

Patient name	
Appointment date	
Arrival time	

Endoscopy sessions run from 9am to 1pm and 1.30pm to 5pm. Every effort will be made to see you promptly on your arrival, however the arrival time does not reflect the procedure time.

This booklet is designed to be practical and informative. **Please read all of the information contained within it**, so that you don't miss important instructions that may result in cancellation.

If you have any queries 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.

To cancel or change an appointment: 01225 821412

To discuss the test, ask questions about the preparation and medication: 01225 821425 or 01225 821788.

If you cannot accept this appointment date, it is important that you telephone as soon as possible so that your date may be offered to another patient.

What is a colonoscopy/flexible sigmoidoscopy?

Colonoscopy/flexible sigmoidoscopy is a test, which allows the endoscopist 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 your index finger, with a bright light at the end. The endoscopist 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 endoscopist 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 endoscopist 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?

If a polyp is found during colonoscopy, a wire snare is positioned around the base of the polyp, tightened and the polyp is separated from 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 2,000 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 may occur 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 two days before your examination, you should have only light meals. You must avoid red meat, fruit, vegetables in any form. You may eat eggs, cheese, fish, white meat, white bread, pasta or rice. **Do not eat jelly.**

On the day before your examination

- You have been sent a strong laxative preparation to take to clear your bowel. Your local chemist may be able to supply a barrier cream to protect the skin around your bottom.
- Inside the packet are instructions that describe how to mix the preparation and take it, as well as dietary advice. Please read it carefully in advance of the test so that you understand what to do. Please feel free to call the nursing staff on one of the numbers at the front of this booklet if you have any questions.
- Drink one half pint (250 mls) of clear fluids each hour once you start taking the preparation.
- Record on the chart below the amount you have drunk next to the appropriate time.

The more fluids you drink, the better the preparation works and your test will be more successful as the endoscopist is able to get a clearer picture.

Do not have any fluids at all for two hours prior to your appointment time



9am		4pm	
10am		5pm	
11am		6pm	
midday		7pm	
1pm		8pm	
2pm		9pm	
3pm		10pm	

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 hospital. **Do not** attempt to drive yourself.

If you intend to be driven to the hospital, parking can be difficult, so allow plenty of time to find a space.

Finding us

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

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 diabetic, we advise that you telephone the department and inform them of what medicine you take and a nurse will be able to advise you on how best to take your medication. **Do not take iron supplements for a week prior to colonoscopy.**

We also need to know if you take any of the following medications:

- Warfarin
- Phenindione
- Clopidogrel
- Prasugrel
- Dabigatran
- Rivaroxaban
- Apixaban
- Ticagrelor.

Please phone 01225 821425 or 01225 821788 if you are a diabetic or take any of the tablets listed.

What should I expect when I arrive?

- On arrival at the unit, please report to the reception desk. One of the reception staff will check your details and ask you to sit in the waiting room.
- A nurse will collect you from the waiting room and take you to the consent room. Here she will check your details and your arrangements for going home with you. The person accompanying you will be able to come with you to support you.
- 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 return to the waiting area until the endoscopist is ready for you. A nurse will then collect you and take you to the ward.
- You will be asked to change into 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 recovered.
- It is department policy that your family and friends do not accompany you into the ward as it is a theatre environment. They will be called to the recovery area when you are ready to leave.
- The ward and toilet facilities are single sex. It is occasionally necessary for clinical reasons to have a mixed sex area, but this is rare. Our staff are committed to ensuring your privacy at all times.

Is the procedure painful?

As air is introduced into the colon to give the endoscopist 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, please don't worry, the staff will understand what is causing it.

Sedation

A small needle will be inserted in the back of the hand and the medication 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 will not be unconscious.

Conscious sedation is a technique used here and in all other endoscopy units. The use of medication produces a state of relaxation enabling treatment to be carried out, but conversation with you is maintained throughout, as you are awake.

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

During the test

- We will discuss your test with you. Feel free to ask any questions you have at this point and sign your consent form if you have not already done so.
- The nurse or endoscopist will put a needle into a vein in your hand or arm to administer sedation.
- A nurse will escort you to the examination room. Here you will meet the endoscopist and two nurses who will remain with you throughout the test.
- We will help you onto the bed and assist you to lie on your left side with your knees slightly bent.

- We will attach a probe to your finger to monitor your pulse and oxygen level throughout the procedure, and we will give you oxygen through two small plastic tubes inserted into your nostrils.
- The endoscopist will give you the sedative. The dose will be in accordance with your age and previous medical history.
- We will gently insert the tube through the anus into the large bowel. The endoscopist will examine you first with a finger. Air will be passed in to allow a clear view.
- 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.

How will I feel after the test?

We advise you not to 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, however if you are within 24 hours of sedation you will not be able to drive to work.

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 had 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 24 hours afterwards.

You may eat and drink as normal 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 your 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 alert. We like to do this with a family member present, as the sedative used can make you forget what you have been told. If you object to having your results with a family member present, please let the nursing staff know. You will be given a report to take with you. If this does not happen, please ask your nurse.

A report will also 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 is 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 bring it with you to 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 in endoscopy

Training is essential to improving the quality of care. All of our endoscopy trainees are in a structured training programme within the national guidelines, and all are experienced staff. 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. If you wish to let us know you are not happy to have a supervised trainee 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?

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

Heart problems	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Breathing problems	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Diabetes	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Seizures	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
High Blood Pressure	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Stroke	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Glaucoma	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Arthritis	<input type="checkbox"/> NO	<input type="checkbox"/> YES If 'yes' please give details
Are you allergic to anything?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If 'yes' please give details		
Have you ever been told that you are at risk of CJD or vCJD for public health purposes?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If 'yes' please call 01225 821425 or 01225 821788 and talk to our nursing staff.		
Are you taking any regular medication?		<input type="checkbox"/> NO <input type="checkbox"/> YES
If 'yes' please give details		
When did you have your blood test for INR? Please provide date		
If you know the result please record it here:		
Who is collecting you?		
Please give a contact telephone number:		
Who is at home with you for 24 hours after the test?		