

Endoscopy Department

Colonoscopy

Important Information for inpatients

Before your appointment

- You will be given a bowel cleansing preparation as your lower bowel must be completely empty of waste material to allow the endoscopist to have a clear view. You are advised to drink as much fluid as you can, even on the day of the procedure.
- Iron tablets should be stopped seven days before the procedure. All other medication can be taken as normal.
- If you are taking **Warfarin** or **insulin** remind the medical staff looking after you as they may need to be adjusted.
- 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

- Drink as much fluid as you can, even on the day of the procedure.
- If your appointment is in the afternoon, remember to take the second part of your bowel preparation.
- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- You will be brought to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- When you arrive in the department there may be a delay before your procedure so bring something to read or do to help pass the time.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

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

What is a colonoscopy?

The colon, sometimes called the large intestine or large bowel, is the part of the gut which comes after the small intestine. The last part of the colon leads into the rectum where faeces (stools) are stored before being passed out of the anus (back passage). An endoscope is an instrument which allows the doctor to look inside your body, and a flexible endoscope is one which can be guided round bends. An endoscopic examination of the colon is known as colonoscopy and the instrument used is called a

colonoscope. It is a long flexible tube (thinner than an index finger), with a light at the end. It is passed through the anus into the colon. The lining of the bowel is checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The colonoscopy procedure usually takes thirty minutes but times vary considerably. If it takes longer, you should not worry.

Sometimes it is helpful to take a biopsy - sample of the lining of the bowel. This is done by passing a small instrument called forceps through the colonoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. In a similar way it is also possible to remove polyps; this is painless.

Getting ready for the procedure

You will be given medication to clear your bowel because it must be completely empty of waste material to allow the endoscopist to have a clear view. Drink as much fluid as you can, even on the day of the procedure.

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 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.

Most people who have a colonoscopy are given an intravenous sedative, an injection into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). You will also be given an analgesic (pain relief).

The sedative will continue to have a mild effect for up to 24 hours and may leave you unsteady on your feet for a while.

During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout. In the procedure room, you will be asked to remove glasses and you will be made comfortable on a couch lying on your left side with your knees slightly bent.

The endoscopist will give you the injection. You will be given oxygen through a facemask, and a plastic 'peg' will be placed on your finger to monitor your pulse and oxygen levels.

The endoscopist gently inserts the colonoscope through your anus into your colon (large bowel). During the procedure, air is put into your colon to give a clear view of its lining. This can give you some wind-like pains, but they will not last long.

At this time, you might feel like you need to go to the toilet. Because of the bowel preparation you gave yourself, your bowel will be empty and so you will only pass some wind.

There may be periods of discomfort as the tube goes around bends in the bowel. Usually these 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 and you will be given some more sedative or analgesia. In order to make the procedure easier you may be asked to change position (for example roll onto your back). Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

When the procedure is finished, the colonoscope is removed quickly and easily.

Potential problems

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.

Colonoscopy procedures carry a small risk (1 in 1000 cases) of haemorrhage (bleeding) or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. Perforations usually need to be repaired with an operation and might require a temporary stoma (a surgically constructed opening, that permits the passage of waste). Sometimes the base of a polyp can bleed; this can usually be stopped through the colonoscope. Occasionally we need to admit a patient who has bled at home and requires a blood transfusion.

Another rare complication is an adverse reaction to the intravenous sedative and analgesic drugs.

After the procedure

Following the colonoscopy, you will be taken to a recovery area until you are awake enough to be returned to your ward. If you are discharged from hospital within 24 hours of your procedure, you are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents. You are also advised to have a responsible adult stay with you for the next 12 hours

You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

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

- severe pain
- black tarry stools
- persistent bleeding.

When do I know the result?

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

If biopsies were taken or polyps removed, you will be told the final 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.

Details of the results and any further treatment should be discussed with the doctor who recommended you have this procedure.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

Alternatives

In some cases, depending on individual factors such as the symptoms present and the condition being investigated, there may be alternatives to having a colonoscopy.

These may include:

- a barium enema,
- a CT colon scan.

For more information

- Contact the Endoscopy Office between 0900 and 1700 on Tel: 01223 216546.
- See www.addenbrookes.org.uk/consent



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

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Turkish

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Bengali**Document history**

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