

Queen Elizabeth Hospital Birmingham



Part of University Hospitals Birmingham
NHS Foundation Trust



Having a Colonoscopy

Information for patients and carers

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www.uhb.nhs.uk/patient-information-leaflets.htm

What is a colonoscopy?

You have been advised to have a colonoscopy to help find the cause of your symptoms.

A colonoscopy is a technique to look directly at the lining of your large bowel/intestine (colon). This is to help find out what is causing your problems.

The instrument used for this procedure is a colonoscope. The colonoscope is a thin, flexible tube. It has a bright light on the end and is passed through your back passage and around your large bowel. It allows samples of tissue (a biopsy) or removal of small warty growths (polyps) to be taken painlessly for testing later, as well as many other procedures.

What are the risks associated with this procedure?

- Perforation of the bowel (making a hole) is an uncommon complication of approximately 1 in 1000 cases. The risk is increased if a polyp needs to be removed. If a perforation does occur, there is the possibility that surgery may be required
- Bleeding may occur after biopsy or polyp removal, in approximately 1 in 100-200 cases. This is usually minor and stops without further intervention. Rarely, this may require a blood transfusion and less commonly surgery
- Sedation can occasionally cause problems with allergic reactions, respiratory problems, heart rate and blood pressure. If any of these problems occur, they are usually short lived
- In approximately 10% of people it may not be possible to complete the procedure. This can be for a variety of reasons, including failure to clean the bowel sufficiently, mechanical failure or toleration of the procedure

Like all tests, this procedure may not always show up all abnormalities and on rare occasions, abnormalities may not be

identified.

The person doing the test will discuss any questions you may have about the risks.

What are the side effects of the procedure?

You may have bloating and abdominal discomfort for a few hours as air is used to inflate your bowel.

What are the benefits of this procedure?

Colonoscopy is the only test that allows direct inspection and sampling of the bowel wall. During this procedure small polyps can also be removed.

What are the alternatives to this procedure?

Barium enema, CT scan and virtual colonoscopy can show the bowel lining but cannot take biopsy samples. Even though you are having a colonoscopy, you may still require one of these other procedures at a later stage.

Preparing for a colonoscopy

Please read the following information carefully. If you do have any queries, contact the Endoscopy Unit on 0121 371 3838 or discuss with the staff on your arrival for your appointment. Also enclosed is a consent form. Please read this carefully and ensure you bring it with you to your appointment where it will be filled in and signed. You will be offered a copy of the consent form once it has been completed.

Instructions about how to take your bowel preparation have also been sent. Please avoid eating seeds (muesli and seeded

bread) for a few days before your test. To make sure your bowel is clean for the procedure, please follow the instructions carefully.

Whilst taking the bowel preparation, you are encouraged to continue drinking plenty of clear fluids along with the preparation. This helps to ensure the bowel is clean. Clear fluids include black tea and coffee (no milk), water, squash, soda and tonic water, Lucozade, lemonade, drinks made from Oxo, Marmite and Bovril, clear soups and jelly (but not red coloured jelly).

Please bring a dressing gown and slippers for your comfort.

What about my medication?

Your routine medication can be continued but should not be taken less than one hour before starting preparation with Picolax, Klean-Prep or Movi-prep.

If you are on iron tablets or stool firming agents: Fybogel, Regular, Proctofibe, Loperamide, Imodium, Iomotil, co-phenotrope, codeine phosphate etc you must stop taking these one week prior to your appointment.

Please telephone the unit on 0121 371 3838 for advice if you are taking Warfarin, Clopidogrel (Plavix) or any other drugs that thin the blood like Dabigatran, Apixaban, Rivaroxaban, Eptifibatide, Prasugrel or Ticagrelor.

Please bring a complete list of all the medicines that you take when you come for your procedure.

Please inform us if you think you have an allergy or think that you may be pregnant.

If you have diabetes

If you are diabetic and use insulin or tablets, please contact the booking team on 0121 627 2209 so that you can be offered an appointment at the beginning of the list. At this time, the clerical team will be able to transfer your call to the clinical team who will be able to offer advice about managing your blood sugar levels during the period you are not able to eat.

When you arrive at the hospital

Please report to the reception desk in the endoscopy unit where the receptionist will check your details.

- Please do not bring any valuables with you
- Please do not wear any nail varnish, lipstick or jewellery

You will be taken to a private room where the procedure will be explained to you in detail, to make sure you understand the benefits and possible risks, as detailed in this leaflet. You will be given the opportunity to ask any questions that you might have about the procedure. Provided you are satisfied for the procedure to be performed, you will be asked to sign the enclosed consent form confirming your understanding and acceptance of the procedure. (This may already have taken place before the day of your procedure, if you were offered pre-assessment. You may also have been sent or shown a DVD describing the procedure.)

The form also asks for your consent to further procedures that may be necessary, including taking tissue samples (biopsies) that may be helpful in diagnosing your problem. Tissue may be used for research purposes but you can request that samples are not used for this purpose. This will be fully discussed prior to the procedure.

You will be asked to change into a hospital gown and paper trousers.

There are two options that we can offer to help you with this procedure: sedation or Entonox

Sedation

A combination of intravenous sedation and painkilling drugs is usually given through a small needle in your hand or arm. Sedation will make you relaxed and you may not remember much of the procedure. You will not be put to sleep. If you opt for sedation, you will need to have a responsible person to accompany you home and you will need someone to stay with you for 24 hours after the procedure. Advice about the care following the procedure is discussed later in this booklet

Entonox

Entonox is a gas that can help relieve pain. It is used by inhaling the gas through a mouthpiece. It means that you have control over how much or how little you take. One of the advantages of Entonox is that it is quickly expelled from the body. This means that you should be able to drive within 30 minutes of the procedure and do not need anyone to stay with you overnight. There are some unusual medical conditions that contraindicate the use of Entonox. You will be asked a series of questions by the nurse to make sure you are suitable to receive the gas. Alternatively, if you are thinking you would like to have Entonox but would like more information before you attend for your appointment, please call 0121 371 3838.

The procedure

You will be taken into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions. You will be asked again whether you understand the procedure you are about to undergo and check you are willing to proceed with the test. The endoscopist will also sign the consent form.

If you have opted for sedation, a small plastic cannula will be inserted into a vein in your hand or arm. You will be asked to lie on your left side and your heart rate, oxygen levels and blood pressure will be monitored. You will be given oxygen during the procedure through small plastic tubes which sit just inside your nostrils.

If you have chosen sedation, you will be asked to lie on your left side and your heart rate, oxygen levels and blood pressure will be monitored. The sedation will then be given.

If you have chosen Entonox, you will be asked to lie on your left side and your heart rate, oxygen levels and blood pressure will be monitored. You will be instructed on how to use the Entonox mouthpiece which you can then use when required if you feel any discomfort.

Whichever option you choose, your rectum/back passage will be lubricated and examined using a finger before the endoscope is inserted. Once inserted, air or carbon dioxide is passed into the bowel to inflate (distend) it. This helps to give a clearer view. You may experience wind type bloating and discomfort and you may also feel the sensation of wanting to go to the toilet. You will be encouraged to pass wind. We are aware that this may be embarrassing for you but please remember that the staff understand and expect this to happen. Some discomfort can be caused by stretching of the bowel but the endoscopist will try to keep this to a minimum. You may be asked to roll on to your back or front during the procedure. This is normal practice and helps the passage of the endoscope.

The procedure usually takes between 20-40 minutes but can take longer if polyps have to be removed. If a polyp needs to be removed, a wire snare will be passed through the endoscope. The base of the polyp is usually cauterised (burnt) in the process which reduces the risk of bleeding. If biopsies are required, small forceps are passed through the scope and the biopsies are obtained. There is no pain involved and the results can help towards your diagnosis. Any photographs taken will be stored in your notes.

How long will I be in the endoscopy department?

You should expect to be in the department between 3-4 hours depending on how busy the department is and whether you have opted for sedation or Entonox. Emergencies may have to take priority. We will endeavour to keep you informed of any expected delays.

The appointment time you have been given is the time you should arrive at the unit. It is not the time of your procedure. Sometimes a person who has arrived after you may be taken through to a procedure room before you. We have at least four procedure rooms running at the same time and their appointment may be for a different room. It does not mean that they have been given priority over you.

Going home after the procedure

If you have had sedation, you will remain in the unit to rest for up to 2 hours until you have recovered adequately and we are satisfied that it is safe to send you home. It is essential that a responsible adult accompanies you home by car or taxi – public transport is not suitable.

When you get home, you should rest for the remainder of the day. Someone should stay with you for the rest of the day and overnight. It is advisable to have the next day off work.

During the first 24 hours following sedation you must not:

- Drink alcohol
- Drive any vehicles (including riding a motorcycle or bicycle)
- Take sleeping tablets
- Operate machinery or electrical items (including a cooker or kettle)
- Sign any legally binding or important documents

- Work at heights (including climbing ladders or onto chairs)

Please note that sedation can impair your reflexes and judgement for up to 24 hours even when you feel fully awake.

If you have had Entonox, again depending upon what therapy has been performed, your stay may be reduced to about 30 minutes to one hour. After this time, you are free to travel home by any type of transport and you do not need anyone to accompany you. As Entonox wears off very quickly, you are free to carry out any normal activities that you choose.

The wind pains and bloating should have settled. It is important you tell the nurse if they have not, or if they are becoming worse.

When will I know the results?

Before discharge, you will be given a brief outline of the test results. If a biopsy or polyp has been removed, the laboratory results will take longer, about 10-14 days. The nurse will advise you to discuss the details of the results and any necessary treatment with your GP or hospital specialist. You may be offered a copy of the endoscopy report for your own information, and a copy will be posted to your GP surgery, or you may take this copy to hand deliver to them yourself.

General points to remember

- If you can not keep your appointment please notify the booking department on 0121 627 2209 as soon as possible to enable another patient to be offered your appointment time and for your appointment to be rebooked
- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is sometimes very busy and your procedure may be delayed. Emergency patients will obviously be given priority
- The hospital cannot accept any responsibility for loss or

damage to personal property when on the premises

- If you are having sedation, please arrange for a responsible adult to collect you and stay with you overnight
- Please note that the unit is a mixed sex environment. However, every effort will be made to maintain your privacy and dignity whilst you are in the department
- Following the procedure, if you have any problems with persistent abdominal pain or bleeding please contact your GP immediately, informing them that you have had a colonoscopy
- If you are unable to contact or speak to your doctor, you must go immediately to a local Accident and Emergency department. The telephone number for the Emergency Department in the Queen Elizabeth Hospital Birmingham is 0121 371 2604

To contact us by telephone before your appointment

Endoscopy Unit, Queen Elizabeth Hospital Birmingham

Clinical area:

Telephone: 0121 371 3838 available Monday-Friday 09:00-17:00

Booking Office:

Telephone: 0121 627 2209 available Monday-Friday 09:00-17:00

Please keep this information safe in case you wish to refer to it in the future.



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

Contact telephone numbers:

Booking team

Telephone: 0121 627 2209

Endoscopy Unit

Queen Elizabeth Hospital Birmingham

Mindelsohn Way, Edgbaston

Birmingham, B15 2GW

Telephone: 0121 371 3838
