

Endoscopy Department

Colonoscopy

Important Information

Before your appointment

- Follow the enclosed bowel preparation instructions carefully because your lower bowel 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.
- Stop taking iron tablets 7 days before the procedure. All other medication should be taken as normal.
- If you are taking **Warfarin** please read the '**Alert for patients on Warfarin**' carefully as you may need to have an INR test 7 days before.
- People with **diabetes** should have additional instructions (contact the department on 01223 216546 immediately if missing).
- If you have any queries about the procedure or find that you cannot keep this appointment, please contact the Endoscopy Office between 0900 and 1700 on Tel: 01223 216546.

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.

At the hospital

- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.
- Please come to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use **Car park F**, situated opposite the main entrance to the centre, take the 'visitor' parking ticket issued at the car park entrance to the reception desk in the Treatment Centre to have it changed to the concession for outpatients' version. Bring your appointment letter with you.
- Please note that the appointment time is for your pre procedure check, not the time of your examination. You may be here for up to 2 hours.

Your doctor has requested this procedure to help investigate and manage your medical condition.

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).

Colonoscopy is an examination of the large bowel with a narrow flexible instrument that can be guided around the various bends. 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

Follow the enclosed bowel preparation instructions carefully because your lower bowel 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. Please leave any valuables at home; you will need to undress and put on a gown.

On arrival, the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedures and their 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.

You **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will not be able to drive yourself. Altogether, you and your escort may be in the department for up to two hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

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 while the sedation wears off. When you are sufficiently awake, you will be given a drink before getting dressed. You can then go home; this may be up to an hour following the procedure.

You are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. You are also advised to have a responsible adult to 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 you should contact your GP, the Endoscopy Department or the Accident and Emergency Department for further advice.

- severe pain,
- black tarry stools
- persistent bleeding

When do I know the result?

The endoscopist will be able to tell you the results immediately after the procedure. It is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed.

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

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

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम (ओडीओ इमेज)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکھ نہ گھر نہ وزانیاریہت دھوی بہ زمانیکی تر , بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکارہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Document history

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