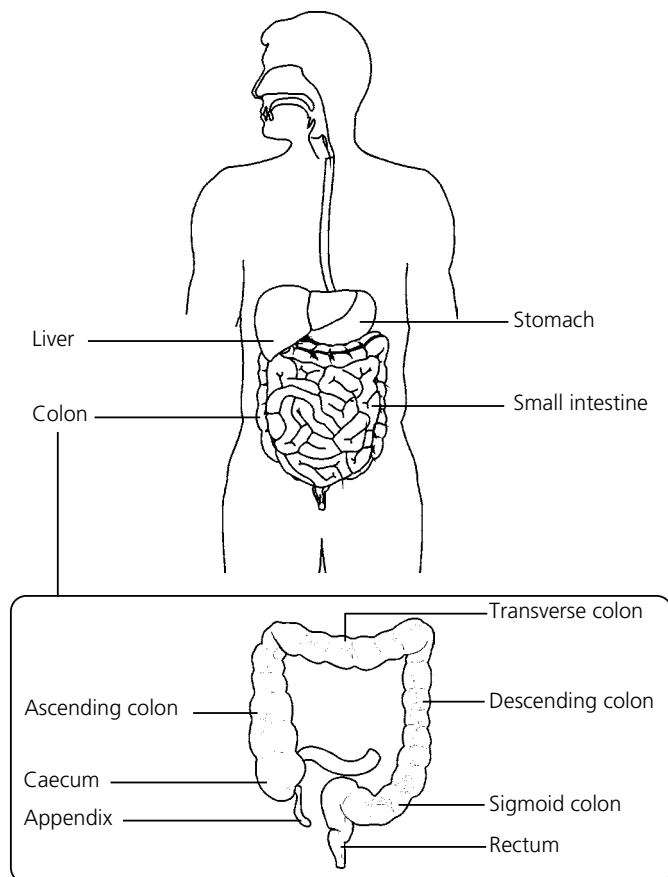


# Colonoscopy

## A Guide to the Procedure

Please read all your information leaflets as they give you instructions you will need to follow.

### The Colon



### The Appointment

When your appointment has been made, you may receive a telephone call from a pre-assessment endoscopy nurse to go through the procedure in more detail with you. An appointment letter, information leaflets and any bowel preparation required will be sent to you.

The time of your arrival will be indicated on your letter. This is to allow time for your assessment and admission to be completed by the nurses.

Your actual procedure time will therefore differ from your arrival time, and you may well be in the Endoscopy Unit for the whole morning or afternoon. Please be prepared for what may be a long wait if unforeseen alterations to the endoscopist's list occur. Emergency inpatients take a greater priority. Bring a good book with you!

### Why do I need to have a colonoscopy?

- Investigation of your large bowel may be necessary to help find the cause of your symptoms, help with treatment and, if necessary, to decide on further investigation.
- To follow-up surveillance of previous disease.
- To assess the clinical importance of an abnormality seen on an x-ray or CT scan.

A barium enema examination or a CT scan are alternative investigations to colonoscopy but samples of the bowel cannot be taken if an abnormality is found. A subsequent endoscopic examination may therefore be required.

## What is a colonoscopy?

A colonoscopy is a very accurate procedure in which the endoscopist uses an instrument called a colonoscope to look directly at the lining of the large bowel (colon). A colonoscope is a long flexible tube (about the thickness of your index finger) which transmits a picture to a TV screen. This allows the endoscopist to have a very clear view to establish if there is any disease or inflammation present.

The test also allows samples of tissue (a biopsy) from the lining of the bowel to be taken and sent to the Pathology Department, if necessary. The collection of tissue is painless and these samples are retained for further testing should this be required.

A video recording and/or photographs may be taken for your records.

The procedure will be performed by, or under the direct supervision of, a trained doctor or nurse endoscopist, and we will make the examination as comfortable as possible for you. When you are having your colonoscopy you will usually be offered intravenous sedation. As an alternative, or in addition to the sedation, Entonox (gas and air) may be used. If you choose to use Entonox as an alternative to sedation, you will be able to drive and operate machinery 30 minutes after its use.

## Current medication

You are advised to bring all your current medication with you for your admission.

## Preparation

It is necessary to have a clear view of the bowel. Please follow the bowel preparation leaflet carefully to ensure a good result, which is essential for a proper examination. **Preparation starts 5-days before your colonoscopy.**

When taking these preparations some intestinal cramping is normal. If you feel clammy and faint, or if you vomit, please take no more preparation and ring the **Endoscopy Unit helpline** on **01392 402400** for advice.

If you have diabetes and require further advice,

please ring the hospital switchboard on 01392 411611 and ask for the Diabetes on-call nurse. You will have to leave a message including your name, number and that you require advice on preparation for colonoscopy. You will be rung back as soon as the nurse becomes available.

## Endoscopy Unit Helpline

If you have any further questions regarding the bowel preparation, including possible side effects or any aspect of the procedure, please contact the helpline on **01392 402400**. The opening hours are Monday to Saturday from 8am to 5pm. If you have an urgent query outside of these hours, please ring your GP.

## How long will I be in the Endoscopy Department?

This largely depends on how quickly you recover from any sedation you may have been given and how busy the department is. Emergency inpatients are looked after by the department and these may need to take priority over outpatient lists.

You will normally be able to go home 1-3 hours after the procedure. If you have been given a sedative injection, you must have someone to collect you from the Endoscopy Unit to take you home.

## What happens when I arrive?

When you arrive in the Endoscopy Unit you will be seen by a qualified nurse or healthcare assistant who will explain the procedure and you will be given the opportunity to ask questions.

You will also be asked some questions about your travel arrangements for getting home. If you have had sedation you will not be able to drive (your car insurance is invalid for 24-hours) or use public transport, so you must arrange for a family member or friend to collect you. The nurse will need a contact number so they can arrange for your collection once you are ready for discharge. If you have been given a sedative injection, you must have someone to collect you from the Endoscopy Unit to take you home and

stay with you for the next 24-hours.

You will have a brief medical assessment regarding your medical condition and any surgery or illnesses you have had, to establish that you are fit to undergo the procedure.

Once you are happy, any questions have been answered and you agree to undergo the investigation, you will be asked to sign a consent form electronically which is the same form as the READ ONLY version, sent to you together with this leaflet, allowing you to confirm you have understood all the information, including the possibility of complications.

You will be asked to undress and change into a hospital gown. Please keep jewellery to a minimum. If at all possible, only wear wedding bands in order to avoid loss or damage occurring. Please do not bring excessive amounts of money with you. You may bring your own dressing gown and slippers if you wish.

If you are having sedation, the nurse will insert a small cannula (a small plastic tube) into a vein in either the back of your hand or your arm, through which the sedation will be given. Your blood pressure and heart rate will be recorded and, if you have diabetes, your blood glucose will be recorded. Should you suffer from breathing problems a record of your oxygen levels will also be taken.

## Intravenous sedation

Sedatives and painkillers may be administered into a vein in your hand or arm and you will be in a state called conscious sedation. You will still be able to hear what is said to you and follow simple instructions during the investigation but you will feel drowsy. After the examination you may not remember anything because the sedation can affect your memory.

It is important to remember that after sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding document for 24 hours. In addition, someone will have to take you home and stay with you for the 24-hours. However, if you choose to use Entonox as an alternative to sedation, you may be able to drive yourself home and you will not need

to arrange for anyone to stay with you at home after the procedure. You may prefer the option of starting the procedure with Entonox and being given sedation during the procedure if you feel you need it.

## The procedure

You will be taken to the Endoscopy treatment room where the procedure will be performed. After you have asked the endoscopist any further questions, you will be made comfortable.

In the treatment room, the nurse looking after you will ask you to lie on your side and put the plastic oxygen monitoring clip on your finger.

If you have chosen to receive intravenous sedation, the endoscopist may give you a sedative injection, which will make you feel sleepy and relaxed but not unconscious. Oxygen will be administered to you via a small tube into your nose.

The endoscopist will pass the colonoscope carefully through the anus and into the large bowel (colon). The colonoscopy involves manoeuvring the colonoscope through the entire length of your large bowel. There are some bends that occur naturally in the bowel and negotiating these may be uncomfortable for you, but only for a short period of time. Entonox can be used in addition to the sedation during these times to help make you more comfortable.

Carbon dioxide is passed through the colonoscope to distend the colon. This helps the scope move through the colon and gives a clear view of the bowel. This can also cause some discomfort but it should soon pass. The sedation, pain killers and Entonox should minimise any discomfort experienced during these short uncomfortable periods.

Sometimes the endoscopist will take a very small piece of tissue (a biopsy) for analysis in the laboratory.

# Polypectomy

Should you have a polyp (a wart-like projection of tissue) the endoscopist may remove the polyp. This is called a polypectomy. Polyps are generally removed when they are found as they may grow bigger and later cause problems.

A polyp may be removed by various techniques, some using an electrical current called diathermy. This will not normally cause any pain/discomfort.

- For large polyps, a snare (wire loop) is placed around the polyp and it is then removed by applying a high frequency current.
- Flat polyps (without stalks) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting a cushion of fluid beneath the polyp in order to raise it up. A wire loop can then be used to remove the polyp.
- Smaller polyps may be removed with cupped forceps (with or without application of an electrical current) or a small snare without electrical current.

## After the procedure

You will be taken in to our recovery area on the trolley bed, where you will rest for as long as required. This is normally around 10-minutes post-procedure if you have had Entonox, or 30-minutes post-procedure if you have had a sedative injection. Your blood pressure and heart rate will be monitored and, if you have diabetes, your blood glucose will be monitored. You may feel a little bloated with wind pains but these usually settle quite quickly. If you have had a biopsy or polyp removed, you may notice a small amount of bleeding. This is normal and not a cause for concern.

Once you have recovered you will be offered light refreshments prior to your discharge.

If you have been given a sedative injection, you must have arranged for someone to collect you from the Endoscopy Unit to take you home. This is because the drug given can remain in your system for about 24-hours, which may cause you to feel drowsy later on with intermittent memory lapses. You must arrange for someone to stay with you,

or, if possible, arrange to stay with family or a friend for the 24-hour period.

The nursing staff will telephone the person collecting you when you are ready for discharge.

## Results & Discharge

Before you leave the department, the endoscopy team will discuss any findings, medication and any follow-up investigations with you. However, results of a biopsy taken or polyp removed may not be available for 14-days and can be discussed with your GP after this time if no further clinic appointment is arranged.

You will be given a copy of the report and an aftercare leaflet to take home with you.

The bowel preparation you have taken may continue to work for up to 24-hours after your procedure. Please be aware that this may cause symptoms such as urgency, loose bowel motions and wind.

**Be sure to gain advice if you have any severe pain, bloody stools or troublesome vomiting in the hours or days after the colonoscopy. Contact details will be provided upon discharge.**

## Risks associated with endoscopic procedures

Colonoscopy is classified as an invasive investigation and it has the possibility of associated complications, such as reactions to medication, perforation (tear) of the intestine, bleeding, missed pathology or rarely death. These complications occur extremely infrequently but may require urgent treatment, and even an operation, to repair them. We wish to draw your attention to them so that you can make an informed decision on whether to go ahead with the procedure.

- There is a 1 in 10,000 chance of procedure related mortality.
- Sedation can cause problems with breathing, heart rate and blood pressure. These problems are usually short-lived and are carefully monitored by a fully trained

endoscopy nurse. Close monitoring means that any problems can be acted on quickly.

- The main risks of colonoscopy are from mechanical damage such as perforation or tearing of the lining of the bowel and bleeding. These complications are rare but may require urgent treatment and even an operation.
- The risk of a perforation or tear is rare (1 in every 1,500 examinations). An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal. If you have a large polyp (greater than 2cm) the risk can increase to around 1 in every 200 procedures.
- The risk of bleeding is approximately 1 in 100-200 examinations which involve polyp removal or biopsy. Bleeding of this type is typically minor with bleeding stopping on its own, or, if it does not, it can be controlled by cauterization or injection treatment. Again when removing larger polyps the risk of bleeding increases and for polyps greater than 2cm the risk of needing admission after the test increases to around 1 in every 25 cases.

It is very important that we know about any other medical problems that you may have. This is part of the process in deciding if this is the best procedure for you. This is because if there is a complication such as bleeding or perforation, the impact this may have on you personally depends very strongly on your general health. For example, someone who is fit and healthy will tend to tolerate complications far better than someone with a lot of health problems. We can discuss this further with you if you wish.

No test is perfect. Every care will be taken to make the test as accurate as possible. We know that things can occasionally be missed even in the best hands. Around 1 in every 250 people that have had a colonoscopy develop a bowel cancer within 3 years.

If you should develop any new or different bowel symptoms after your colonoscopy, then you should consider discussing things with your GP.

## Consent

This leaflet has been written to enable you to make an informed decision about agreeing to have your procedure. With this information you will have been given a READ ONLY consent form. **The consent form is a legal document so please read it carefully.** During your admission with the nursing team there will be an opportunity to ask questions and when you agree to undergo your investigation you will be asked to sign the consent form electronically.

**For further information on any aspect of the procedure, please contact: The Endoscopy Unit, Tel: 01392 402400.**

## View your hospital records with MY CARE

The new digital patient record system means that whichever care team you're meeting with, you have quick and convenient access to your medical information.

MY CARE can be accessed on your mobile phone, tablet or computer, through an app. It is accessible day or night and gives you handy access to your medical information if you are away from home or school.

To start using MY CARE, visit the App Store or Google Play and download MyChart by Epic, then select MY CARE Royal Devon or use the QR code below:



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