

### Introduction

Your doctor has recommended that you have a colonoscopy. It is your decision, however, whether or not to go ahead with the procedure. This leaflet gives you information about the procedure, its benefits and risks. It is to help you make an informed decision. If you have any questions after reading this leaflet, you will be able to ask them at your appointment.

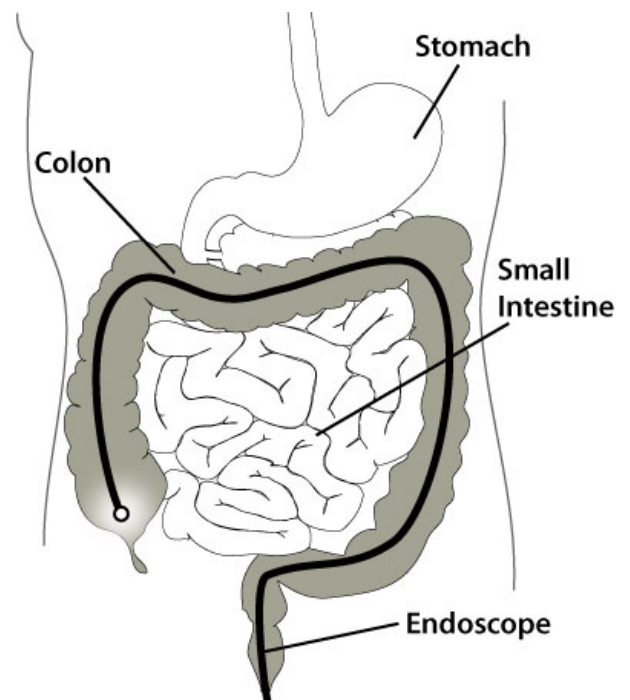
### What is a colonoscopy?

A colonoscopy is a look at your colon (lower bowel). It is done by an endoscopist.

We use an endoscope which is a long flexible tube about the thickness of your index finger with a small camera and light at the end. It is passed up your back passage (your bottom) into your colon. This allows us to get a clear view of your colon's lining and to check whether or not any disease is there.

During your colonoscopy, we may need to take some tissue samples (called biopsies) to give us more information about your colon.

**Figure 1. Colonoscopy**



### Why do I need a colonoscopy?

You have been advised to have a colonoscopy as you have symptoms which we think are coming from your colon.

A colonoscopy is a good way of finding out if there is a problem or not. It may also help ensure that any treatment you are offered is as effective as possible.

## **What happens during a colonoscopy?**

We may offer you a sedative to help you to relax.

We gently pass the endoscope into your back passage and into your colon. We look at the lining of your colon on a video monitor. Air is passed through the endoscope to give a clear view. This may cause you some discomfort but will not last long. You may also feel like you need to go to the toilet or to pass wind. This is normal. There is no need to be embarrassed as we expect it to happen.

We monitor your breathing, pulse and blood pressure throughout.

If we take tissue samples (biopsies), these will be sent to the laboratory for testing.

Also, if we find polyps, we may be able to remove them. Polyps are small lumps of tissue which hang from the inside lining of the colon. Removing polyps (called polypectomy) is done by an instrument that is attached to the endoscope. The polyps would also be sent to the laboratory.

Large polyps would not be removed. You would be offered a separate appointment to have any large polyps removed.

At the end of the procedure the colonoscope is gently removed.

The colonoscopy itself usually takes between 20 and 30 minutes. You should however allow at least 1 ½ - 3 hours for the whole appointment - to prepare, for the procedure itself, and to recover.

Before you leave, we will explain your results and what happens next. We will send similar information to your GP/consultant.

**Are there any side-effects or possible complications (risks)?**

Most colonoscopies are done without any problem. The benefit from this procedure needs to be weighed up against the small risk of complications.

Occasionally, the endoscope may damage the colon. You would need to be admitted to hospital for treatment if this happens.

Heavy bleeding happens in around one in 150 patients who have polyps removed. If you don't have polyps removed, this is less likely (one in over 400 patients). If you are taking medication to thin your blood, you should tell us (see next page).

Perforation (making a hole in the colon) happens in around one in 1,500 patients.

Extremely rarely, colonoscopy can cause death. This is thought to happen in around one in 10,000 patients.

If you have a sedative, you may feel tired or sleepy for several hours.

Risks from sedation are different for each person and they depend on the type of drug that is used. Serious complications are rare. The sedative can affect your breathing making it slower, more shallow and possibly stopping it altogether. The sedative may occasionally cause problems with blood pressure. Some people have an allergic reaction although this is

very rare. We can usually identify and treat any such problems quickly if they occur.

If you are worried about possible risks, ask at your appointment.

In some cases, we are unable to complete the colonoscopy, and may need to ask you to have another one or to have a different test.

## Is there an alternative?

Yes. An alternative would be to have a Barium Enema and Flexible Sigmoidoscopy. This option means that the endoscope does not reach as far round your colon. We would not be able to take tissue samples from a large part of your colon.

Not all hospitals offer this and if we find polyps you may still need to have a colonoscopy to remove them.

Your consultant can discuss this with you if you wish.

## I have decided to proceed with a colonoscopy. How do I prepare?

It is important to read and follow these instructions carefully.

Your colon needs to be empty so that we can get a clear view.

We will ask you to eat only certain foods for a few days before the test.

We will give you bowel preparation or an enema to clear out your lower bowel. Bowel preparation is a drink which makes you empty your bowel. It will make you have diarrhoea. An enema means putting special liquid into your bottom to flush it out.

If you have been asked to take bowel preparation you **must** follow the instructions so we can carry out your test.

If you are having sedation, arrange for somebody to take you home and stay with you overnight.

If you normally take heart or anticonvulsant medication please take it as usual.

If you are on iron tablets stop taking them five days before your appointment.

Contact us for advice if you are **diabetic** or are taking **Aspirin, Warfarin, or Plavix (clopidogrel)**.

Bring a list of your medications and dosages with you.

You may wish to bring a dressing gown and slippers.

Leave all valuables at home.

## What happens when I arrive?

You will be met by a nurse who will ask you some questions. If you are having a sedative, the nurse will ask about your arrangements for getting home. You will be able to ask questions if you have any. The nurse will make sure that you understand the colonoscopy.

You will have a brief medical assessment. The nurse will take and record your heart rate and blood pressure. If you are diabetic, the nurse will take and record your blood glucose level.

If you are happy to proceed with the colonoscopy, you will be asked to sign your consent form if you have not already done so.

This unit is a training centre for endoscopy. This means that trainees (supervised by qualified staff) may be involved in your care. If you do not want trainees to carry out your colonoscopy or be present, please inform us when you arrive.

Please ask us if you would like information about how we use and store tissue samples and hospital records (including images).

## Delays to your appointment

We also deal with emergencies. These can take priority over your appointment, meaning we may have to ask you to wait, or to change your appointment to another day.

## What happens after the colonoscopy?

You will be allowed to rest in the hospital for as long as you need.

If you have not had a sedative, you will be able to go home straight after the test if you wish.

After you leave hospital, you should rest for the remainder of the day and limit your activities until 24 hours has passed since your colonoscopy. Ask us for advice if you need it.

**If you have had sedation** you must have someone to stay with you overnight as you will still be drowsy with the sedative. This drowsiness can 'come and go'.

This drowsiness means you **must not**:

- Drive a car (or any motorized transport) or ride a bicycle
- Operate machinery or electrical items
- Drink alcohol or smoke
- Take sleeping tablets
- Sign any legally binding documents or make any important decisions
- Work at heights (including climbing ladders or onto a chair)
- Lock the toilet door or make yourself unreachable to the person looking after you
- Look after children on your own.

Most people feel back to normal after 24 hours.

## Aftercare

After your colonoscopy, you may feel some discomfort from trapped air. This should settle down within a few hours. To help pass the wind, we suggest, if possible, that you walk around, drink warm drinks or peppermint water, or that you eat some peppermints.

You can take pain relief, such as the kind you would take for a headache, as you normally would, and according to their instructions.

You can start taking your normal medicines/tablets after your colonoscopy. Please ask if you are unsure if your medicines/tablets will be safe.

You can start eating normally again when you feel able.

Your bowel movements will probably be affected for a few days, but they should return to normal after that.

There is some important information on the right so you know what to do if you have any serious problems.

## Aftercare (continued)

If any of the following happen within 48 hours after your colonoscopy, you need to seek help:

- abdominal/tummy pain that becomes more severe, and is different or more intense than any pains that you would 'usually' have
- breathing difficulties
- fever (raised temperature)
- passing a lot of blood from your bottom.

If you have had biopsies taken or polyps removed, you could pass a small amount of blood from your bottom. This is normal.

If the bleeding becomes more severe, or returns within two weeks of your colonoscopy, you need to seek help.

Contact us on the number provided, between 9am – 5pm Monday – Friday.

Contact your GP or nearest A&E department outside these hours.

Say that you have had a colonoscopy.

## What if I need to cancel my colonoscopy?

Please tell us as soon as possible.

Contact details

## About this information

This leaflet is provided for general information only and is not a substitute for professional medical advice. Every effort is taken to ensure that this information is accurate and consistent with current knowledge and practice at the time of publication.

This leaflet was developed using Southern Health & Social Care Trust information by Ms Seanin Ward. It was reviewed and adapted by the Northern Ireland Nurse Endoscopists Group and then approved by the regional Modernising Endoscopy Services project team.

Complication rates were accessed in the 'Evidence Summary: Patient Information for the NHS Bowel Cancer Screening Project' (<http://www.cancer-screening.nhs.uk/bowel/publications/nhs-bcsp04.pdf> accessed 27/01/2010); and Bowles CJ, Leicester R, Romaya C et al. A prospective study of colonoscopy practice in the UK today: are we adequately prepared for national colorectal cancer screening tomorrow? *Gut*. 2004; 53: 277-283. Cardio-pulmonary and sedation-related complications are discussed in detail in 'Complications of Gastrointestinal Endoscopy' (British Society of Gastroenterology, 2006).

If you feel we should include some other information in this leaflet, please tell us so we can consider it when we next update the leaflet.

This leaflet can be made available on request in alternative formats and in other languages to meet the needs of those who are not fluent in English.