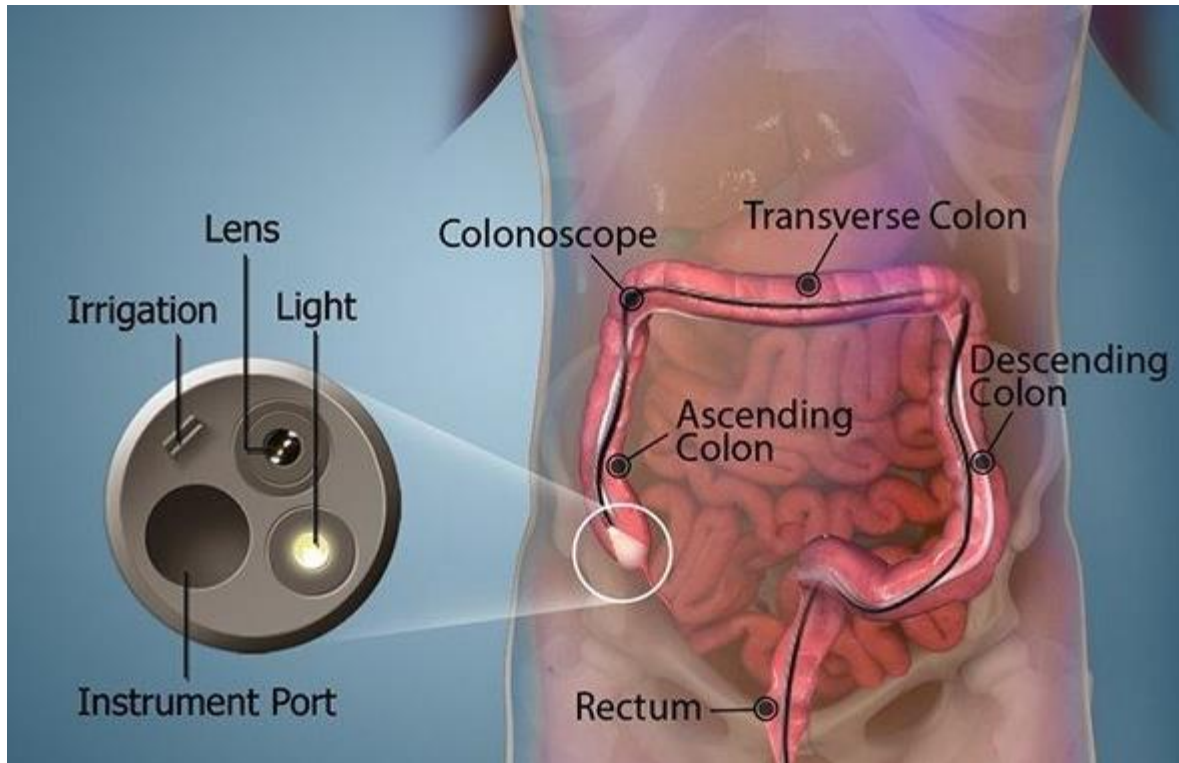


# YOUR COLONOSCOPY



## PLEASE NOTE:

You may need to start preparing for your test up to two weeks before your appointment. Please ensure you read this information in good time to ensure you know what to do. Poor preparation can result in cancellations and incomplete procedures.

If you are unable to keep your appointment, please telephone the clinic providing the appointment as soon as possible via the number on your appointment letter. Your appointment can be offered to someone else which helps to keep waiting lists shorter.

## INTRODUCTION

Your doctor has advised you to have a test called a colonoscopy. This booklet has been written to inform you about the test and to answer the most frequently asked questions. If you have more questions, or if there is anything that you do not understand, please ask. There is a phone number on your appointment letter.

## WHAT IS A COLONOSCOPY?

A colonoscopy is a test to look at the lining of the back passage (rectum) and larger bowel (colon). This is done using an endoscope that has a thin flexible tube, about the width of a finger, called an Endoscope.

## WHY DO I NEED THE TEST?

Your symptoms may be caused by a problem in your large bowel. The test will help your doctor to find any problems and then plan your treatment.

## PREPARATION FOR THE TEST

To allow clear views of your bowel, it will need to be empty. The bowel can be cleaned by using the laxative provided, which you need to mix and drink. Within your information pack you will receive specific instructions on how to do this. If you have not received this, please call the number on your appointment letter for further advice.

It is advisable that you stay near a toilet once you start taking your bowel preparation. You should expect frequent bowel movements and diarrhoea.

Remember: The advice about restrictions to eating and drinking will vary depending on the type of bowel preparation provided. It is very important that you follow the advice given whilst also bearing in mind that:

- You may have sips of water only up to 2 hours before your test.
- Then, you must not eat or drink anything until after your test when you have been advised that it is safe to do so by a member of staff.

If you are worried about taking the medicine, please contact the telephone number on your appointment letter straight away.

## 7 DAYS BEFORE THE PROCEDURE

### Stop taking the following medications

- **Iron Tablets** or **Stool Bulking Agents** (such as Fybogel)
- **Blood Thinning Tablets**

**Before stopping any of the below medications please seek advice from your GP to ensure that it is safe to do so**

Tablet Name	Advice
Warfarin Synthron	Please contact your anticoagulant clinic and ask them to check your clotting levels within 1 week of your test. The anticoagulant nurse will advise you if your dose needs changing. Do not stop taking it unless you are specifically told to do so.
Apixiban Asasantin Clopidogrel Dabigatran Edoxaban Fondaparinux Prasugrel Rivaroxaban Ticagrelor	You should have been advised at your outpatient appointment whether you should continue or stop taking these prior to your test. If you require further advice, or did not receive this advice, please call the number on your colonoscopy appointment letter.
Clexane Dalteparin Enoxaparin Inhixa	Please call the number on your colonoscopy appointment letter. They may need to speak to your doctor for advice.

**Oral contraceptive pills:** If you are taking an oral contraceptive pill, diarrhoea can make it less effective. Continue taking the pill but use other precautions for the rest of that cycle.

**If you are a diabetic treated with insulin or tablets:**

- You will need an early morning appointment. If you have been given a later appointment, please contact the telephone number on your appointment letter.
- You will need to contact your diabetes specialist (e.g. Diabetes clinic, GP, Practice Nurse).
- On the morning of your test, do not take your insulin or diabetic tablets.

**All other medication** should be continued as normal, but taken at least one hour before bowel cleansing agents. On the day of your test, they should be taken as follows:

- Morning appointments – take your medication before 7am or bring it with you to take after your test.
- Afternoon appointments – take your medication before 10am.

If you have a Pacemaker or Implantable Cardioverter Defibrillator (ICD), please ensure this has been checked within 12 months of your procedure, and that the technicians are happy that the device is fully operational. Please bring your ID card showing the make and model of the device.

Also, please let us know if you:

- Are pregnant or breastfeeding.
- Have had a heart attack within the last six weeks.
- Are waiting for heart surgery.
- Are waiting for coronary angioplasty.

**3 DAYS BEFORE THE PROCEDURE**

**You will need to start a low-fibre diet.**

**You will need to drink plenty of fluids especially water to cleanse your bowel.**

FOOD TYPE	ALLOWED	NOT ALLOWED
Breads & cereals	<p><b><u>Yes – white flour products</u></b>                      White bread, naan bread, chapatti                      Plain muffins, bagels                      Cornflakes, Coco Pops, Rice Krispies                      Cream crackers                      Sweet plain biscuits                      Cornflour, white flour                      White rice or white pasta                      White pitta bread                      Bread sticks</p>	<p><b><u>No wholegrain products</u></b>                      Wholegrain, wholemeal, rye bread                      Wholemeal products with fruit, nuts, olives, onions                      Wholegrain cereals e.g. bran flakes, Weetabix, All bran                      Wholegrain biscuits – digestive                      Brown rice                      Wholemeal pasta</p>

FOOD TYPE	ALLOWED	NOT ALLOWED
Fruit (limit 1 portion per day)	<p><b><u>Yes – ripe fruit without skins/pips</u></b>  Banana, peaches, ripe honeydew or cantaloupe melon, papaya, canned or pureed or stewed fruit without skins or pips  Tinned fruit</p>	<p><b><u>No fruit with skins/stalks/seeds/pips</u></b>  Apricots, grapes, plums, damsons, figs, kiwi, lemons, mandarins, oranges, mango, prunes, rhubarb  Berries i.e. cherries, strawberries, raspberries  Coconut and all dried fruit</p>
Vegetables	<p><b><u>Yes – well-cooked without peel, seeds, skin or stalks</u></b>  Potatoes mashed, plain boiled  Plain potato shak – <u>no skin</u>  Asparagus – tips only  Cauliflower – head only  Well-cooked &amp; peeled carrots, butternut squash  Mashed sweet potatoes (no skin)</p>	<p><b><u>No veg with stalks, skins &amp; stones</u></b>  Raw salad, tomatoes, peppers, lettuce  Jacket potatoes with skin  Broccoli, onions – all types, aubergine, brussel sprouts, bean sprouts, pak choi, cabbage, carrots, celery, cucumber, mushrooms, peas, sweetcorn, turnip, kale, spinach, beans, chicory, fennel</p>
Meat, fish, poultry, eggs & meat substitutes	<p><b><u>Yes – all types of lean meat</u></b>  Chicken, turkey – <u>without skin</u>  Beef, veal, ham, pork  Fish  Quorn  Tofu  Soya mince  Eggs</p>	<p><b><u>No dishes with vegetables &amp; onions</u></b>  Meat pies  Quiches  Casseroles  Curries</p>
Desserts	<p><b><u>Yes – desserts without fruits/seeds</u></b>  Madeira sponge  Laddu/mesub  Ice cream  White rice pudding  Jelly (green/yellow only)</p>	<p><b><u>No desserts with seeds, nuts or fruit</u></b>  Jelly (blackberries/red colourings)  Coconut desserts  Cookies or cakes with seeds, nuts, dried fruit</p>
Soups	<p><b><u>Yes – clear soup without any bits</u></b>  Beef tea  Bovril/OXO  Marmite  Consommé</p>	<p><b><u>No soups with bits of onions, pulses or vegetables</u></b>  Lentil soup  Soup with beans/vegetable  Corn soup  Pea soup</p>

FOOD TYPE	ALLOWED	NOT ALLOWED
Drinks	<p><b><u>Yes – drinks without red/purple/blue colourings</u></b></p> <p>Weak tea Weak coffee Soda water, tonic water Lemonade Fruit flavoured water Sports drink Mineral water Cordial (without red or purple colouring i.e. blackcurrent)</p>	<p><b><u>No fruit or vegetable juices with pulp</u></b></p> <p>Ribena Vimto Drinks with red/purple colouring Fresh fruit or vegetable juices</p>
Snacks	<p><b><u>Yes – not wholemeal &amp; without nuts/seeds</u></b></p> <p>Sugar, salt Honey Boiled sweets Plain milk chocolate Mini cheddars, cheese biscuits</p>	<p><b><u>No</u></b></p> <p>Popcorn Jam &amp; marmalades Pickles Olives Stone-grounded mustard</p>
Seasonings	<p><b><u>Yes</u></b></p> <p>Mayonnaise, salad cream Salt &amp; pepper Soya sauce Powdered spices Gravy</p>	<p><b><u>No</u></b></p> <p>Pickles &amp; chutneys Wholegrain mustard Jams with seeds Marmalade with peel</p>

### THE DAY BEFORE YOUR COLONOSCOPY

Before 09:00	<p>Eat a low-fibre breakfast. Only eat from the list of foods provided on the low-fibre diet sheet.</p> <p><b><u>No more solid food after 09:00</u></b></p>
From 17:00  Between 17:00 & 19:00	<p>Prepare the 1<sup>st</sup> Moviprep. Mix sachet A and B with 1 litre of cold water.</p> <p>Drink the Moviprep mixture over 1-2 hours (you can add orange, lemon or lime squash to taste).</p>
Between 19:00 & 21:00	<p>Prepare the 2<sup>nd</sup> Moviprep. Mix sachet A and B with 1 litre of cold water.</p> <p>Drink the Moviprep mixture over 1-2 hours (you can add orange, lemon or lime squash to taste).</p> <p>In addition continue to drink clear fluids.</p>
From 21:00 onwards	<p>Drink plenty of clear fluid, preferably water. Continue until 2 hours before your appointment time.</p> <p>If you are also having a Gastroscopy you should stop drinking fluids 6 hours before your appointment time.</p>

## THE DAY OF YOUR COLONOSCOPY

### WHAT PAIN RELIEF IS AVAILABLE?

You may feel some discomfort, bloating or abdominal pain during your colonoscopy. There are two choices of pain relief available.

- 1. Sedation and a pain relief drug** can be given as an injection into a vein in your hand or arm. The sedation will make you feel relaxed and less anxious but won't make you go to sleep. You will be awake and will still be able to communicate with the colonoscopy consultant. Sedation may make you forgetful. Afterwards you may remember very little about the test.

You must have a responsible adult (18+) to take you home and look after you for 24 hours after having sedation. Your concentration and co-ordination may be impaired and you may feel light-headed, faint or become forgetful. Due to this you must NOT do the following for 24 hours:

- Drive a car, van, ride a motorbike or bicycle or any other vehicle (you will not be covered by your insurance if you have an accident in the 24 hour period after sedation).
  - Operate machinery or electrical items such as kitchen appliances or a lawn mower for example.
  - Drink alcohol (the sedation may mean that the effects of alcohol is greater).
  - Sign any legally binding documents or make life changing decisions.
  - Return to work.
  - Take any recreational drugs including cannabis.
  - Carry children or climb heights (you may feel light-headed following sedation).
  - Take sedative drugs or sleeping tablets.
  - Be responsible for anyone else including children or elderly relatives.
- 2. Entonox** is a gas that you can breathe in through a mouthpiece. It consists of 50% Oxygen and 50% Nitrous Oxide. Nitrous Oxide is sometimes used for anaesthetics but in this combination it works as a short acting painkiller. Entonox is sometimes called 'has and air' and is most commonly used during childbirth. As Entonox is short acting, it can be used as a painkiller for any treatment that requires short-term and rapid pain relief. It does not affect your memory.

Before your test, you will be shown the Entonox equipment and the nurse will explain how to use it. To get the best effect you need to take slow breaths slightly deeper than normal through the mouthpiece. You are in full control of how much or little you use.

There are minimal risks to using Entonox which are usually associated with certain medical conditions. As part of your admission the nurse looking after you will complete a checklist to make sure it is appropriate for you. Please tell the nurse if any of the follow apply to you:

- Eye surgery (with gas bubble insertion) in the last 6 months.
- Head injury with impaired consciousness.
- Facial injuries.
- Heavy sedation.
- Previous laryngectomy.
- Pneumothorax (collapsed lung), lung surgery, chest drain.
- Severe Chronic Pulmonary Disease (breathing problems).
- Extensive swelling of the abdomen or bowel obstruction (blockage).
- Decompression sickness (recent dive in the last 48 hours).
- Air embolism.
- Are pregnant or believe you may be pregnant.
- Vitamin B12 Deficiency.
- Myringoplasty / middle ear surgery.

You may experience some mild effects from using Entonox:

- It can make you feel drowsy and a little light-headed.
- Sometimes you may experience a dry mouth and nausea.
- If used for longer than 6 to 8 hours, Entonox can cause anaemia, but this is rare and you would never be using it for that length of time for this test.

Most patients find that if they persevere and concentrate on breathing slowly, then they quickly get used to the sensations from using Entonox. There are no long lasting side effects when using it for this test and any effects you do experience wear off quickly when you stop using it. However, it is advised that you should be cautious about getting up and walking around until your balance has fully returned. You must wait a minimum of 30 minutes before attempting to drive, but this may be longer if you have been given other pain relieving medications.

### **HOW LONG WILL I BE IN HOSPITAL?**

Your length of stay can vary, but you should expect to be in the department for up to 3 hours. If your test and recovery is complete, you may be allowed home sooner.

The Endoscopy department will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays and you will be kept informed of any major delays.

### **DO I NEED TO BRING ANYTHING WITH ME?**

- Please bring a copy of your most recent prescription or a list of your medication.
- A bag in which to keep your belongings. This will stay with you at all times.
- A book or magazine to read whilst you are waiting.

To allow clear views of your bowel, it will need to be empty. The bowel can be cleaned by using the laxative provided, which you need to mix and drink. Within your information pack you will receive specific instructions on how to do this. If you have not received this, please call the unit for further advice.

It is advisable that you stay near a toilet once you start taking your bowel preparation. You should expect frequent bowel movements and diarrhoea.

Remember: The advice about restrictions to eating and drinking will vary depending on the type of bowel preparation provided. It is very important that you follow the advice given. If you are worried about taking the medicine, please contact us straight away.

### **WHAT HAPPENS WHEN I ARRIVE?**

The receptionist will ask you a few questions and ask you to take a seat in the waiting room. A nurse will then take you to a private area where:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- Your test will be explained and your questions answered.
- Arrangements for going home and aftercare will be checked. If the person that is collecting you is not present, they will be called by telephone to confirm they are able to collect you.
- You will be shown to a changing room and asked to change into a hospital gown. In order to maintain your dignity at all times, disposable privacy pants will be provided to wear beneath your hospital gown.
- A needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation or a medicine to relax the bowel during the test.
- If you are diabetic your blood sugar level will be checked before and after your test.
- If you are taking tablets to thin your blood, your most recent blood test result will be checked. Occasionally, another blood sample may be taken to ensure it is safe to carry out your test.
- You will be asked to take a seat in the sub-waiting area. Please refrain from returning to the reception area in your hospital gown.

Please do not bring valuables to the hospital. No responsibility will be taken for loss or damage to personal property.

To maintain patient privacy and dignity, single sex accommodation is provided.

### **BEFORE THE TEST**

Your admitting nurse, or the endoscopist, will make sure you understand the test before asking you to sign a consent form.

**Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.**

### **WHAT HAPPENS DURING THE TEST?**

- When you enter the procedure room, additional checks will be completed such as your name, date of birth, allergies, medical history, etc.



- You will be asked to lie down on your left-hand side initially, although you may be asked to change position during the test.
- A probe will be clipped on to your finger to monitor your breathing and heart rate. You may periodically have your blood pressure checked.
- If you have sedation, this will be given just before the test starts.
- If you are having Entonox, you will be shown how to use it.
- The Endoscopist may need to examine your back passage with a gloved finger.
- The flexible tube is passed into your back passage.
- Air is gently blown inside to expand your bowel to allow good views.
- Internal photographs may be taken. These images are only used for medical purposes. Your privacy is respected.
- Tiny samples of tissue may be taken and small polyps (fleshy overgrowths of tissue, usually on a stalk) may be removed via the scope. This is painless.
- Anything unusual, which can be treated during your test, will be treated unless you ask not to before the test begins.
- Normally the test will take on average 30 minutes. At the end of your test, the flexible tube is easily removed.
- If you decide to watch your test on the monitor, please note that images are greatly magnified.

#### **WHO WILL BE PRESENT DURING MY TEST?**

As a minimum:

- The Endoscopist.
- Two members of endoscopy nursing staff.

Sometimes additional staff may be present, depending on circumstances on the day of your test:

- \* A trainee Endoscopist, who may carry out your procedure under the supervision and guidance of a consultant Endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- \* A student nurse or medical student on placement.

\* Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

#### **AFTER YOUR TEST**

- If you have had sedation, you will be transferred into the recovery area on a patient trolley. Otherwise, you may be given the option of walking.
- You will be able to rest in the recovery area.
- You will be monitored by the nurses until you are fully recovered.
- You may feel a little bloated with wind. This should settle quickly.
- When you feel sufficiently recovered, you will be offered a drink and a biscuit.

- A nurse will talk to you (in a private room) about the findings of your test and any follow-up. If you would like someone with you whilst receiving results, please inform the nurse. If biopsies (samples) are taken during your test, you will be informed of the results either at a future out-patient appointment or by letter. If you have sedation, the person collecting you will need to speak with the nurse to know how to look after you before you can go home.
- You will be able to ask any questions you have.
- If someone is taking you home, the person will be contacted when you are ready to go. If you have not had a sedation, you may leave on your own if you wish.

#### **AFTER YOU HAVE LEFT THE UNIT**

Problems following your test are unusual. When you leave the unit, you will be provided with a discharge advice sheet which will contain the possible after effects of your test and contact details should you need them.

#### **WHAT ARE THE BENEFITS OF HAVING THE TEST?**

The test will give information needed to treat your condition. If anything unusual is found, this may be treated during your test.

#### **WHAT ARE THE POSSIBLE RISKS OR COMPLICATIONS OF HAVING THIS TEST?**

The test is usually very safe. However, as with any procedure, there is a small risk of complications. These may include:

- Failure to complete the test. The colon has a number of bends, and it is not always possible to pass the scope around them.
- Changes in your heart rate and breathing caused by the sedation or the test itself. To avoid this, we may give you some oxygen and monitor your oxygen levels carefully throughout the test.
- Missed lesions (5 to 10 % risk).
- Bleeding (less than 1 in 150 risk).
- A hole in the bowel (less than 1 in 1500 risk, or less than 1 in 500 risk when a polyp is removed).

If you experience these complications, they can be minor and resolve themselves fairly quickly. However, sometimes you may need to stay in hospital for observation, have a blood transfusion, undergo a repeat endoscopic test or radiological test, or have an operation to repair damage.

Although complications are rare, you should get in touch with your GP straight away (or attend the nearest A&E department if your GP is not available) if you notice any of these symptoms in the 48 hours after your test:

- Severe stomach pain worsened by moving or coughing.
- Bleeding from the back passage that is persistent or severe, including blood clots.
- Pain in the tip of the shoulder.
- Persistent or increasing abdominal swelling.
- Shortness of breath.
- Very dark or blackish motions.

### **WHAT ARE THE DISCOMFORTS OF THE TEST?**

Some patients experience discomfort or abdominal pain during the test. This may be caused by the flexible tube and air being passed inside. This is rarely distressing enough to stop the test. Air is removed as much as possible when the test is complete.

### **IS THERE AN ALTERNATIVE TEST?**

There are a number of tests that can be used to look at your bowel. These include:

- **Barium Enema** – a white liquid is introduced into the back passage that outlines the bowel. X-ray pictures are then taken.
- **CT Scan** – this is a special X-Ray where a scanner takes many pictures of the abdomen in sections or 'slices'.
- **CT Colonography** (also known as Virtual Colonography) – in this test pictures of the bowel are obtained from a CT scanner. However, this test involves much more preparation than a standard CT scan. You would need to take laxatives the day before the test and air is pumped in through the back passage to stretch out the bowel.

All of these tests have a particular role in the medical investigation of the lower bowel. Your doctor will have explained to you why a colonoscopy is thought to be best in your situation.

### **WHAT WILL HAPPEN IF I DON'T HAVE THE TEST?**

This will vary depending on your individual circumstances. If you do not have the test your doctor may not be able to find the cause of your symptoms. Should you have any questions about this, please speak to your doctor.