



COLONOSCOPY

Information sheet

LivingCare works in partnership with Leeds Teaching Hospitals. This may mean that there are trainees involved in your care. All trainees have the appropriate level of training and will always be supervised by a trainer. You will be informed of their involvement (if applicable) on arrival to the department where further information will be provided. You have the right to decline care from a trainee and this will also be discussed with you on arrival.

■ Introduction

You have been advised by your GP or hospital doctor to have an investigation known as a colonoscopy.

This procedure requires your formal consent.

If you are unable to keep your appointment, please notify the booking office on 0113 249 4655 as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation. The consent form is a legal document therefore please read it carefully. Once you have read and understood all the information, including the possibility of complications, and you agree to undergo the investigation.

The procedure you are having is called a colonoscopy. This is an examination of your large bowel (colon). It will be performed by or under supervision of a trained doctor and we will make the investigation as comfortable as possible for you. When you are having a colonoscopy procedure you will be given a choice of sedation or entonox (gas and air).

■ What is a colonoscopy?

This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

The instrument used in this investigation is called a colonoscope, (endoscope) and is flexible. Within each endoscope is an illumination channel that enables light to be directed onto the lining of your bowel, and another that relays pictures back onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present.

During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your medical records.

■ Why do I need to have a colonoscopy?

- You may have been advised to undergo this investigation of your bowel to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.
- Follow-up inspection of previous disease
- Assessing the clinical importance of an abnormality seen on an x-ray
- A barium enema examination is an alternative investigation to colonoscopy. It has the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent endoscopic examination may be required.

■ Preparing for the investigation

It is necessary to have clear views of the lower bowel. Please refer to the instructions given with your bowel preparation. Please get in touch with us on 0113 249 4655 if you have not received your bowel prep and instructions 48 hours before your procedure.

■ On the day of the examination

You may drink small amounts of clear fluids for up to 2 hours before your procedure. After this time you must not have anything to drink until after your procedure.

■ What about my medication?

Any routine medication should be continued, for example blood pressure medication.

If you are taking Iron tablets, you must stop these 7 days prior to your appointment. If you are taking medication such as Fybogel, Loperamide/Immodium or Codeine Phosphate, you must stop these 3 days prior to your appointment.

If you are taking any Anticoagulants or Antiplatelet medication, please ensure you have informed your doctor and us. You may need to temporarily stop taking this medication prior to your procedure. This will be discussed with you in your pre assessment call.

If you are diabetic, please discuss this with your pre-assessment nurse when they call.

■ How long will I be in the endoscopy department?

This largely depends on how quickly you recover from the sedation (if you opt for this). You should expect to be in the department for approximately 2 hours.

■ What happens when I arrive?

When you arrive in the department, you will be met by a qualified practitioner or health care assistant who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation. The practitioner will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

You will have a brief medical assessment when a qualified practitioner will ask you some questions regarding your medical condition and any surgery or illnesses you have had to confirm that you are fit to undergo the investigation.

Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

If you have not already done so, and you are happy to proceed, you will be asked to sign your consent form at this point.

During your medical assessment your choice of sedation or enotnox will be discussed.

■ Conscious Sedation

You will receive sedation through a cannula inserted into a vein (usually your hand or arm) of one or a combination of drugs to help relax and reduce discomfort. Two common drugs offered may be Midazolam (a drug to help you relax) and Fentanyl (a strong painkiller).

It is important to note these drugs will relax and reduce discomfort and are not intended to 'put you to sleep'.

You must have a responsible adult to take you home and stay with you for 24 hours after your procedure.

For 24 hours after your procedure you must not:

- Drive
- Go to work
- Operate machinery
- Drink alcohol
- Sign important or legal papers
- Have sole care of children or dependants

In addition, some patient groups may not be suitable to be offered conscious sedation due to higher risk medical conditions. This will be discussed at your pre assessment and or on the day of your procedure. In this instance an alternative may be discussed.

■ Entonox

Entonox (Gas and Air) is an alternative to conscious sedation. This medication is inhaled through a hand held mouth piece where it provides fast acting pain relief. The effects of this gas wears off quickly and you can leave the endoscopy department unaccompanied. Certain patient groups may not be suitable for this medication due to higher risk medical conditions. This will be discussed at your pre assessment and or on the day of your procedure

■ The Colonoscopy procedure

You will be escorted into the procedure room where the endoscopist and the practitioners will introduce themselves and you will have the opportunity to ask any final questions. The practitioner looking after you will ask you to lie on your left side. He/she will place the oxygen monitoring probe on your finger. If you have opted for sedation, this will be administered into a cannula (tube) in your vein, usually in the back of your hand.

Before the colonoscopy, you will have a finger examination of the back passage. The colonoscopy involves manoeuvring the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time but the sedation and analgesia will minimise any discomfort. Air is gently passed into the bowel during the investigation to facilitate the passage of the colonoscope.

During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained.

It is very important that correct positioning is maintained to ensure your safety and also assist in your procedure being completed fully. Gentle restriction of your movement will be maintained during the procedure. Your comfort will be assessed throughout and if you are uncomfortable, options will be discussed with you to determine if the procedure can continue and if further pain relief is needed.

■ Risks of the procedure

Lower gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur extremely infrequently; we would wish to draw your attention to them and so with this information you can make your decision. The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out. The risks can be associated with the procedure itself and with the administration of sedation.

■ Risks related to the procedure

- Perforation or tear of the bowel occurs approximately once in every 1000 examinations. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.
- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.
- There is a 5-10% chance that the examination cannot be completed for a variety of reasons such as discomfort. In these cases, next steps will be discussed with you by the clinician.

■ Sedation risks

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any problems do occur, they are normally short lived, careful monitoring by a fully trained practitioner ensures that any potential problems can be identified and treated rapidly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

■ What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

■ Polypectomy

A polyp may be removed in one of two ways both using an electrical current known as diathermy. For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.

Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosa! Resection). You will be referred to the hospital for this procedure.

This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows a wire loop snare to capture the polyp. For smaller polyps, biopsy forceps (cupped forceps) are used. These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

■ After the procedure

You will be allowed to rest for as long as is necessary, your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. Should you have underlying breathing difficulties or if the oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation (which normally lasts 30-60mins), you will be offered refreshments. Before you leave the department, the practitioner or endoscopist will discuss the findings and any medication or further investigations required. They will also inform you if you require further appointments. If you have had sedation it may temporarily affect your memory, so it is a good idea to have a member of your family or friend with you when you are give this information although there will be a short written report given to you. Because you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent lapses of memory.

Should you choose to have a sedative you must have a responsible adult to take you home and stay with you for 24 hours after your procedure. This applies to a person living alone, if this cannot be arranged you may wish to consider an alternative such as Entonox.

For 24 hours after your procedure you must not:

- Drive
- Go to work
- Operate machinery
- Drink alcohol
- Sign important or legal papers
- Have sole care of children or dependants

You are advised to not take public transport following sedation.

■ General points to remember

It is our aim for you to be seen and investigated as soon as possible after your arrival.

- The clinic cannot accept any responsibility for the loss or damage to personal property during your time on these premises and therefore advise you to refrain from bringing valuables with you on the day of your procedure due to limited secure storage facilities.
 - If you are unable to keep your appointment please notify the us as soon as possible.
 - If you are having sedation, please arrange for someone to accompany you and stay in the building for the duration of the procedure.
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- If you have any problems with persistent abdominal pain or bleeding please contact your GP immediately informing them that you have had a colonoscopy.

■ Dietary Information

Low fibre diet:

Fibre is the indigestible part of cereals, fruit and vegetables. Please commence a low fibre diet 2 days prior to your examination.

Foods allowed:

Lean tender lamb, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding, pancakes, bread sauce, clear and pureed soups, potato (no skins), boiled and mashed, tomato pulp (no skins or pips}, fruit juice, pastry made with white flour, white bread white flour, icing smooth biscuits, white spaghetti and pasta, white rice, crisps, rosehip syrup, sugar or glucose in small amounts, boiled sweets, toffees, plain or milk chocolate, shortcake, cream crackers, water biscuits, sponge cake, Madeira cake, ice cream, iced lollies, plain yoghurt, honey, syrup, tea and coffee (without milk) and fizzy drinks.

Foods not allowed:

Wholemeal, wheatmeal, granary bread, wholemeal flour, bran biscuits, coconut biscuits, all cereals containing bran or wholewheat e.g. Shredded Wheat, bran flakes, bran buds, muesli, digestive biscuits, Ryvita, Vita Wheat, oat cakes etc. No food with seeds.

Fluids allowed:

Twenty-four hours before your examination you should only take clear fluids (no food):

Tea (no milk), black coffee, water, fruit squash, soda water, tonic water, lemonade, oxo, Bovril, marmite (mixed into weak drinks with hot water), clear soups and broths, consomme.

- *You may add sugar or glucose to your drinks*

Fluids not allowed:

Milk, drinks or soups thickened with flour or other thickening agents. Fresh fruit juice. Red or purple coloured drinks.

■ Bowel preparation

Please follow the fasting instructions given in the bowel prep. This will be posted out to you. Continue drinking clear fluids up until 2 hours before your procedure.

If you have any questions you want to ask, you can use the space provided below to remind you.



The Mid Yorkshire Hospitals
NHS Trust



**The Leeds
Teaching Hospitals**
NHS Trust



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