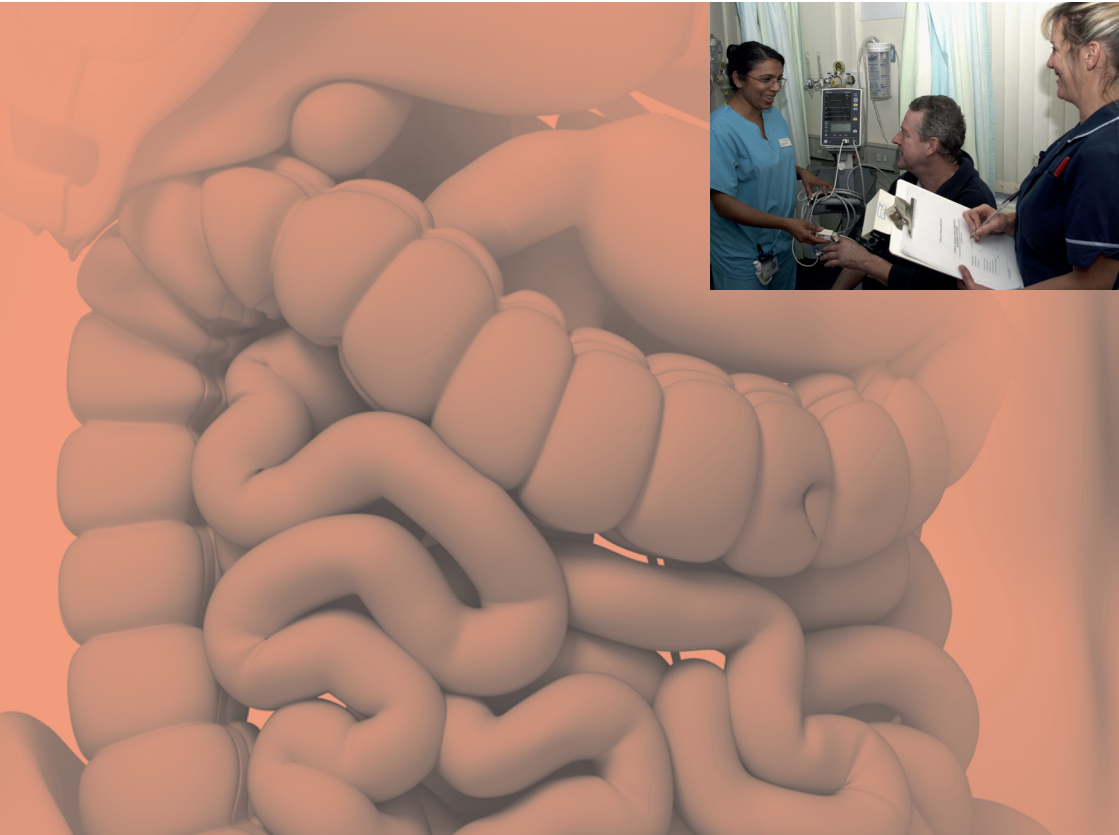


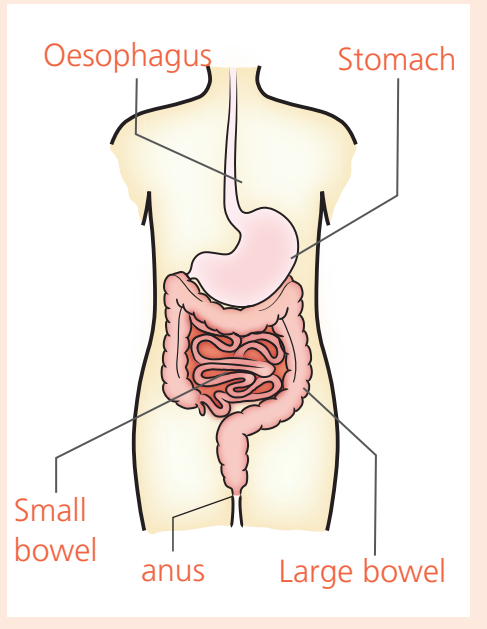
# Colonoscopy

## Endoscopy Unit patient information booklet



## What is a colonoscopy?

A colonoscopy is a procedure that enables the endoscopist to look at the entire lining of the colon (large bowel). It is done by passing a long, thin, flexible tube, with a bright light and a tiny camera at the end (an endoscope), through the anus (back passage) and into the bowel. This procedure takes approximately 30 to 45 minutes.



## What are the benefits of having a colonoscopy?

Having a colonoscopy is a valuable way of investigating the cause of symptoms such as change in bowel habit, internal bleeding or anaemia. It is also used to monitor other conditions such as colitis (inflammation of the bowel). A colonoscopy also allows for removal of some polyps if found which are abnormal growths in the colon lining that are usually benign (non-cancerous). It allows us to prescribe any treatments or carry out further procedures that may be required to manage your condition.

## Who will perform the colonoscopy?

An endoscopist – either a doctor, nurse or appropriately trained health care professional – will perform the procedure. Other health care professionals ie doctors, nurses or medical students wishing to learn more about colonoscopy and digestive diseases may be present or assisting in the procedure room. Please tell a staff member if you object, this will not affect your treatment in any way.

## Is a colonoscopy painful?

You may experience some discomfort, bloating or abdominal cramps from pressure as the tube passes around bends within the bowel. This is due to the air that is introduced into the bowel during the procedure and from pressure as the tube passes around bends within the bowel. The air is needed to allow the endoscopist to view the lining of the bowel. If you do experience pain, it will tend to be for a short period and then eases as the air is passed or the tube passes around the bend in the bowel.

To help with the discomfort of a colonoscopy there are a number of options:

1. Many people having a colonoscopy have an injection of both a **painkiller and a sedative** to help relieve any discomfort and make them feel more relaxed during the procedure. If you have this, there will be restrictions on driving and other activities for 24 hours. If you are having a sedative, it is important that you make arrangements for someone to collect you and that you have someone to stay with you overnight following the procedure. If you cannot make these arrangements please contact the Endoscopy Unit as soon as possible.
2. You may choose to have **just the painkiller**, which is often all that is needed if you are not too anxious. In this case you do not need anybody to stay with you following the procedure but you cannot drive for 24 hours.
3. **Entonox**, otherwise known as gas and air, is also available for you to use during the procedure if you are uncomfortable. You can either use this on its own or in addition to the other medication. It's effects are very short acting and there are no limitations after the procedure if you have this on its own.
4. Or you may choose to have **no medication**, in which case there are no restrictions after the procedure. Please see the section "Going Home" for more information.

## Telephone Pre-Assessment Clinic

If you are coming into hospital specifically for the colonoscopy, you will be asked to attend a pre-assessment clinic appointment about 1-2 weeks before your colonoscopy. This will usually be over the telephone. At this appointment the nurse will explain the procedure, ask questions about your medical history and provide you with your instructions for preparation of your bowel.

### Important please tell the nurse or doctor if you:-

- Have had any allergies or bad reactions to drugs or other procedures.
- Have any medical conditions such as chest or heart conditions, epilepsy, diabetes, obstructive sleep apnoea etc.
- Are suffering from an acute illness e.g. cough, cold, sore throat.
- Are fitted with a pacemaker.
- Are taking any blood thinning medication

If you have diabetes, have a stoma or a pacemaker, or are taking warfarin, clopidogrel or other blood thinning medications you will be given specific instructions at your pre-assessment clinic. However, if you did not receive specific instructions or have any questions please telephone the Endoscopy Unit on 01274 276393 prior to your appointment for further advice (you may continue to take aspirin prior to the procedure).

## How do I prepare for a colonoscopy?

To help us get good views of the bowel, it is important that it is completely clean and empty. You will need to modify your diet and take a strong laxative to clear the bowel. It is very important that you follow the instructions given to you by the nurse at the pre-assessment clinic. The strong laxative and written instructions on how to take it will either be given to you at the pre-assessment clinic, can be collected from the hospital or delivered to you.

Most patients will be able to prepare for the procedure at home, whereas others will be asked to come in to the hospital before their appointment to prepare.

Nail varnish (and artificial nails) should be removed from fingers and toes to allow us to use equipment that measures the oxygen in your blood and your pulse rate during the procedure.

On the day of your procedure do not eat anything from midnight but you can drink clear fluids (water / black tea or coffee) up to 2 hours before.

## Do I need to bring anything with me?

- A list of the medication you are currently taking
- Any medication you may need whilst you are with us eg inhalers.
- If you have a dressing gown and slippers please bring them with you.
- You may also want to bring something to read whilst you wait.
- Please do not bring any valuables into hospital with you.

# What happens when I arrive at the Endoscopy Unit?

On arrival at the Endoscopy Unit, you will be met at reception and then a nurse will ask you some questions and explain the procedure.

When you are in hospital it is essential to wear a wristband at all times to make sure you are safe during your stay. The wristband will show accurate details about you on it including all the information that staff need to identify you correctly and give you the right care.

If you do not have a wristband whilst in hospital, then please ask a member of staff for one. If it comes off or is uncomfortable, ask a member of staff to replace it.

You will be asked to sign a consent form (if you have not done so already), this means that you are satisfied with the information you have been given, you understand what the procedure involves, the benefits, risks and alternatives and that you agree to the procedure. If you have any worries or queries at this stage, please ask: we want you to be as relaxed as possible for the procedure and will be happy to answer any questions.

You will be required to undress and put on a gown and paper underwear, which we will provide. You are welcome to wear your own dressing gown and slippers at this time.

You will have a small tube (cannula) placed into a vein – usually in the back of your hand - and any medicines you need will be given through this, this will avoid you having more injections than necessary.

You should expect to be on the Endoscopy Unit for up to 4 hours to allow time for your admission, consent, the procedure itself and recovery afterwards.

## What happens during the colonoscopy?

During the procedure you will be resting comfortably on a trolley on your left side in the procedure room. You will then be given medication (painkiller and/or sedation) through the cannula if you wish to have it. The painkiller and sedation will help make you more relaxed and the procedure more comfortable. The majority of people having a colonoscopy are awake and aware that they are having the procedure and often talk to us during the colonoscopy but because of the medication some people feel a bit drowsy.

A probe will be placed on one of your fingers to measure the oxygen in your blood and your pulse rate. You will be given oxygen to breathe via a small tube placed in your nostrils.

Once the medication has started to work the endoscope is passed gently through the anus (back passage) into your bowel. Air is passed through it to improve the view of the bowel; this may give you some wind-like discomfort.

Biopsies (small tissue samples) may be taken from the lining of the bowel to send to the laboratory for analysis, this is painless. Polyps (growths) rising from the lining of the large intestine may be seen during the procedure and, if appropriate, they may be removed painlessly during the procedure. Photographs or video may be taken through the endoscope for the purpose of diagnosis and treatment. These photographs or video may be used for teaching purposes, if so your personal details will be removed. The procedure may take approximately 30 to 45 minutes.

Some people may find this procedure undignified but the staff on the Endoscopy Unit will do everything possible to maintain your privacy and dignity and put you at ease.

# Is there a risk of complications with a colonoscopy?

A colonoscopy and polypectomy (removal of polyps) are generally safe procedures. Complications are very rare, occurring in less than 1 in 500 cases. Possible complications are:

- A perforation or a tear through the bowel wall that may require surgery.
- Bleeding.
- Allergic reaction to the medication.
- Heart and breathing difficulties such as a chest infection or a heart attack.
- Very rarely, despite our best care, a complication, such as perforation, bleeding, heart attack or allergic reaction, can be so serious that it is life threatening. However, death due to a colonoscopy is extremely rare and occurs in less than 1 in 3,000 cases.

It is not uncommon to experience mild stomach pains during and after the procedure. In less than 5% of procedures we will not be able to examine all of the large bowel and in these situations an alternative procedure will be discussed with you.

Unfortunately, no method of examining the bowel is perfect and of the small number of people who develop bowel cancer each year, 2-3 out of 100 will have had an apparently normal colonoscopy during the previous three years.

As with any procedure, there is always a risk of hospital acquired infections including COVID 19; however, please be reassured that we have a high number of safety measures in place to help reduce any such risks. This includes increased use of personal protective equipment for our staff, effective handwashing and robust infection control procedures.

If you are worried about any complications you can discuss these with the nurse or doctor when you come for the procedure.



## Are there any alternatives to a colonoscopy?

Barium enema and CT scanning can be performed. However, they may not give the same detailed information and do not allow biopsies or removal of polyps. An alternative is to do nothing. You may therefore continue to have symptoms and their cause will remain unknown.

## What happens after the colonoscopy?

Once the procedure is complete you will be taken to the recovery area to rest, where a nurse will look after you while you recover. When it is safe to do so, you will be helped to get up and offered something to eat and drink, before being discharged home.

## When do I get my results?

The results of the procedure and any follow up arrangements will be discussed with you before you leave the Endoscopy Unit. You will be given a written summary of your colonoscopy findings to take home with you. Laboratory results from biopsies will not be available on the day, but will be sent to your GP or Specialist. This may take 2 to 3 weeks.

## Going Home

**If you have had sedation**, your judgement and / or coordination may be impaired for the next 24 hours. **If you have had only a painkiller injection and not any sedation** the following restrictions are required for 24 hours but you do not need anybody to stay in your own home.

There are a few simple precautions that you should follow for 24 hours after your colonoscopy:

- Do not drive or operate machinery.
- Avoid alcohol and non-prescribed drugs.
- Avoid signing legal or important documents.
- You need a responsible person to take you home and stay with you overnight.

- Do not lock the toilet door, or make yourself inaccessible to the person looking after you.
- Do not undertake activities involving heights.
- Do not undertake sporting activities

If you choose to have sedation it is very important that you do not drive yourself home after the procedure but must arrange for someone to collect you at the time specified by the Endoscopy Unit. A friend or relative must accompany you even if you are travelling home by taxi. You must also ensure that you have somebody to stay in your home with you overnight, following this procedure.

If you have had only a painkiller injection and not any sedation, the above restrictions are required for 24 hours but you do not need anybody to stay in your own home with you following the procedure.

If you chose not to have any painkiller or sedative, or only Entonox (gas and air), there are none of the above restrictions.

We advise you to wear loose fitting clothing when you attend. This is to avoid feeling uncomfortable on your journey home.

## When to seek medical advice

If you develop any of the following symptoms following discharge, you should seek urgent medical advice from the Endoscopy Unit, NHS 111, your GP or Emergency Department:

- Severe abdominal pain.
- Passing blood from your back passage. A small amount of bleeding can occur following removal of polyps or biopsy, if you are worried about the amount of bleeding please contact the Endoscopy Unit for advice.
- High temperature (38°C or more).

## Useful telephone numbers

If you have any problems within 48 hours of discharge please ring the ward / department that you attended. If the ward/department is closed please contact Ward 5 at Bradford Royal Infirmary (BRI).

- Endoscopy Unit BRI – **01274 276393** (Mon to Fri 8.30am to 5.30pm)
- Ward 5 BRI – **01274 364413** (24 hours)
- If you are presently an inpatient on one of the wards at Bradford Royal Infirmary or St Luke's Hospital and you have further questions about the proposed procedure please ask the ward staff to ring the Endoscopy Unit and they will make arrangements for a member of staff to speak to you
- Appointment enquiries – **01274 273073** (Mon to Fri 8am to 4.00pm)

## By Textphone

You can contact us using the Relay UK app. To contact us ring **18001 01274 273073** (Appointment enquiries).

## Interpreters

If you require an interpreter please arrange for someone to contact **Appointment enquiries on 01274 273073**. We use professional interpreters rather than family and friends.

## Smoking

Bradford Teaching Hospitals NHS Foundation Trust is a smoke-free organisation. You are not permitted to smoke or use e-cigarettes in any of the hospital buildings or grounds.



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## Frequently asked questions?

- 1 Will it hurt? *See page 2*
2. Why can't I be put to sleep? To put you to sleep for a procedure involves giving a general anaesthetic. This is not available routinely and it increases the risk associated with the procedure. It is not required for the vast majority of patients because the procedure is usually well tolerated.
3. How long will it take? *This procedure takes approximately 30 to 45 minutes*
4. When do I get my results? *See page 8*
5. Do I need somebody with me afterwards? Yes, unless you have chosen not to have any sedation, *See page 8.*

If you have any further questions or have any difficulty reading this information and would like to discuss the content, please ring the Endoscopy Unit or, write your questions down and ask them when you come for your procedure.

**If you require a version of this booklet in large print please ring Appointment enquiries on 01274 273073 and arrangements will be made to send you one.**

If you need this information in another format or language, please ask a member of staff to arrange this for you.

Authors: Updated Sept 2023 by Dr Jowett, Consultant Gastroenterologist and Endoscopy Lead, with patient involvement, based on the 2018 version. Review date: December 2026

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