
<b>Stroke</b>
<b>Arthritis</b>
<b>Other</b>
Do you have any <b>allergies</b> ?
Have you ever been told that you are at <b>risk of CJD or vCJD</b> for public health purposes? If yes, please call to speak to the nursing staff on <b>01225 821425 or 01225 821788</b> .
Please list <b>all</b> medications you are currently taking and the doses:
Who is collecting you after your procedure?
Who is at home with you for 24 hours after the test?
Please give a contact telephone number:





## Blood thinning medications

Do you take anticoagulant medications to thin your blood such as <b>Warfarin, Phenindione, Acenocoumarol, Dabigatran, Rivaroxaban, Apixaban or Edoxaban</b> ? If so, please write which medication and why you take it (if known) below:		
If you have monitoring e.g. for warfarin, can you tell us about your most recent INR?		
Date:	INR result:	Do you know your target INR?
Do you take anti-platelet medications such as <b>Clopidogrel, Prasugrel, Cangrelor, Dipyridamole or Ticagrelor</b> ? Please give details:		

**Aspirin and Dipyridamole do not need to be amended for endoscopic procedures.  
Please phone 01225 821425 or 01225 821788 if you are a diabetic  
or take any of the tablets listed above.**

## Should I take my medications as normal?

If you take essential prescribed medication, you may take these with a little water prior to your colonoscopy. Specific information is available for those with diabetes about adjustments to their medications, please phone to request this information.

## What is a colonoscopy?

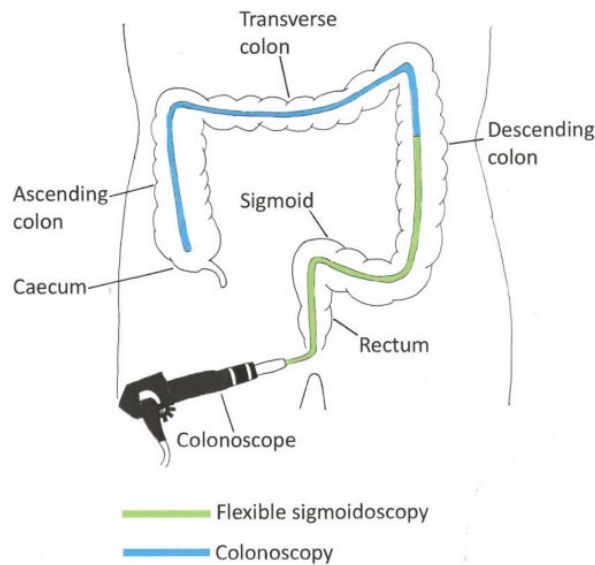
A colonoscopy is a test which allows the endoscopist (doctor or nurse) to look directly at the lining of the whole large bowel (colon). A flexible sigmoidoscopy is a shorter test, which allows the endoscopist to look directly at the lining of the last half part of the large bowel and your back passage (anus). To undertake either test, a colonoscope is passed through the anus. The colonoscope is a long flexible tube about the thickness of your index finger with a bright light at the end. The colonoscope sends images to a screen viewed by the endoscopist throughout the procedure. This allows the endoscopist to check for any abnormalities such as haemorrhoids, inflammation, polyps and cancer.

Biopsies (small samples of tissue) are often taken using tiny forceps through the colonoscope and sent to the laboratory for analysis. Taking biopsies is safe and painless. It is also routine for pictures taken during the test to be stored as part of your health record.

## Why has my doctor chosen a colonoscopy for me?

Colonoscopy is the only procedure that allow the endoscopist to view the lining of the whole colon directly to assess what may be the likely cause of the symptoms you have been experiencing. Only during an endoscopic procedure can an endoscopist take biopsies for analysis. At colonoscopy, it is possible to remove bowel polyps. Polyps are raised fleshy areas on the lining of the bowel caused by an abnormal multiplication of cells. If not removed, some

types of polyps may grow and eventually lead to cancer. Removal of polyps is a good way of reducing the risk of bowel cancer.



## Are there any risks to the test?

For most people a colonoscopy is simple and very safe. The endoscopy team will do everything they can to keep you as comfortable and safe as possible. However, colonoscopy is an invasive procedure and complications can occur.

There is a small risk of tearing or perforating the bowel. This happens in approximately 1 in 2000 colonoscopies; this increases to 1 in 500 if polyp removal is performed. In such cases, the person is admitted to hospital for observation, as emergency surgery may be required.

Bleeding occurs in 1 in 1000 cases, increasing to approximately 1 in 100 cases after a polyp is removed. Most bleeding settles spontaneously. If further treatment is needed, you may require an emergency hospital admission and a further procedure to enable specialist treatment. You may require a blood transfusion and in very rare circumstances an operation.

Death is very rare after colonoscopy or flexible sigmoidoscopy, occurring in less than 1 in 15,000 cases.

There may be some discomfort or pain in the back passage or abdomen during and shortly after the test.

Sometimes we are unable to complete a test and a further investigation such as a computerised tomography (CT) scan may be arranged. There is a nationally reported rate of missing significant bowel lesions in 1 in 100 procedures; we regularly audit our practice to ensure we remain within national standards. Occasionally, samples taken are inadequate (non-diagnostic biopsies) and may need to be repeated.

There is a small risk of a reaction to any sedation, analgesia or Entonox (gas and air) that may be used. Risks associated with sedation include the slowing of breathing, lowering of blood pressure, and an allergic reaction; you will be carefully monitored throughout.



Risks are also detailed on the accompanying consent form; do contact our administration team if you have not received one.

## Is colonoscopy painful?

During colonoscopy air and / or water and / or carbon dioxide are introduced to inflate the bowel and ensure a clear view. You may experience some 'wind-like' pains, where possible we ensure these are short-lived. Your abdomen may feel distended at times during the procedure, but most people do not feel unduly uncomfortable. A nurse will be caring for you throughout, with whom you can discuss any discomfort, and / or halting the procedure at any time.

You may get the sensation of wanting to go to the toilet, but as your bowel is empty, there is minimal risk of this happening. It is common to pass some wind during the test. Although you may find this embarrassing, our staff understand the procedure is causing this.

## Entonox, sedation and analgesia

We want you to be as comfortable as possible, so we use various methods to ensure this is the case. A nurse will talk you through the options and help you to reach a decision that you feel comfortable with in the consenting room, and it can be discussed again in the procedure room.

Entonox (gas & air) is available as a form of pain relief which is inhaled via a mouthpiece. A nurse will confirm your medical details to ensure that Entonox is safe and appropriate. Entonox is out of your system in 30 minutes, leaving no lasting effect. When Entonox is used without sedation, the findings and next steps in your treatment can be discussed immediately after the procedure. Some patients choose Entonox so they can drive home, return to work, and do not require anybody to accompany them to the appointment.

Conscious sedation is a technique used here and in all other endoscopy units. A small plastic cannula (needle) is placed, and medication can be injected through it. These medications might make you drowsy, but you will not be asleep. You may not remember the procedure, but it is not a general anaesthetic; you will not be unconscious, you will be awake and aware, just 'less bothered' by what is going on. After sedation, you will be cared for in our recovery area. Following sedation your thinking processes and movements will be slower than usual. There will be restrictions placed upon you for 24 hours afterwards, and you will need a responsible adult to take you home and be present for 24 hours after sedation.

Sedation can be combined with an injection of analgesia when needed. Sedation and / or analgesia can also be combined with Entonox. The consenting nurse will support you in deciding on options, and the team in the procedure room are happy to discuss this further.

## Are there any alternatives to this test?

Your referral has been reviewed by a specialist prior to your appointment, and it has been determined that this is an appropriate route to investigate your symptoms.

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Other tests such as CT scans are occasionally used to investigate bowel problems, but they are not as accurate and do not allow biopsies to be taken. Sometimes a flexible sigmoidoscopy can be offered initially, further tests such as a CT scan or colonoscopy (examination of the whole large bowel) may be advised afterwards.

## Planning for your procedure

If you are unwell prior to your procedure, you should contact our nursing team as it may be necessary to postpone your test. Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them. You do not need to bring nightwear.

To obtain good views, it is best if your bowel is empty. Your specialist has determined the best preparation for you. Bowel preparation can be given as a liquid to drink, combined with a dietary strategy, and sometimes additional tablets.

Bowel preparation may make the skin around your bottom become sore, due to the amount of times you will use the toilet. You may wish to purchase an over-the-counter barrier cream to help avoid this; a pharmacist can advise.

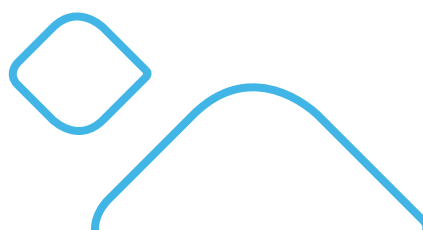
If you intend to travel by car, please be aware that parking may be quite difficult when you arrive. Please give yourself enough time to allow for this. Other travel options are described at

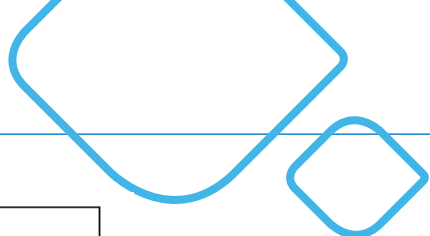
[www.ruh.nhs.uk/finding/](http://www.ruh.nhs.uk/finding/)



For colonoscopy, and sometimes for flexible sigmoidoscopy, bowel preparation is given to ensure the bowel is clear and completely free of waste to get a good view. If you have received bowel preparation to take in advance, please follow the dietary advice below for 48 hours prior to your test. This improves the diagnostic accuracy and safety of the test. If any of the bowel is obscured the procedure might have to be repeated.

## Dietary Advice





<b>Foods Allowed</b>	<b>Foods Prohibited</b>
<ul style="list-style-type: none"><li>• White meat e.g. chicken or turkey</li><li>• Fish e.g. Cod, plaice, hoki, smoked haddock, trout, salmon or tuna</li><li>• Quorn, Tofu</li><li>• Poached boiled or scrambled eggs</li><li>• Cheese and butter</li><li>• Foods made from white flour e.g. white bread, rolls, pitta bread. Plain biscuits and plain cake, plain scones and meringues</li><li>• Mashed or boiled potatoes without any skin</li><li>• White pasta</li><li>• White rice</li><li>• Rice Crispies, cornflakes, special K</li><li>• Plain yoghurt (no fruit) Semi skimmed or skimmed milk</li><li>• Clear soup</li></ul>	<ul style="list-style-type: none"><li>• Red Meat</li><li>• Fruit Vegetables/salads</li><li>• Dried Fruits, Nuts and seeds</li><li>• Jelly</li><li>• Lentils pulses peas or beans</li><li>• All foods made with whole meal flour e.g. digestives, oatcakes, whole meal bread</li><li>• Crisps and other high fat snack foods</li><li>• Wholemeal pasta</li><li>• Brown Rice</li><li>• Chocolate or sweets containing nuts or fruit</li><li>• Spreads or jams containing whole fruit pieces, pips or peel</li><li>• Vegetable juices and drinks made with full fat milk</li><li>• Thick Soups</li></ul>

## On the day before your examination

You have been sent a strong laxative preparation to clear your bowel:

- The bowel preparations have an unusual taste. Many have found it easier to take by adding squash, refrigerating it and sipping it through a straw.
- Bowel preparation is available as Moviprep, Plenvu or Double Prep and you will have received the hospital leaflet on yours separately. Inside the packet are instructions that describe how to mix the preparation. Please read these carefully in advance of your procedures; feel free to call the nursing staff on 01225 821425 or 01225 821788 with any questions.
- The more fluids that you drink, the better the preparation works, and your test will be more successful as the endoscopist is able to get clearer views.
- Your bottom will quite likely become sore during the taking of the preparation due to the number of times you will use the toilet. An over-the-counter barrier cream will help relieve this. Please see a pharmacist for advice.

**DO NOT HAVE ANY FLUIDS AT ALL FOR 2 HOURS PRIOR TO YOUR APPOINTMENT TIME**

## Finding us

The endoscopy department is in the Gastroenterology and Surgical unit on the second floor, Zone B, B57.

## What should I expect?

**The RUH, where you matter**

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On arrival at the unit, report to the reception desk. A nurse will take you from the waiting area to the consent room, with anyone accompanying you for support. They will check your details and discharge arrangements with you. The nurse will discuss the procedures and complete the consent form with you. If you have any questions, please ask as we want you to be as relaxed as possible. The nurse will explain your consent form, and ask you to sign it, before returning to the waiting room.

You will be offered a private space to change into a hospital gown. The nurse caring for you during the procedures will then collect you and take you to the endoscopy theatre where the procedures will be performed. A final safety checklist will be undertaken. You will be asked to remove any false teeth, these will be kept safe for you.

In general, we ask that family or friends do not accompany you to the endoscopy theatre as it is a theatre environment; we are happy to discuss this. We can contact them when you are ready to leave.

The ward and toilet facilities are single sex areas. In exceptional circumstances because of a significant clinical risk, it may be necessary to have a mixed sex area. The staff are committed to always ensuring your privacy.

## The consent form

The consent form gives the endoscopist and the hospital a formal indication that you are agreeing to undergo the procedures being offered as stated in the form. You will be offered a copy for your records.

If you have an appointment confirmed, consent forms are included with this booklet for you to familiarise yourself with; please bring them with you on the day of your procedures. As described, the consent process is carried out by a skilled nurse outside of the theatre environment, who will be happy to answer any questions you might have.

## During the Colonoscopy

In the endoscopy theatre you will meet the endoscopist (doctor or nurse), and the two nursing staff who will look after you throughout the procedures. For your safety you will be asked to confirm the details taken during the admission process. You will be given the opportunity to ask further questions about the procedures.

Once on the trolley the nurse looking after you will place an oxygen probe on your finger to enable your heart rate and oxygen levels to be monitored during the procedures. For those having sedation, supplementary nasal oxygen via two plastic tubes in your nose will be initiated, and a cuff placed to monitor your blood pressure. You will be asked to remove any false teeth, plates or dentures.

Before the gastroscopy, you will receive local anaesthetic spray into your mouth. Staff will explain the best position, lying down on your left side with your knees slightly bent. You will be covered at all times. To keep your mouth slightly open, a plastic mouthpiece will be placed gently between your teeth; if you are having Entonox, the mouthpiece is placed after this.







When the endoscopist passes the gastroscope, it is important to try to remain calm. If you want the gastroscopy to be stopped at any time you can raise your hand. The endoscopist will stop the gastroscopy and withdraw the camera safely.

It usually takes up to 10 minutes to perform a gastroscopy; therapy can prolong the procedure e.g. for ulcer bleeding. During this time some air will be passed down through the tube to distend the stomach and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable, and you may belch. If you get a lot of saliva in your mouth, the nurse will clear it using a slim suction tube.

Occasionally it is not possible to pass the gastroscope through the mouth. If this happens the endoscopist will discuss alternative methods of investigation with you.

After completion of your gastroscopy the trolley will be rotated 180 degrees in the theatre. A rectal examination will be performed, and then the colonoscope will be inserted through your anus into your large bowel. The nursing staff will support you, ensure you are comfortable and stay with you throughout. Should you want the procedure to be stopped at any time you can speak to them or the endoscopist.

A flexible sigmoidoscopy usually takes less than 15 minutes to complete, and a colonoscopy around 30 minutes, but they can take longer. Position changes during the test can allow easier passage of the colonoscope. During this time some air and / or carbon dioxide and / or water will be passed down through the colonoscope to distend the bowel and allow the endoscopist a clear view. This may make you feel a little bloated and uncomfortable, and you may pass flatulence.

If the endoscopist finds polyps, it may be possible to remove these at the time and send them away for analysis. If polyps are found, it may be recommended that you undergo additional procedures in the future.

You can choose to look at the pictures of your gastrointestinal tract on the screen during the procedures. Several photographs are taken during endoscopic procedures; taking these does not mean that anything is wrong. Abnormalities are often also photographed to inform those responsible for your care. These photographs are often added to the endoscopy report.

## **When will I get the results?**

The results of the procedures will be explained to you immediately or in the recovery area. Your nurse in the recovery area will ensure you understand information given to you by the endoscopist and answer any questions you may have.

You will be given post-procedure advice sheets on aftercare, and symptoms to be aware of following your procedures. Usually, you will be offered a copy of your report to take home, and separate copies will be sent to your General Practitioner and any other health professionals involved in your care. Further details of the tests, results of any biopsies and any necessary treatments or medications can be discussed with your GP, or the specialist who requested the investigation. The nurse will tell you before you leave if an outpatient appointment is planned.

## **When can I go home?**

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If you have not had sedation you may be discharged home directly from the procedure room with the results of your test. If you have had Entonox, you should allow 30 minutes from the end of your test before driving. There are no restrictions on activities once you are discharged home if you have not been sedated.

After sedation, we care for you in the recovery area for approximately 30 minutes to one hour, to ensure you are ready to be cared for by an accompanying responsible adult. The department closes at 17.30.

**Sedation specific instructions.** For the next 24 hours you must not:

- Drive any motor vehicle (this is a legal requirement, as per the DVLA)
- You must not use or operate machinery and electrical appliances.
- You must not drink alcohol.
- You should not sign any important documents or papers that you may not want to agree to at a later time.
- You must not look after anyone who needs your help to manage, such as young children or older members of the family.
- You must have someone to supervise you at home and accompany you during your discharge from the hospital

**Entonox specific instructions**

- Allow 30 minutes from the end of your procedure before driving or signing any important documents or papers.

## How will I feel after the colonoscopy?

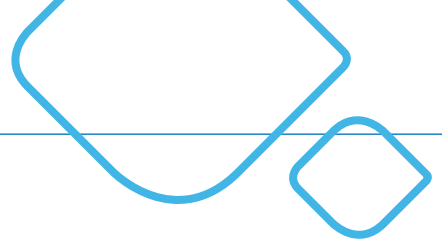
We advise you not to go to work on the day of the procedures. When you get home it is important to rest quietly for the remainder of the day, with someone to look after you for 24 hours afterwards if you have had sedation.

You may feel a little bloated due to the gas remaining in your gastrointestinal tract after the tests; occasionally you may pass a few drops of blood as a result of any biopsies (samples). Any symptoms will soon settle and do not require any treatment or medication. You may eat and drink as you wish, but we suggest that you start with a light meal and gradually build up.

The effects of any sedation will have worn off in 24 hours. You will then be able to resume normal activities, however, if you are within 24 hours of sedation you will not be able to drive to work. It will take a day or two for your bowel actions to return to normal.

## Endoscopists in training

Training future endoscopists is essential. All our endoscopists in training are in a structured training programme within the national guidelines, and all are experienced doctors or specialist nurses. Your treatment may provide an opportunity for such training under the supervision of a senior endoscopist. You may decline to be involved in this training without adversely affecting your care and treatment. If you wish to let us know you are not happy to have a supervised endoscopist in training perform your procedure, please inform us **at least a week in advance** of the procedure, so we can ensure you are not booked on a training list. The endoscopy administrative team are on **01225 824069**.



## What if I change my mind?

If having read this leaflet you have decided not to go ahead with one or both procedures, please telephone the endoscopy administrative team on **01225 824069** in good time so we can offer your appointment to another person. We recommend you discuss your decision with your GP or the specialist who arranged your procedures.

If you are unclear and have any questions, then do not sign the form until they have been explained. The endoscopy staff will be happy to answer any questions you might have.

## Comments, compliments, concerns or complaints

The Royal United NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care. However, we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

## Patient Support and Complaints Team (PSCT)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. Please ask a member of staff for further information.

Please contact the Patient Support and Complaints team (PSCT) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email [ruh-tr.psct@nhs.net](mailto:ruh-tr.psct@nhs.net) or telephone 01225 825656 / 826319

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