

Having a Lower Gastrointestinal Endoscopy (Colonoscopy)

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Introduction

This booklet is designed to be practical and informative. Please read **all** of the information contained within it. Not doing so may mean that you miss important instructions and that will put you at risk. Therefore the doctor may decide to defer your investigation.

If you have any questions regarding the information or instructions in this booklet, please do not hesitate to call the department on the number below and a member of the nursing staff will be only too pleased to help you.

The number to call is:

01225 824070

or

01225 824069

When an appointment is made for your endoscopy, you will receive a copy of this information leaflet with the appointment time and date. Please telephone us on the number above as soon as possible if you are unable to accept the appointment.

What is a colonoscopy/flexible sigmoidoscopy?

Colonoscopy/ flexible sigmoidoscopy is a test, which allows the doctor to look directly at the lining of the large bowel (colon). In order to do the test; a colonoscope is passed through the anus to the large bowel. The colonoscope is a long flexible tube about the thickness of you index finger, with a bright light at the end. The doctor gets a clear view of the lining of the bowel on a screen and can check if any disease is present. For Flexible sigmoidoscopy, only the first third of the bowel will be examined.

Why has my doctor chosen a colonoscopy/flexible sigmoidoscopy?

This test is the only test that allows the doctor to view the lining of the bowel directly to assess what may be the likely cause of the symptoms you have been experiencing. Only during this test can the doctor take a small sample of tissue- "a biopsy" for analysis. The tissue is removed painlessly through the colonoscope using tiny forceps. It is also the only test where it would be possible to remove polyps should any be found. 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 the polyp is a good way of reducing the risk of bowel cancer.

What treatment is available?

When using the colonoscope, a wire snare is positioned around the base of the polyp, tightened and the polyp is separated from the bowel by passing a small electric current down the wire.

Are there any risks to the test?

There is a small risk of tearing or perforating the bowel. This happens in approximately 1 in 2000 colonoscopies. If this were to happen it would require your admission to hospital and in some cases it might need to be treated with an operation. One possible outcome of this surgery would be a colostomy or bag on the abdominal wall.

Following the removal of a polyp, bleeding can occur in approximately 1 in every 100 cases and would again require immediate admission to hospital.

Other complications are as a result of the sedative drugs used.

Are there any alternatives to this test?

It is possible to examine the bowel in other ways, with a CT scan or a Barium enema, where there is no risk of perforating the bowel. These are both very useful tests but do not allow us to view the lining of the bowel directly or to take tissue samples or remove polyps.

Prior to admission

To allow a clear view, the colon must be completely empty of waste material. If it is not, certain areas of the lining may be obscured and the test may have to be repeated.

During the 2 days before your examination, you should have only light meals. You must avoid red meat, fruit and vegetables in any form. You may eat eggs, cheese, fish, white meat, white bread, pasta or rice.

On the day before your examination:

- At 7.30am dissolve 1 sachet of Picolax in half a cup of cold water. As it dissolves it will warm up so leave for 5 minutes to cool. Fill the cup to the top with more cold water and drink it.
- You may then eat breakfast, sticking to the dietary restrictions and from now on any fluids should be clear i.e. **no milk** in tea or coffee
- You should expect watery bowel movements like diarrhoea to start within 1 – 2 hours of starting the bowel preparation. You should, therefore, remain close to a toilet during this time
- At midday you may have a light lunch without vegetables.
- At 2.30pm dissolve the second sachet of Picolax as before and drink it.
- Drink one half pint(250mls) of clear fluids each hour
- Record on the chart below the amount you have drunk next to the appropriate time
- The more fluids that you drink, the better the picolax works and your test will be more successful as the doctor is able to get a clearer picture.

9.00am		4.00pm	
10.00am		5.00pm	
11.00am		6.00pm	
Midday		7.00pm	
1.00pm		8.00pm	
2.00pm		9.00pm	
3.00pm		10.00pm	

You do not need to bring pyjamas or nightwear.

Do not bring valuables or large quantities of money into hospital, as we cannot accept responsibility for them.

Do not drive yourself

Please arrange to be accompanied by family or friends when you come into hospital, then they will know where to collect you when it is time to leave.

You must have a responsible adult to accompany you home from the department.

Do not attempt to drive yourself.

Where are we?

MAP

The endoscopy unit is situated in the Grace Penwarden Gastroenterology and Surgical unit on the 2nd Floor of RUH Central.

Parking

If you intend to be driven to the hospital, parking may be quite difficult when you arrive. Please be prepared to wait at least half an hour for a space and allow for this when setting out for your appointment.

Should I take my medicines as normal?

If you take essential prescribed medication, for example- for epilepsy or a heart condition, you may take these with a **little** water.

If you are a diabetic, we advise that you telephone the department and inform them of what medicine you take and a trained nurse will be able to advise you on how best to take you medication.

Please do not take any iron tablets for one week prior to this appointment.

What should I expect?

- On arrival at the unit, report to the reception desk. One of the reception staff will check your details and ask you to take a seat in the waiting room.
- A nurse will collect you from the waiting room and take you to the ward area. Here she will check your details and discharge arrangements with you.
- It is department policy that your family or friends do not accompany you to the ward area as it is a theatre environment. They will be called to the area when you are ready to leave.
- A nurse will discuss the procedure with you. If you have any questions, please ask. We want you to be as relaxed as possible
- You will be asked to remove your clothing and put on a hospital gown.
- It is necessary to remove any false teeth. This can be done in the examination room, immediately before the procedure. They will be kept safe until you are fully awake.
- The ward is a mixed sex area; however, the staff are committed to ensuring your privacy at all times.

Is the procedure painful?

As air is introduced into the colon to give the doctor a clear view, you may experience some wind like pains, but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty there is no danger of this happening. You may pass some wind but, although you may find this embarrassing, the staff understand what is causing it.

Sedation (going to sleep)

A small needle will be placed in the back of your hand and the sedation will be injected through it.

Sedation may make you drowsy and you may not remember the procedure taking place, however, it is not a general anaesthetic.

You may wake up fairly quickly or more slowly each person reacts differently. Your thinking processes and movements will be slower than usual.

During the test

- Your test will be discussed with you. You may ask further questions at this point and sign your consent form if you have not already done so.
- The nurse or doctor will put a needle into a vein in your hand or arm through which sedation will be given.
- A nurse will escort you to the examination room. Here you will meet the doctor and 2 nurses who will remain with you throughout the test.
- You will be helped onto a trolley and assisted to lie on your left side with your knees slightly bent.
- You will have a probe attached to a finger to monitor your pulse and oxygen level throughout the procedure and oxygen will be given to you through two small plastic tubes inserted into your nostrils.
- The doctor will give the sedative. The dose will be in accordance with your age, size and previous medical history.
- The tube is gently inserted through the anus into the large bowel. The doctor will examine you first of all with a finger. Air will be passed in to allow a clear view. The air is sucked out at the end of the test.
- You may be helped to change position during the test to allow easier passage of the tube. The test usually takes 30 minutes to complete but it can be longer.

When can I go home?

Because you will have had a sedative injection you will stay in the department for approximately 1 hour following the procedure. We prefer that you remain with us until you are fully awake to ensure that the effects of the sedation have worn off.

You must have a responsible adult collect you from the department and you should not be left alone for 12 hours after you return home.

The department closes at 5.00p.m.

How will I feel after the test?

We advise that you do not go to work on the day of the test.

- The effects of the sedation will have worn off by the next day. You will then be able to resume normal activities.
- You may also feel a little bloated with wind pains. This is due to air remaining in your bowel following the test. It will soon settle and does not require any treatment or medication.

What should I do when I get home?

If you have sedation, then for the next **24 hours** you must not:

- Drive any motor vehicle. This is a legal requirement not advice. Our advice is that you should not actually drive for **48 hours**.
- Operate machinery
- Drink any alcohol
- Sign legally binding agreements
- Care for children or relatives.
- When you get home it is important to rest quietly for the remainder of the day, with someone to look after you for 12 hours afterwards.
- You may eat and drink as you wish once the test is finished, but we suggest that you start with a light meal and gradually build up, to prevent pain.
- It will take a day or two for our bowel action to return to normal.

When will I know the results?

As you will have been sedated, the nurse on the ward will relay the information to you when you are fully awake. We like to do this with a family member present, as the sedative drug used can make you forget what you have been told. If you object to having your results with a family member please let the nursing staff know.

A report will be sent to your GP. Further details of the test, results of any biopsies and any necessary treatments or medications should be discussed with your GP. The nurse will tell you before you leave if you require an outpatient appointment with the consultant.

The consent form.

The consent form gives the doctor and the hospital a formal indication that you are agreeing to undergo the treatment being offered as stated in the form. It is valuable to you as it offers a written check on what you are agreeing to by signing.

You will find a consent form included with this booklet. We ask you to sign this form and bring it with you to the endoscopy unit on the day of your test. However, before you sign the form you should be clear as to what you are consenting for.

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.

Training doctors is essential to improving the quality of care. Your treatment may provide an opportunity for such training under the supervision of a senior doctor. You may decline to be involved in this training without adversely affecting your care and treatment.

What if I change my mind?

You are quite within your rights to change your mind. If having read this leaflet you have decided not to go ahead with the test, please telephone the department and discuss your decision with your GP.

Please complete the following health questionnaire

Do you consider yourself fit and well? _____

Has there been any recent change in your health? _____

Do you have or have you ever had any of the following problems. Please give details.

• Heart problems NO YES _____

• Breathing Problems NO YES _____

• Diabetes NO YES _____

• Seizures NO YES _____

• High Blood Pressure NO YES _____

• Stroke NO YES _____

• Glaucoma NO YES _____

• Arthritis NO YES _____

Are you taking any regular medication?

Please give details. _____

Who is collecting you? _____

Please give a contact telephone number. _____

Who is at home with you for 12 hours after the test? _____

This leaflet is produced by the Gastroenterology and Surgical Unit at the Royal United Hospital, Bath.

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