

Having a Colonoscopy

What is a colonoscopy?

During a Colonoscopy your endoscopist passes a long flexible tube containing a camera and a light through your rectum and around the whole of your large bowel (colon). This allows your endoscopist to view the lining of this organ and enables the detection of subtle abnormalities.

Why would I need this procedure?

A colonoscopy will help your doctor to find out why you are having symptoms and to make a diagnosis. It will give a clear view of the lining of the bowel and also allow your endoscopist to take tissue samples (biopsies) if necessary. It also allows for the removal of polyps (small wart like lesions that can become cancerous).

What should I do before I come into hospital?

For the colonoscopy to be successful, your bowel needs to be completely cleared of waste material. It is important that you take the bowel preparation which is a strong laxative and follow the instructions particularly those relating to your diet and fluid intake. The bowel preparation laxative will give you loose bowel movements and you will need to go to the toilet frequently, please plan your day accordingly. You can further help to empty your bowel by increasing your intake of clear fluids (black tea or coffee, clear soup, water, squash). If you have any queries regarding your bowel preparation, please contact the Endoscopy Unit.

If you are taking iron tablets you should stop taking them **seven** days before your test.

You may take your usual medication with a small amount of water or bring it with you and take it after the test if required. If you are diabetic, your consultant will discuss your diabetic management with you prior to your test. If you have any concerns, please contact our diabetic liaison nurse in our Endoscopy Unit - Opening hours: Monday to Friday - 8.00am to 6.00pm.

- Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
- Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595

If you take any blood thinning medication (except aspirin) such as warfarin or clopidogrel please contact the Endoscopy Unit for further advice as you may have to stop these drugs.

Will I need conscious sedation?

Should you choose conscious sedation you must be aware it is not like having a general anaesthetic. It will make you feel relaxed and drowsy, you will be able to hear and understand what is being said to you, and you may experience an amnesic effect from the sedation. The sedative is given through a cannula that will be inserted in your arm.

Alternatively, you may choose Entonox gas (gas and air). Entonox gas is self-administered, you will be asked to breathe deeply using a mouth piece. You will start to feel light-headed as you breathe the gas. When you stop breathing the Entonox gas you will feel normal again within a few seconds.

What do I need to bring with me?

Please wear loose comfortable clothing and bring the following with you:

- A list of all your medications and any allergies you may have.
- If you are having conscious sedation, bring the name and telephone number of the person who will be taking you home. A responsible adult will need to stay with you for 12 hours following the conscious sedation.
- Reading glasses.
- Dressing gown and slippers for your use if you wish.
- Do not bring any valuables with you, as the trust cannot take responsibility for any losses.

What will happen when I arrive on the Endoscopy unit prior to my procedure?

A trained nurse will review your medical history, medications and any allergies. Your blood pressure, pulse and oxygen saturations will be taken. The nurse will explain the procedure, discuss your preference for conscious sedation or Entonox gas and will give you the opportunity to ask questions.

You will have a small plastic tube (cannula) inserted into a vein in your arm so that you can be given conscious sedation should you choose or any other medication that is required during the procedure. You may also be asked to put on a hospital gown and dignity shorts are provided to maintain your modesty. The risks of the procedure will be discussed and if you wish to proceed you will then be asked to sign a consent form. This is to confirm that you understand the procedure and want to go ahead with it. You will then be taken to a pre procedure waiting room where you will wait until you are collected and taken to the procedure room for your colonoscopy.

What are the potential risks and side effects?

Although there are possible complications to this procedure, serious complications are rare. Risks include:

- **Perforation** - approximately 1 in every 1500 procedures
It is possible to damage the lining of the upper gastrointestinal tract and make a hole.
 - **Bleeding** - approximately 1 in 500 experience bleeding following a diagnostic procedure and 1 in 250 polyps bleed depending on the size.
If a polyp is found it is advised that it be removed since some types can turn into cancer if left untreated for a long period of time. Removing the polyp when it has not become cancerous eliminates this risk.
 - **Missed pathology** - it is possible due to poor bowel preparation or excessive folds in the bowel to miss small polyps.
Adverse effects of medications- this can usually be reversed with medication.
- Other Procedures;**
- **Polypectomy** - Procedure to remove polyps from the wall of the bowel, if left in place these can sometimes develop into cancer, depending on the type of polyp.
 - **Haemostasis therapies** - treatments used to stop bleeding.
 - **Tattooing** - using tattoo ink to make a permanent mark in the bowel so that an identified area can be easily again in future procedures.

What happens during the colonoscopy?

A colonoscopy takes approximately 30 minutes.

You will be asked to lie on your left side with your knees bent up towards your chest. You may be asked to change your position during the procedure. You will be given oxygen via a mask or

a nasally, a small sponge sits in your nostril. The nurses will monitor you closely during the procedure and will check your pulse and blood pressure.

Before the colonoscopy starts you will be given your conscious sedation injection and a painkiller through the cannula in your arm. This will make you drowsy and relaxed. Alternatively, if you choose Entonox gas you will be given a mouthpiece to breathe through, you may breathe as much or as little as you require to relieve the discomfort.

The colonoscope is carefully passed through the anus and around the large bowel. In order to see and move forward through the loops of the bowel, air will pass into your bowel via the colonoscope. This can feel uncomfortable; giving you a bloated feeling, passing wind may relieve this feeling.

The endoscopist will look at the lining of the large bowel and take small tissue samples (biopsies) if necessary. If there are polyps in your bowel they can often be removed during this procedure.

What happens after the test?

After a colonoscopy with conscious sedation you will be taken to the recovery area for about 45 minutes to 1 hour until you are fully awake. If you have had Entonox gas recovery time will be 30 minutes. A nurse will monitor your pulse and blood pressure regularly. When you are ready to go home a nurse or the endoscopist will discuss the results of your colonoscopy in a private room. If you wish to have a family member/friend present, please inform the nurse.

How will I feel afterwards?

You may feel tired following your procedure and may experience some bloating for a few hours after the test. If you do feel bloated, try sitting upright or walking around and taking warm drinks and peppermints to help alleviate this.

You should be able to resume normal activities 24 hours after your colonoscopy or sooner if you did not have conscious sedation.

If you develop any of the following symptoms following your procedure you need to consult a doctor immediately:

- **A lot of bleeding rectally that does not stop**
- **Severe abdominal pain**
- **Abdominal distension**
- **Fever**
- **Vomiting**

What can I expect following conscious sedation?

The effects of sedation can last up to 24 hours.

- You will need a responsible adult (aged 18+) to collect you from the Endoscopy Department and stay with you for at least 12 hours after your test.
- You must not drive a car/motorbike, operate machinery (including using your cooker), drink alcohol.
- You should not look after any young children alone.
- You should not take sleeping tablets.
- You should not sign a legal document within 24 hours of having a sedative.
- We advise you to go home and rest.

- You can eat a light diet, drink as normal.
- You can take your usual medication.

What can I expect following Entonox gas?

You do not need an escort to take you home. You are able to drive a car/motorbike 30 minutes after your procedure. We advise you to go home and rest. You can eat a light diet and drink as normal and take your usual medication.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following have been consulted and agreed this patient information:

Consultant: Mrs A Morris and Dr A. Jeevagan

Endoscopy Unit nurses: T Holmes-Ling, H Foster and F Makura

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Responsible clinician/author: T Holmes-Ling, H Foster and F Makura

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