

Endoscopy

Having a Colonoscopy



This leaflet provides information about your procedure, why you have been recommended to have a colonoscopy and what you can expect before, during and after the procedure.

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You have been advised to have a colonoscopy to help find the cause of your symptoms. This leaflet may not answer all your questions so if you have any worries please don't hesitate to ask. The staff who are doing the test will be available to answer any queries.

What is a colonoscopy?

Colonoscopy is a test that allows the doctor to look directly at the lining of the **large bowel** (the colon).

In order to carry out the test a colonoscope is carefully passed through the anus into 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 doctor sees a clear view of the lining of the bowel and can check whether or not any disease is present. Sometimes the doctor takes a biopsy – a sample of the lining for examination in the laboratory. A small piece of tissue is removed painlessly through the colonoscope, using tiny forceps.

It is also possible to remove polyps during the colonoscopy. Polyps are abnormal projections of tissue, rather like warts, which the doctor will want to examine in detail.

During the test

In the examination room you will be made comfortable on a couch, resting on your left side, with your knees slightly bent. A nurse will stay with you throughout the test. The doctor may give you a sedative injection to make you sleepy and relaxed.

This is to ensure that you understand the test and its implications. If you have any worries or questions at this stage don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries.

A small cannula will be inserted into a vein in your arm which allows access for the consultant to give you the sedative and any other medications that may be required.

Concerns

If you have any queries regarding the procedure please contact the endoscopy unit between 8am and 6pm Monday to Friday and the nursing staff will be happy to give you information or advice. Outside these hours you should contact your own GP, or speak to the accident and emergency department at Bedford Hospital.

Alternatively you can contact N.H.S. Direct; nursing staff there should be able to help you with any queries.

Contact us

Bedford Hospital: 01234 355122
Endoscopy unit: 01234 792269
NHS Direct: 0845 4647

Written by Helen Drake, endoscopy.

Medication

Two weeks before the procedure: stop taking any iron preparations. Please bring a list of your medication with you to your appointment.

If you are taking Warfarin or Aspirin tablets please ring the endoscopy unit as soon as you receive your appointment.

The preparation

To allow a clear view, the colon must be completely empty of waste material. If it is not, certain areas may be obscured and the test may have to be repeated. It is important to follow the detailed instructions enclosed about clearing the colon. Please try to follow the diet sheet provided for **four days before your examination.**

It is important to take the entire laxative prescribed and also considerably increase your intake of **clear** fluids on the day before examination, which will help clean the bowel. You will need to be close to a toilet facility during this period, you may find a barrier cream useful, such as Sudocream or Vaseline if you become tender.

When you arrive in the department a staff nurse will book you in and explain the procedure to you.

You will then be asked to wait in the waiting room until it is time for your procedure. You will then be called to get changed and the doctor will ask you to sign a consent form.

The nurse will attach a small device to your finger or thumb in order to record your pulse rate and monitor your general condition during the examination and will insert a tiny sponge into a nostril to administer oxygen.

When the tube has been gently inserted through the anus into the large bowel, air will be passed through it to give a clearer view of the lining. This may give you 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 this is embarrassing, remember the staff do understand what is causing it. It usually takes up to thirty minutes for the colon to be examined, but the test sometimes lasts longer. When the examination is finished, the tube is removed quickly and easily.

After the test

You will be continually monitored and allowed to rest in the recovery area. You may feel a little bloated with wind pains but these usually settle quite quickly. Once you have recovered you will be assisted off the trolley, the cannula will be removed and you will be able to get dressed. A nurse will go through the discharge information and then you will be escorted to the waiting room and given refreshments.

Going home

If you are going home after the test it is essential that a **RESPONSIBLE ADULT** comes to the department to pick you up and stays with you for 24 hours.

Once home, it is important to rest quietly for the remainder of the day. You may resume your normal diet and prescription medicines unless otherwise instructed by the doctor. The effects of the test and injection should have worn off by the next day, however the effects of the sedation can last for 24 hours, so for this time **you must not:**

- **Drive a car;**
- **Operate machinery;**
- **Drink alcohol;**
- **Work;**
- **Sign any legal documents; or**
- **Be responsible for small children.**

There may be a small amount of blood in the stool for a day or two if a polypectomy or biopsy has been carried out.

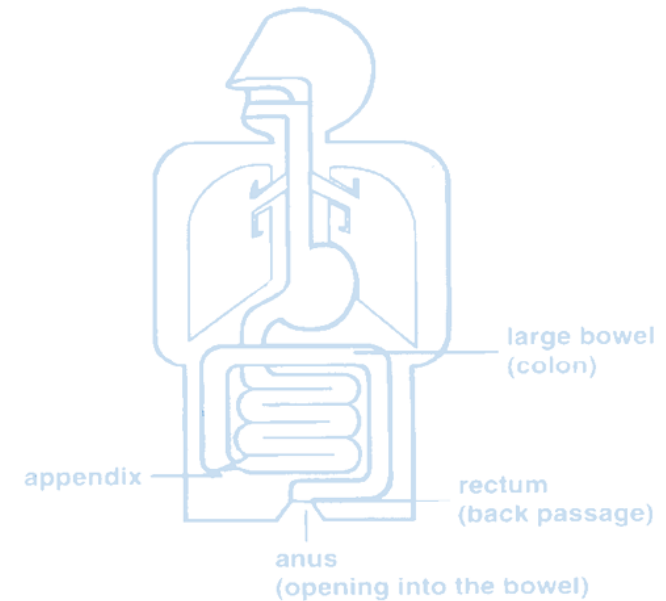
Results

Before you leave the department, a nurse or doctor will explain the findings of your examination and discuss any changes of medication and further investigations or appointments you may require, for example, if a sample (biopsy) has been taken or polyps removed for examination, the results may take several days and will be sent to your GP or hospital specialist. It is a good idea to have someone with you when you speak to the doctor after the test. Due to the effects of the sedation, many people find they forget everything that has been said to them.

Potential risks

Colonoscopy can result in complications, such as reactions

to medications, perforations (tears) of the intestine, and bleeding. These complications are very rare (occurring in less than one in 1000 examinations), but may require urgent treatment and even an operation.



The risks are slightly higher when the colonoscope is used to apply treatment, such as the removal of polyps. Be sure to inform your GP or us if you have any severe pain or vomiting, passage of a large amount of blood or a temperature greater than 101F/38C in the hours or days after colonoscopy.

Women taking the oral contraceptive pill should be aware that taking bowel preparation might prevent the absorption of the pill. Additional contraceptive precautions should be taken until the next period begins.