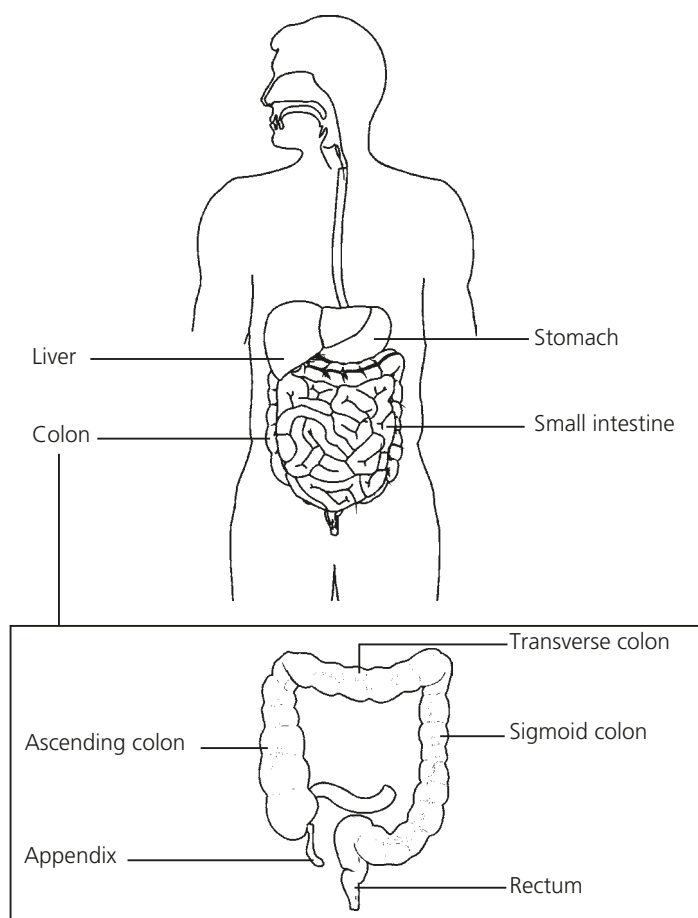


Your Child's Colonoscopy

This leaflet also contains important advice on the use of medicines to ensure your child's bowel is empty for a successful colonoscopy

The Colon



Current medication

Please bring with you all of your child's current medication for their admission.

Preparation

At your outpatient appointment, you may be given a prescription for Picolax and Senna for your child or the Endoscopy Department will post you a supply. This medicine is intended to empty the bowel. Please follow the instructions carefully to ensure there is no poo in the colon on the day of the colonoscopy. This is essential for a successful examination.

7 days before your child's colonoscopy

Stop giving your child any medicines that slow the bowel down, such as:

- iron supplements (e.g. Sytron)
- medications to control diarrhoea (e.g. loperamide or codeine)
- anti-spasmodics (e.g. Buscopan or Mebeverine)

If your child has diabetes or if you have any concerns about medicines your child normally takes, please talk to the pre-assessment nurse or your doctor at the outpatient appointment.

If your child takes a diuretic, such as frusemide, please discuss whether or not to stop it with your paediatrician prior to taking the Picolax.

Please ensure your child takes all their other medications.

What is a colonoscopy?

A colonoscope is a long flexible tube about the thickness of an adult's small finger which transmits a picture to a TV screen. The colonoscope is inserted through the anus to look directly at the lining of your child's bowel (colon). Usually the doctor will also take colonic biopsies (small pinches of tissue for analysis) using the colonoscope. The procedure takes about half an hour to do.

3 days before your child's colonoscopy

Provide your child with a low residue low fibre diet only. Follow the dietary advice overleaf. Your child can continue to eat, but avoid high fibre foods and choose low fibre alternatives.

2 days before your colonoscopy

Give your child a dose of Senna liquid in the evening as follows:

Age	Senna dose
Under 2 years	5mls
2-4 years	10mls
4-9 years	20mls
Over 9 years	40mls

The day before your colonoscopy

The day before your child's colonoscopy give your child a dose of Picolax at midday and a dose in the evening as follows:

Age	Picolax dose
Less than 2 years	¼ sachet lunchtime; ¼ sachet evening
2-4 years	½ sachet lunchtime; ½ sachet evening
4-9 years	1 sachet lunchtime; ½ sachet evening
9 years and above	1 sachet lunchtime; 1 sachet evening

The day before your child's colonoscopy at midday STOP all solid food and only give a fluid diet. A fluid diet includes water, all fizzy drinks, Oxo, Bovril, clear soup (consomme), tea/coffee (without milk). No milk or yoghurt is allowed but your child may suck as many lollipops or boiled sweets as they like. Sugar is encouraged and the more fluid the better.

Picolax

Stir the contents of the sachet into a cup or glass of cold water and allow to dissolve, it may make the glass feel warm. Allow it to cool before your child drinks it.

Your child will lose salt and water in the diarrhoea so encourage your child to follow each dose of medicine with some clear fluid. **They should be offered about a litre of fluid for each whole sachet of Picolax.** Suitable fluids are water, dilute squash and sports drinks, such as Lucozade sport. Avoid fizzy drinks and fruit juices. So for example, if your child is 8 years old and having a whole sachet of Picolax at lunchtime and a half a sachet at bedtime they should try and drink about a litre of fluid after the lunchtime dose and a half a litre after the evening dose.

Following the senna and picolax your child will have frequent diarrhoea so do not go far from a loo and consider keeping them at home.

If you forget to give your child the medicine or if you give them too much, please call Bramble Blue Ward (**01392 402681**) as soon as you realise and the staff will advise you as to what you should do.

Possible side effects

As your child will not be eating normally and due to the frequent trips to the toilet, they may experience some lethargy and tummy cramps.

Like all medicines, Picolax can have side effects however, adverse reactions are rare. It can lead to severe dehydration and low salt levels in the blood but this is very rare in otherwise healthy children. If your child experiences vomiting or unusual drowsiness or confusion stop taking it and call Bramble Blue Ward (**01392 402681**) or your GP for advice.

Patients with suspected or actual bowel obstruction should not take Picolax.

On the day of your child's colonoscopy appointment

Your child will be having the colonoscopy under general anaesthetic so your child should drink water, or squash (no fizzy drinks) until admission. They should have **stopped eating food or drinking milk from mid day the day before the colonoscopy.**

The procedure

We usually do children's colonoscopies under general anaesthetic so your child will be unconscious during it.

When you arrive on Bramble Unit, or onto the endoscopy suite, the staff will explain the procedure and you will be given the opportunity to ask questions before signing the consent form if you had not already been asked to do this.

Magic cream is local anaesthetic cream that is put on the hand or arm before injections so they don't hurt. It works well for 9 out of 10 children. This cream is also called EMLA or Ametop

Your child can wear his or her own clothes, or he or she can wear a hospital gown. Your child will be able to keep underwear on.

Your child may travel to the endoscopy room on a bed or a trolley, walking or being carried.

You can accompany your child to the endoscopy room. If you prefer not to accompany your child, a ward nurse from Bramble ward will accompany him or her.

In the endoscopy room

Usually you can stay with your child until he or she is unconscious.

Your anaesthetist will tell you if you can't stay with your child until he or she is asleep, and will explain the reason why. The safety of your child is the deciding factor.

A nurse from the ward will accompany you to the endoscopy room, and will take you back to the ward when your child is asleep.

Your child will either have an anaesthetic gas to breathe or an injection through a cannula. It might be possible to do this with your child sitting on your knee.

Some children prefer gas, and some prefer injections. If both methods are safe for your child, you and your child might be able to choose which is used.

If an injection is used your child will usually become unconscious very quickly indeed. Some parents find this frightening. The injection is

given through a cannula – a small plastic tube. A needle is used to insert the cannula, but it is then immediately removed.

If anaesthetic gas is used it will take a little while for your child to be anaesthetised, and he or she might become restless while the gas takes effect. The gas is administered through a face mask, or by the anaesthetist cupping a hand over your child's nose and mouth. When your child is unconscious a cannula will be inserted for safety, and to administer painkillers or other medicines.

After the procedure

Your child should recover quickly, and should not experience any pain or discomfort.

Most children will go to the recovery room. Each child is cared for by a specialist nurse until he or she is awake, and is ready to go back to the ward. Usually a ward nurse will bring you to the recovery room, as soon as your child wakes up.

Some children are very distressed when they wake from the anaesthetic. This is common in children under 3 years and sometimes in children who are upset before they are anaesthetised. It is not related to pain. Your child may take a little while to calm down, but usually will settle after returning to the ward, having food and drink, and playing with their toys or watching TV.

Your child will normally be able to go home 1-3 hours after the procedure. For the next 24 hours you should follow the instructions as laid out on the back page of this leaflet.

Your child may feel a little bloated with wind pains but these usually settle quite quickly. If your child has had a biopsy, they may not have a small amount of bleeding from their bottom. This continues after 24 hours, or you are at all concerned, seek advice from your GP.

Results

Sometimes the doctor will be able to give you the results as soon as your child has had the procedure but sometimes they will need to wait for the biopsies to be analysed before they can give you the results in out-patients.

RCOA
Royal College of Anaesthetists
Association of Paediatric Anaesthetists of Great Britain and Ireland

This summary card shows some common events and risks that he and young people of normal weight having a general anaesthetic (GA) surgery (specialist operations may have different risks).

Very common More than 1 in 10 Equivalent to one person in your family
Common Between 1 in 10 and 1 in 100 Equivalent to one person in a street
Uncommon Between 1 in 100 and 1 in 1,000 Equivalent to one person in a village
Rare Between 1 in 1,000 and 1 in 10,000 Equivalent to one person in a small town
Very Rare 1 in 10,000 to 1 in 100,000 or more Equivalent to one person in a large town

Risks

For most people a colonoscopy is a straightforward procedure, but in rare cases there may be complications. These can include the following:

- Not being able to see all of the bowel. This can sometimes happen if the bowel is not completely empty or the colonoscope could not reach the end of the large bowel (your child may need to have another colonoscopy).
- Heavy bleeding that needs further investigation or medical advice. Polyps or tissue samples that are removed during a colonoscopy may cause heavy bleeding. It is estimated that this could happen in around one in every 150 colonoscopies.

- A perforated bowel. The colonoscope can cause a hole (perforation) in the wall of your bowel. The chances of this happening are about one in 1,500. If this happens, your child may need an operation.
- Breathing or heart problems. Your child may have a reaction to the sedative that may make them have temporary breathing or heart problems. Serious problems are rare as your child is carefully monitored during the investigation.

The risks of a general anaesthetic are outlined in the infographic on the next page.

For further information on any aspect of the procedure, please contact Bramble Blue Ward on 01392 402681.

RCoA
Royal College of Anaesthetists
Trusted Information Creator
Patient Information Forum
Association of Paediatric Anaesthetists of Great Britain and Ireland

Common events and risks for children and young people having a general anaesthetic

This summary card shows some of the common events and risks that healthy children and young people of normal weight face when having a general anaesthetic (GA) for routine surgery (specialist operations may carry different risks).

Modern anaesthetics are very safe. There are some common side effects which are usually not serious or long lasting. Risk will vary between individuals, and will depend on the procedure and the anaesthetic technique used. Your anaesthetist will discuss with you the risks they believe to be most significant. You should also discuss with them anything you feel is important to you.

Very common
More than 1 in 10
Equivalent to one person in your family

- Sore throat
- Agitation on waking from GA (Mainly ages 1-6 years)
- Sickness
- Temporary changes in behaviour (eg. anxiety, sleep problems, bedwetting)

Common
Between 1 in 10 and 1 in 100
Equivalent to one person in a street

- Minor lip or tongue injury
- Discomfort at injection site

Uncommon
Between 1 in 100 and 1 in 1,000
Equivalent to one person in a village

- Breathing problems (Needing treatment)
- Skin damage (Mainly longer procedures)

Rare
Between 1 in 1,000 and 1 in 10,000
Equivalent to one person in a small town

- Need for Intensive Care (unplanned) (1 in 2,400. Risk is higher for children under 1 year)
- Injury to eye (eg. scratch on eye)
- Damage to teeth

Very Rare
1 in 10,000 to 1 in 100,000 or more
Equivalent to one person in a large town

- Anaphylaxis (1 in 40,000. Severe allergic reaction to a drug)
- Awareness during an anaesthetic (1 in 60,000)
- Death as a direct result of anaesthesia (1 in 100,000 to 1 in a million)
- Long-term disability (Less than 1 in 100,000)

More information
Our website has more on these risks as well as short videos to help children prepare for surgery.

Scan to find out more:
rcoa.ac.uk/childrensinfo

Things we all do in normal life, such as road travel, involve higher risks than the **Very Rare** risks above.

Leave your feedback on this resource at: surveymonkey.co.uk/r/testrisk or by scanning this QR code:

Churchill House, 35 Red Lion Square, London WC1R 4SG | patientinformation@rcoa.ac.uk | March 2022

As your child has had a general anaesthetic it is important **for the next 24 hours** to stay with your child and to observe them.

- It is advisable to have 2 people accompany your child home in a car. One to drive and one to sit with them (public transport is not appropriate).
- Encourage your child to drink plenty of fluids and eat a light diet.
- Allow your child to take things easy for the next 24 hours; they will soon resume their normal activities. If you have any concerns during this 24-hour period following your child's colonoscopy, please call Bramble Blue Ward on **01392 402681**. If after 24 hours, please contact your GP.

Low residue low fibre diet

✓ CHOOSE	✗ AVOID
Cereals: cornflakes, Rice Crispies, Ricicles, Sugar Puffs, Coco Pops, Cheerios	Wheat bran, All Bran, Weetabix, Shredded Wheat, oat bran, branflakes, wheatflakes, muesli, Ready Brek, porridge
White bread	Wholemeal, high fibre white, soft grain or granary bread, oatbread
White pasta, white rice	Wholemeal pasta, brown rice
White flour	Wholemeal or granary flour, wheatgerm
	Fruit and vegetables
Savouries: chicken, turkey, white fish, cheese and eggs, tofu	All red meats
Puddings, pastries, cakes, etc, milk puddings, mousse, jelly (not red), sponge cakes, madeira cake, rich tea, Marie or wafer biscuits	Those containing wholemeal flour, oatmeal, nuts dried fruit, etc. Fruit cake, Ryvita, digestive or Hobnob biscuits.
Preserve and sweets: sugar, jelly jam, jelly marmalade, honey, syrup, lemon curd.	Jam or marmalade with pips, skins and seeds, sweets and chocolates containing nuts and fruit muesli bars.
Soups: clear or sieved soups	Chunky vegetable, lentil or bean soups
Miscellaneous: salt, pepper, vinegar, mustard, gelatine, salad cream, mayonnaise	Nuts, quorn, fresh ground peppercorns, houmous.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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