

Patient information

Colonoscopy – inpatients

Your doctor has requested this procedure to help investigate your medical condition to aid your diagnosis and management.

This booklet has been written to explain the procedure. This will help you to make an informed decision before consenting to the investigation. Please read the booklets and consent form carefully.

Before your procedure

- If you are taking **warfarin** or **insulin** remind the medical and nursing staff looking after you, as they may need to be adjusted.
- Iron tablets should be stopped seven days before the procedure. All other medication can be taken as normal.
- The day **before** your colonoscopy the nurses will give you two doses of MoviPrep® (bowel cleansing drink) 3 - 4 hours apart.
- If you have any queries about the procedure, please do not hesitate to ask the medical or nursing staff looking after you.

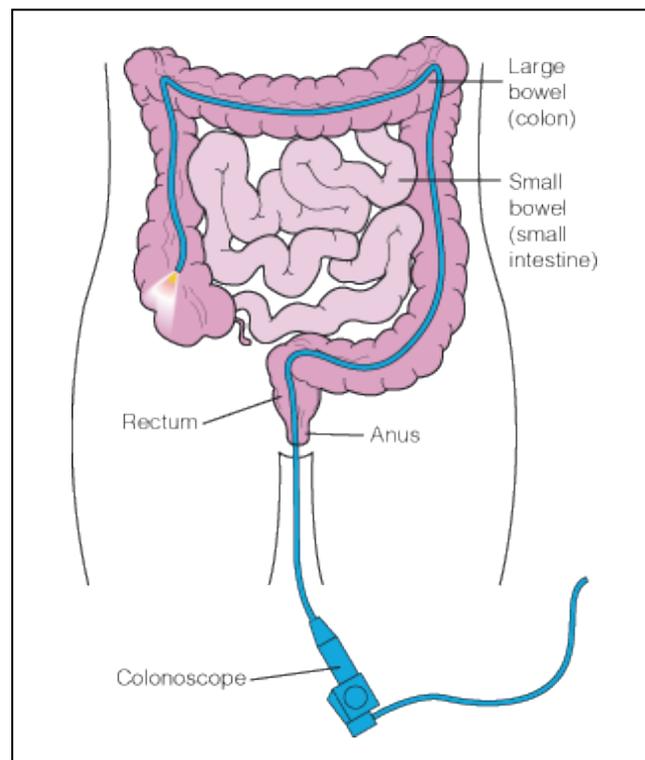
On the day

- The ward nurse will complete a checklist before you are brought to the endoscopy department.
- You will be brought to the department on your bed.
- Have nothing to **eat for 24 hours or drink for 2 hours** before your appointment.

- It is advised that you wear a hospital gown, as this is more comfortable for you during and after the test.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

What is a colonoscopy?

This is a test that allows the endoscopists to look at the whole of the large bowel. This is done by passing a long flexible tube (colonoscope) through your back passage and gently passing it around the large bowel.



The colonoscope is connected to a television system and has a mini camera built into the end. Pictures are then seen on a television monitor. By examining your bowel, the cause of your symptoms may be found, sometimes we are able to treat them. The test usually takes between 25 and 50 minutes.

Why do I need a colonoscopy?

Your doctor is concerned about the problems you have been having in the lower part of your digestive system. A colonoscopy is a good way of finding out whether there is a problem, or not. It also helps your doctor to decide on further treatment, if necessary.

A colonoscopy is used to investigate a variety of symptoms, for example:

- Haemorrhoids (piles)
- Persistent diarrhoea
- Abdominal pain
- Change in bowel habit
- Bleeding from the back passage
- Polyps.

Are there alternatives to a colonoscopy?

A colonoscopy is the best way of looking at the lining of your large bowel. However, an X-ray examination called CT colonoscopy is one possible alternative test; this involves having a detailed CT scan which provides pictures of the lining of your bowel. Another alternative X-ray test is called a Barium enema; it does not provide such detailed pictures of the lining of your bowel. Neither of the X-ray tests allow for any treatment to be performed or biopsies to be taken at the same time. Therefore, you may still need to have a colonoscopy.

How do I prepare for the test?

The medical team looking after you should discuss with you why they want you to have this procedure so that when you arrive in the department you can sign a consent form with the nurse or endoscopist. They will be happy to answer any of your questions, as we want to make sure that you understand the procedure and its implications.

Remember you can change your mind about having the procedure at any time.

The success of your colonoscopy depends on your bowel being as clear as possible. The procedure may need to be repeated if you do not have a clear bowel.

- It is important that you follow the bowel preparation instructions and eating plan. (This can be found at the end of the booklet).

- The day **before** your colonoscopy the nurses will give you two doses of Moviprep (bowel cleansing drink) 3 - 4 hours apart.
- You should expect frequent loose bowel motions (stool/poo) to start at any time after taking a dose of Moviprep. You will need access to a toilet at all times following each dose until the effects wear off.
- It is important to increase your intake of clear fluids on the day before your test.
- 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.

What does a colonoscopy involve?

- You will be escorted to the procedure room and introduced to the nurse and endoscopist who will be with you throughout your colonoscopy.
- The endoscopist will then check that you have a full understanding of your procedure and all that it means, and that you are willing to go ahead.
- You will then be asked to lie on your left side with your knees slightly bent.
- To monitor your blood pressure, heart rate and breathing, the nurse looking after you will place a probe onto one of your fingers and an inflatable cuff on your arm. Oxygen will be placed under your nose.
- A light sedation is given through an injection into a vein. It may make you sleepy and relaxed and it may take away some awareness of the procedure. Please note it is **not** a general anaesthetic.
- A nurse will be with you at all times, giving guidance and support.
- The endoscopist will then examine your back passage with a gloved finger to make sure that it is safe to pass the flexible tube.
- The flexible tube will then be inserted gently up your back passage into your large bowel. Air/CO₂ will be passed through the flexible tube to open up your colon, to give a clear view of the lining.
- 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.

- There may be periods of discomfort as the tube goes around bends in the bowel. Usually this will ease once the bend has been passed.
- If you are finding the procedure more uncomfortable than you would like, please let the nurse know.
- The test should take about 25 - 50 minutes to complete. If small samples of tissue (biopsies) need to be taken, the test may take a little longer.

What is a biopsy?

A biopsy is a small piece of tissue, which is removed through the flexible tube using tiny forceps. This procedure is painless, and you will probably not be aware of it being done.

What if I have polyps?

Polyps are extra growths of tissue on the bowel wall that can range in size. They are usually benign (not cancers), but if left can sometimes become cancers. Most polyps can be removed painlessly and completely during the procedure.

Are there any complications?

As with every medical procedure, the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the colonoscopy will have considered this very carefully. Colonoscopy is what is known as an invasive procedure and, therefore, carries risks/complications.

The major risks/complications include:

- Bleeding from the biopsy site or from where a polyp has been removed (less than 1 in every 100 tests carried out). This usually settles down on its own.
- Small tear or damage to the lining of the bowel (less than one person in every 500-1000 tests carried out). This risk is slightly higher if a polyp is found and removed. You may need an operation to repair any damage.
- Disturbance of your heart rate and breathing.
- A reaction to the medication used.

- A sore back passage and abdominal tenderness. As the flexible tube passes around the bowel, it brushes against the lining and may cause a small amount of bruising.
- Incomplete colonoscopy occurs if the test is abandoned due to technical difficulty or because it was causing you distress. A further test such as a Barium enema may be recommended in the future.

After the procedure

Following the colonoscopy, you will be taken back to the endoscopy ward area before being returned to your ward. You may feel bloated and have some wind-like pains if some of the air remains in your bowel; this usually settles down quickly.

If you have any of the following problems you should let the nursing staff on your ward know immediately,

- Severe pain or vomiting
- Black tarry stool/poo
- Persistent bleeding
- Temperature greater than 38 degrees.

If you are still sleepy when taken back to your ward, the doctors looking after you will tell you the result. A report will be filed in your hospital notes before you leave the endoscopy department so that the information will be readily available for the medical team looking after you.

If biopsies were taken or polyps removed, you will be told the diagnosis by the team who requested the colonoscopy (in the clinic or by letter to you or your GP) these results may take several weeks to come through.

Most people will have had sedation for this procedure. The sedation will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet and forgetful for a while.

If you are discharged from hospital within 24 hours of your colonoscopy you are advised not to:

- Drive
- Operate machinery
- Drink alcohol or smoke
- Sign any legal documents.

You must also have a responsible adult stay with you for the next 24 hours.

Summary of important information

Colonoscopy is a safe procedure and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks.

However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.

Training doctors and other health professionals is essential to the continuation of the National Health Service and improving the quality of care. Your procedure/treatment may provide an important opportunity for such training under the careful supervision of an experienced endoscopist. You can, however, decline to be involved in the formal training of medical and other students; this will not affect your care and treatment.

Please be advised that patients are unable to donate blood for four months following an examination with a flexible endoscope as directed by the NHS Blood and Transplant service.

IMPORTANT: Preparing your bowel for a colonoscopy

Please read these instructions carefully. The success of your colonoscopy depends on your bowel being as clear as possible. **Please note, the procedure may need to be repeated if you do not have a sufficiently clear bowel.**

For three days before your procedure, you should make changes to your diet:

Do not eat high fibre / high residue foods including:

- Red meats, pink fish (e.g., salmon)
- Fruit, vegetables, salad, pips, seeds, bran, beans, lentils
- Brown bread, brown rice, brown pasta
- Pickles, chutneys
- High fibre cereals (e.g., bran flakes, muesli, Weetabix®).

You can eat low fibre foods including the following:

- Dairy – milk (2 cups/a day), plain yoghurt, cheese, butter, margarine
- Protein – white fish or chicken (boiled, steamed or grilled), eggs
- White pasta and white rice
- Bread – white bread, pitta, white flour chapattis (avoid seeded bread)
- Potatoes – boiled or mashed (no skin)
- Soups – clear soups (no solid bits)
- Meat extract drinks - Bovril® or Oxo®
- Desserts – clear jelly (not red or orange), boiled sweets, chocolate
- Salt, pepper, sugar, sweeteners and honey.

Please have plenty to drink including tea, coffee, squash, water, clear fruit juices.

MORNING APPOINTMENT FOR COLONOSCOPY:

The day before your colonoscopy

Have **breakfast** choosing from the low residue food listed previously.

No further solid food or milk products are allowed after breakfast.

It is important to increase your intake of clear fluids:

- You may drink water, black tea or coffee, Bovril® or Oxo®.

At 5.00pm – take the 1st dose of Moviprep®, following the steps below:

1. Fill up a jug with 1 litre (1¾ pints) of water.
2. Empty the contents of 1 sachet A and 1 sachet B into the water and stir until dissolved. Add squash or cordial to taste (not blackcurrant).
3. Drink one glassful (250ml) of the Moviprep® drink every 15-30 minutes until you have drunk it all. There is no need to rush.
4. Drink an additional 500mls of clear fluid (such as plain water) after finishing the Moviprep®.

You will begin to pass frequent loose motions, please stay near a toilet at this time.

At 8.00pm – take the second dose Moviprep®

Follow steps 1 to 4 above.

Please continue drinking **clear** fluids.

The day of your colonoscopy

No solid food or milk products are allowed. You may continue drinking clear fluids only until **2 hours** before your appointment.

Please attend your appointment on time.

AFTERNOON APPOINTMENT FOR COLONOSCOPY:

The day before your colonoscopy

Have **breakfast** and a **light lunch**, choosing from the low residue foods listed previously.

No further solid food or milk products are allowed after lunch.

It is important to increase your intake of clear fluids:

- You may drink water, black tea or coffee, Bovril® or Oxo®.

At 6.00pm – take the 1st dose of Moviprep®, following the steps below:

1. Fill up a jug with 1 litre (1¾ pints) of water.
2. Empty the contents of 1 sachet A and 1 sachet B into the water and stir until dissolved. Add squash or cordial to taste (not blackcurrant).
3. Drink one glassful (250ml) of the Moviprep® drink every 15-30 minutes until you have drunk it all. There is no need to rush.
4. Drink an additional 500mls of clear fluid (such as plain water) after finishing the Moviprep®.

You will begin to pass frequent loose motions, please stay near a toilet at this time.

The day of your colonoscopy

At 6.00 am – take the second dose Moviprep®

Follow steps 1 to 4 above.

No solid food or milk products are allowed. You may continue drinking clear fluids only until 2 hours before your appointment.

Please attend your appointment on time.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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