

Patient information

Having a Lower Gastrointestinal Endoscopy Colonoscopy

Please read all of the information contained in this leaflet immediately so that you do not miss important instruction that will result in the cancellation of your procedure.

PATIENT NAME	
APPOINTMENT DATE	
ARRIVAL TIME	

Please be aware that your arrival time does not reflect your procedure time. Every effort is made to see you promptly but 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.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital.

Email ruh-tr.pals@nhs.net or telephone 01225 825656 or 826319

Introduction

This booklet has been designed by endoscopists, nurses and former patients and is intended to be practical and informative.

Please read all of the information contained within it. Not doing so may mean that you miss important instructions that will put you at risk and for this reason the team 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 one of the numbers below and a member of the team will be only too pleased to help you.

To cancel or change an appointment: **01225 821412**
(Office Staff)

To discuss the test, ask questions about the preparation and medications: **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.



Please complete the following health questionnaire

Do you have any of the following problems?

Heart problems <i>Please give details</i>
Breathing problems <i>Please give details</i>
Diabetes <i>Please give details</i>
Liver problems <i>Please give details</i>
High Blood pressure <i>Please give details</i>
Seizures <i>Please give details</i>
Stroke <i>Please give details</i>
Arthritis <i>Please give details</i>
What are your allergies?
Have you ever been told that you are at risk of CJD or vCJD for public health purposes? If yes please call to speak to the nursing staff
Please list all medications you are currently taking
Do you take Warfarin? If yes what was your most recent INR?

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

What is a colonoscopy?

A Colonoscopy 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. 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 television screen and can check if any disease is present.

Why has my doctor chosen a colonoscopy for me?

This test is the only test that allows the endoscopist to view the lining of the bowel directly to assess what might 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 to be looked at in the laboratory. This biopsy is painless and is taken using special equipment passed down the colonoscope; this 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 wall. If not removed some types of polyps may grow and eventually lead to cancer. Removing a polyp is a good way of reducing your risk of bowel cancer.

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 we would admit you to hospital immediately and in some cases it would need to be treated with an emergency operation. A possible outcome of this surgery could be a colostomy.

Following removal of a polyp bleeding can occur in approximately 1 in 100 cases and would again require your immediate admission to hospital. Sometimes we are unable to complete a test and a further investigation such as a CT scan may be arranged.

Other complications may result from the drugs used to sedate you.

Are there any alternatives to the test?

It is possible to examine the bowel in other ways for example with a CT scan. This is also a useful test but does not allow us to look at the bowel directly and to take biopsies/remove polyps.

Preparation for the test

The bowel must be clear and completely free of waste in order for us to get a good view. 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 test might be repeated.

Dietary Advice

Foods Allowed	Foods prohibited
White meat e.g. chicken or turkey	Red Meat
Fish e.g. Cod, plaice, hoki, smoked haddock, trout, salmon or tuna	Fruit
Quorn, Tofu	Vegetables/salads
Poached boiled or scrambled eggs	Dried Fruits, Nuts and seeds
Cheese and butter	Jelly
Foods made from white flour e.g. white bread, rolls, pitta bread. Plain biscuits and plain cake, plain scones and meringues	Lentils pulses peas or beans
Mashed or boiled potatoes without any skin	All foods made with whole meal flour e.g. digestives, oatcakes, whole meal bread
	Crisps and other high fat snack foods

Foods Allowed	Foods prohibited
White pasta	Wholemeal pasta
White rice	Brown Rice
Rice Crispies, cornflakes, special K	Chocolate or sweets containing nuts or fruit
Plain yoghurt (no fruit)	Spreads or jams containing whole fruit pieces, pips or peel
Semi skimmed or skimmed milk	Vegetable juices and drinks made with full fat milk
Clear soup	Thick Soups

On the day before your examination

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

- Inside your pack are instructions on how to mix the preparation and take it. These instructions are dependent on the time of day you are having your procedure i.e. morning or afternoon. Please read them carefully in advance so that you are sure of what to do and that you have time to call us if you are unsure.
- The preparation has an unusual taste. Many have found it easier to take by adding squash to it, refrigerating it and sipping it through a straw.

- 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 AN HOUR PRIOR TO YOUR APPOINTMENT TIME

Should I take my medications as normal?

If you take essential prescribed medication you may take these with a little water. If you take timed medications e.g. for Parkinson's then continue to take these at your usual times.

If you are a diabetic we advise that you telephone the department and inform them regarding which drugs you take for your diabetes. A trained nurse will then advise you on how best to take your medications.

We also need to know **one week** in advance if you take any of the following medications:

- Warfarin
- Clopidogrel
- Prasugrel
- Dabigatran
- Rivaroxaban
- Apixaban
- Ticagrelor
- Edoxaban
- Phenydione
- Iron supplements

Please phone the nursing staff number (on first page of the booklet) if you take any of these.

What should I expect on arrival?

- 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 to take you to the consent room. Here they will check your health questionnaire and discharge arrangements with you. The person accompanying you is very welcome to be a part of this to support you if you wish.
- A nurse will discuss the procedure with you. If you have any questions please ask; we want you to be as relaxed as possible. Your consent form will be explained and you will be asked to sign it.
- You will return to the waiting room until the endoscopist is ready for you. A nurse will escort you from the waiting room to the ward area.
- You will be asked to remove your clothing and put on a hospital gown.
- It is necessary to remove false teeth but this can be done once in the procedure room. They will be kept safely in a pot with your name on until you are ready for them after the procedure.
- Unfortunately friends and family cannot accompany you into the ward area as it is a theatre environment. If you wish they will be called to a quiet area when you are discharged to discuss the findings of your procedure as well as to hear any post procedure advice and care you may need.
- The ward and toilet facilities are single sex areas. We are committed to ensuring your privacy and dignity at all times. It is occasionally necessary to have a mixed sex area for clinical reasons however this is rare.

Is the procedure painful?

As air is introduced into the bowel to inflate it slightly so that the endoscopist has 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 your bowel is empty there is no danger of this happening. You may pass some wind and although you may find this embarrassing staff do understand what is causing it.

The consent form

The consent form gives us a formal indication that you are agreeing to undergo the procedure that is being offered. It is valuable to you as it gives a written check on what you are agreeing to.

You will find a consent form with this booklet. Please bring it with you on the day of the test. Before signing it you should be clear as to what you are consenting for. If you are unclear and have questions then do not sign the form until you feel your questions have been explained. Endoscopy staff will be happy to answer your questions.

Sedation

There are now many modern ways of ensuring that you have as comfortable a procedure as possible in the way that you would like to have it done. We want you to be as comfortable as possible, so we use a variety of methods to ensure this is the case. A nurse will talk you through the process and help you to reach a decision that you feel comfortable with.

Sedation: A small needle will be placed in the back of your hand and medication will be injected through it. Pain killing drugs are given first followed by the sedative. These drugs might make you drowsy but you will not be asleep. You may not remember the procedure taking place however 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. Following sedation your thinking processes and movements will be slower than usual and there will be restrictions placed upon you for 24 hours afterwards. These restrictions will be explained to you before you leave and confirmed with a written copy.

Everyone tolerates things differently. Whilst this test is not going to be painful, it can be uncomfortable, for this reason we can 'top up' your drugs by using Entonox, 'gas and air' if required.

Entonox (in combination with sedation): This is an effective painkiller and is breathed in using a special mouthpiece. Throughout the procedure the nurse will talk to you and monitor you to see how well you are coping. If they think you need anything to help ease any discomfort they will ask you if you want to use the Entonox. If they don't ask you quickly enough, you can ask them.

Entonox only: Many patients are now choosing to have their procedure without any sedation at all and prefer to use Entonox alone. Once you have taken your last breath of the Entonox, the gas is out of your system 30 minutes later leaving no effect. It therefore means that you are free to leave the department sooner without the need to be supervised for the following 24 hours. You would also be able to drive yourself and be independent.

During the test

- The team will introduce themselves when you enter the room.
- Staff will help you onto the trolley in the room and explain the position you need to get into; on your left side with your knees slightly bent. You will be covered at all times.
- The nurse or endoscopist will insert a needle into a vein ready for your sedation, if this is your chosen option.
- A probe will be attached to one of your fingers to monitor your pulse and oxygen levels throughout the procedure.
- Oxygen will be given to you through two small plastic tubes into your nostrils, if sedation is your chosen option.
- A rectal examination will be performed and thereafter the colonoscope will be inserted through your anus into your large bowel.
- You may be helped to change position during the test to allow easier passage of the colonoscope. The test usually takes 30 minutes to complete but it can be longer.
- You will be able to see pictures of your procedure on the TV screen. Please let staff know if you do not wish to see this.

How will I feel after the test?

- Whether you are sedated or not we advise that you do not go to work on the day of the test.
- You may feel a little bloated with some wind pains this is due to air remaining in the bowel following the test. It will soon settle and does not require any medication or treatment.

What should I do when I get home?

When you get home it is important to rest for the remainder of the day. You may eat and drink as you wish once the test is finished.

However, we suggest that you start with a light meal and gradually build up, this is to prevent pain.

There will be no further effects from the bowel preparation you took the day before but it will take your bowel habit a day or two to return to normal.

Sedation specific instructions

For the next 24 hours **you must not:**

- Drive any motor vehicle. This is a legal requirement as per DVLA
- Operate machinery
- Drink any alcohol
- Sign anything legally binding
- Care for children or relatives
- Be alone. (You must have someone collect you from the department to drive you home and to be with you for the following 24 hours)

Entonox specific instructions

There are no Entonox specific instructions other than you should allow 30 minutes from the end of your test before driving.

When will I know the results?

A nurse will discharge you from the ward when they have deemed you fit to leave following any medications you may have been given. You will be able to have a family member or friend present for this if you wish. The nurse will ask for your consent to share your results with you in the presence of another.

The nurse will discuss your results with you and give you a written copy to take with you. One will be sent to your G.P and one will remain in your notes.

The nurse will also tell you how to get further results of any biopsies and polyps. Sometimes this means seeing your G.P and sometimes it means coming back to the outpatient clinic.

Trainees in Endoscopy

Training endoscopists is essential to improving the quality of care. All of our endoscopy trainees are participating in a structured training programme within the national guidance and competence framework.

Your treatment may provide an opportunity for such training under the supervision of an experienced senior endoscopist. You may decline to be involved in this training. If you wish to let us know that you are not in agreement with a supervised trainee performing your procedure, please inform us **at least one week in advance** so we can ensure you are not booked onto a training list. The endoscopy administrative team will help you on **01225 824069**.

What if I change my mind?

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