

Endoscopy department

Understanding colonoscopy

Information for patients

Name:

Hospital number:

Your appointment is on: at:

at: Charing Cross / Hammersmith / St Mary's Hospital

If you have any queries or concerns about your appointment, bowel preparation or regular medication please do not hesitate to contact us at the patient service centre on **020 3312 6010**.

Introduction

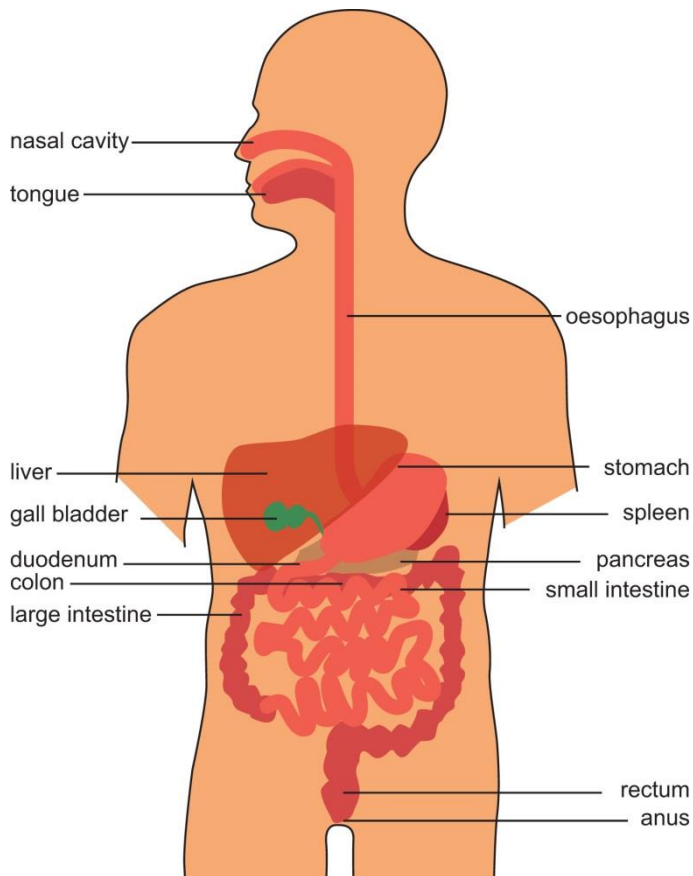
This leaflet is designed to help you prepare for your colonoscopy. Please read this at least one week before your appointment and follow the instructions carefully.

If you do not attend your appointment we will refer you back to the healthcare professional who requested this investigation for you.

Checklist

Before your appointment read this information carefully:

- take the bowel preparation as instructed on page 4
- stop taking any iron supplement tablets **7 days** before your appointment
- on the day of your procedure, do not eat anything at all
- please arrange for a responsible adult (18 years of age or older) to collect you from the unit after your appointment if you are having conscious sedation (please see page 3). It is recommended after sedation that they stay with you for 12 hours after your procedure
- if you do not organise an escort, or if they are under 18 years old, we will not be able to do the test with conscious sedation on that day
- please read instructions on page 2 in relation to Entonox®
- if you are taking any medication to thin your blood, please contact us for advice at least **1 week** before your appointment. We need to know why you are taking this medication. If you are taking aspirin you do not need to stop this



What is a colonoscopy?

Colonoscopy is an examination of the lining of your colon (large intestine). A colonoscope (a long, flexible tube) is passed through the anus (bottom) and then around the colon. Using the light on the end of the colonoscope, the endoscopist can look for any abnormalities. If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation. A colonoscopy can also be done to identify areas of bleeding inside the colon.

As your bowel needs to be empty for the colonoscopy, you need to take laxatives the day before your appointment. If you do not take them your colonoscopy will be cancelled.

Polyps (abnormal growths of tissue) can also be removed at this time. This procedure is known as a 'polypectomy'. Polyps are usually benign (non-cancerous) and can vary in size. It is not always possible to tell a benign polyp from a malignant (cancerous) one by its

appearance and so the endoscopist will send removed polyps to the laboratory for testing. As cancer begins in polyps, removing them is an important way of preventing bowel cancer.

Are there any alternatives to colonoscopy?

The main alternative to the test is a CT (computed tomography) pneumocolon scan or virtual colonoscopy. This is a CT scan of your large bowel. A small tube is inserted into your anus and carbon dioxide gas is used to inflate the bowel so that the bowel can be seen. Scans are taken when you are lying on your back and possibly your front. It can show up polyps and tumours, but unlike colonoscopy, cannot remove them. They cannot detect tiny areas where there is bleeding, which may lead to anaemia.

A CT scan does require the same kind of preparation as a colonoscopy (please see 'Is there anything I need to do to prepare for my appointment?' section on page 3).

Are there any risks associated with colonoscopy?

Complications are rare. There is about a 0.4 per cent risk of the following happening after colonoscopy and polypectomy:

- perforation (tearing) of the bowel, which may require surgery to repair
- bleeding
- reaction to the sedatives or Entonox[®] used during the test

The risk of complications may be increased if you have any pre-existing heart or lung conditions. Your endoscopist will discuss any increased risks with you before you have the test.

Conscious sedation or Entonox[®]?

- **For your comfort, this test can be performed using conscious sedation** where a sedative and a painkiller are given intravenously (via a thin tube in your hand) to help with any discomfort. The sedative may also make you forget parts of the test. Each patient will react differently and will experience different levels of drowsiness (sleepiness). It is different from a general anaesthetic as **it does not put you to sleep**.

You are able to respond to your doctor or nurse. It is not unusual to experience some symptoms of bloating or wind pain despite the sedative and painkiller.

If you have conscious sedation you cannot go home by yourself – a friend or relative must escort you home. It is recommended that someone stays with you for 12 hours after your procedure. Please make sure that you have access to a telephone when you return home. If you have not been able to make these arrangements, please speak to the nursing staff. **We cannot do the test on this day with conscious sedation if you do not have an escort.**

- Alternatively, you may have the option to have the test using Entonox[®]. Entonox[®] is a half and half mixture of nitrous oxide and oxygen which is inhaled (breathed in). It is a quick acting painkiller that also wears off quickly. Its use is most often associated with women having a baby. We will give you a mask or mouthpiece before the colonoscopy starts and ask you to inhale the Entonox[®]. Its effects are noticeable within a matter of breaths. You can continue to inhale the Entonox[®] during the procedure. Once the procedure is over and 30 minutes have passed you can drive home, as long as a healthcare professional has said you can do so and you feel able to drive.
- **We cannot offer Entonox[®]** to people who have had traumatic or spontaneous pneumothorax, air embolism, emphysema / chronic obstructive pulmonary disease (COPD), and people with a low vitamin B12 or those who have been diving within the previous week.

Is there anything I should do to prepare for my appointment?

Preparation for the test involves not eating any food on the day before the test and then taking the prescribed laxative. This laxative is meant to give you diarrhoea.

Please let us know about any other medical conditions.

If you have diabetes, please contact your GP or your diabetes nurse specialist for advice before your appointment. Alternatively, you can contact us using the telephone number on the front of this leaflet for further advice.

If you are taking any medication to thin your blood, please contact us for advice at least one week before your appointment. We need to know why you are taking this medication. If you're taking aspirin you do not need to stop this.

Timeline

Four days before your appointment

Stop taking any medication which causes constipation, such as codeine phosphate or loperamide. Contact us for advice if you are not sure. Continue with all your other medications, including laxatives, unless you have been told otherwise.

Two days before your appointment

- **Only eat a low residue diet**, which means foods from the following list only: cheese, eggs, grilled or poached white fish (such as cod, haddock or plaice), skinless chicken, boiled potatoes (without skin), white bread, butter, margarine.
- **Do not eat any high fibre foods** such as red meat, pink fish (such as salmon or trout), fruit, vegetables (including tomatoes and onions), lentils, seeds, nuts, sweetcorn, mushrooms, and wholemeal bread.
- It is important that you drink at least 2 litres / 3.5 pints of fluid / liquid during the day to avoid dehydration. This will improve the effect of the bowel preparation.

24 Hours / one day before your appointment

- Have a good breakfast, only choosing items from the low residue diet list above.
- After this, **do not eat any solid food at all**, but do drink plenty of clear fluids – water, black tea, black coffee, squash, strained fruit juice (without bits), tonic water or fizzy lemonade and clear soups.
- It is essential that your bowel is empty when you come for your colonoscopy. If you do not follow the instructions below your appointment will be cancelled.
- **You must then take the laxatives.** You will have been prescribed either Moviprep or Klean-Prep. The laxative preparation will cause diarrhoea so we recommend that you stay close to a toilet after you have taken it. Soreness around your bottom will be reduced if you apply some barrier cream (such as Vaseline) before taking the laxatives.
- If you are using oral contraceptives, (the 'pill') the laxative may stop them from working. Do not stop taking your pill, but you should use additional methods of contraception during this time.

If you feel unwell on this day and think that you may not be able to tolerate the bowel preparation or the test, please contact us for advice before starting to take the preparation.

If you have not received other specific advice about your regular medications you should continue to take them as normal. You may need to amend the timing as it is best to avoid taking them less than one hour either side of oral bowel preparation.

If you have been prescribed Moviprep:

At 14:00: dissolve the contents of one Moviprep 'Sachet A' and one 'Sachet B' in one litre of water. This solution should be drunk over a period of one to two hours. (Try to drink a glassful every 10 to 15 minutes). Once you have finished the solution, have at least a two-hour break before drinking any more Moviprep. **Please make sure it is Moviprep, sachets A and B and not Movicol which some people take for constipation.**

At 18:00: make up a second litre of Moviprep in the same way as before. Again, this should be drunk over a period of one to two hours.

If you have been prescribed Klean-Prep:

- **At 12:00 (noon),** mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.
- **At 14:00,** mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.
- **At 16:00,** mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.
- **At 18:00,** mix one sachet of Klean-Prep in a jug with 1 litre (1000mls) of water. Drink one glass every 15 minutes until you have finished the jug.

As Klean-Prep has very little taste, it is better drunk cold from the fridge. You may wish to add clear fruit cordial, such as orange or lime squash, to make it more pleasant to drink.

If you experience nausea, vomiting or abdominal (tummy) pain, please contact the endoscopy department using the number on the front of this leaflet and ask to speak to a nurse.

To avoid dehydration when taking the bowel preparation, please drink 2 litres / 3.5 pints of water / clear fluids.

What happens on the day of the test?

If you regularly take medicines in the morning, you should take them before 07.00 on the day of the test, with a small sip of water if necessary, unless you have been advised otherwise.

You may continue to drink clear fluids until two hours before the test to avoid dehydration.

The colonoscopy will be done as close to your appointment time as possible. Every effort is made to keep waiting times to a minimum, but it is not possible to predict how long individual procedures will take. You may wish to bring something to read with you.

We advise you to wear loose-fitting clothes as during the procedure the endoscopist will introduce air into your bowel / stomach (see below), which may cause bloating afterwards. The bloating will go down, but loose-fitting clothing will help make you more comfortable.

In the admission room we will ask you to change into a hospital gown and dignity shorts. Your endoscopist will discuss the procedure, any treatment, possible risks, expectations and side effects before asking for your written consent. This written consent should not feel rushed and will be obtained in the pre-assessment room before your procedure.

We will then take you to the examination room and ask you to lie on your left side on a trolley with your knees slightly bent. We will connect you to a monitor to record your blood pressure and pulse.

If you are having conscious sedation, the endoscopist will give you a sedative and a painkiller through an intravenous cannula in your hand or arm which will make you more comfortable. We will give you oxygen through your nose and put a small probe on your finger to monitor this.

If you have chosen to have Entonox[®], we will give you a mouthpiece and ask you to inhale (breathe in) the gas. We will show you how to do this effectively.

The endoscopist will pass the colonoscope (a long, flexible tube) through your anus and into the large bowel (colon). Air will be introduced to expand the bowel. This will help the endoscopist to see inside your bowel. You may experience a feeling of pressure, bloating or cramping during or after the procedure due to the air that was introduced. This will disappear quickly once you have passed wind.

Gentle pressure may be applied to your stomach to help pass the scope into your colon. During the procedure, it is normal to want to pass wind so please do not feel embarrassed. You may also be asked to change your position during the test and a nurse will support you to do this.

If the endoscopist is not able to pass the colonoscope through the entire colon, to where it meets the small intestine, an alternative examination (such as barium enema or CT scan) may be needed or your endoscopist may decide that this limited test is enough.

If the endoscopist thinks an area of the colon needs further investigation, they might pass an instrument through the colonoscope to take a biopsy (a sample of the colon lining) for testing in the laboratory. This can be used to diagnose many conditions and your doctor may request one even if they do not suspect cancer.

Your endoscopist may want to treat any bleeding through the colonoscope by injecting medications or by coagulation (sealing blood vessels using heat treatment).

Your endoscopist may also find polyps. Some harmless polyps (known as hyperplastic) might not need to be removed, but others (known as adenomas) are potentially pre-cancerous and your endoscopist may remove them using fulguration (burning) or in the case of larger polyps, a snare (wire loop) and electric current. This is all done via the colonoscope.

The procedure itself takes between 15 minutes and one hour to complete, but you should expect to be in the department for two to three hours to allow time for waiting, preparation and recovery.

Please note

Imperial College Healthcare NHS Trust supports the training of medical, surgical and respiratory registrars as well as nurse endoscopists. Your consent or procedure may be undertaken by any of these trainees who are supported and supervised by qualified trainers within the endoscopy department.

What happens after the test?

If you have had conscious sedation, you will be left to rest for about one hour before you can go home. You must be accompanied home by a relative or friend, who is 18 years of age or older.

They must come to the unit to collect you. The effect of the conscious sedation can last for up to 24 hours so, during that time, you should not:

- drive
- operate machinery (including kitchen equipment)
- sign legal documents
- drink alcohol

It is also recommended that someone responsible stays with you.

If you have had Entonox[®], you will be left to rest for about half an hour. You can go home once you feel able to and a healthcare professional has assessed you. Entonox[®] does not have any lasting effects but because you have had a colonoscopy, you may still feel that you need to go home and rest.

When will I get the results?

We will give you a copy of the colonoscopy report and discuss the findings with you before you are discharged. It can take up to one week for biopsy results to be available and these will be sent to your referring doctor (either your GP or hospital doctor). Details of the results and any necessary treatment should be discussed with them at your next appointment. The endoscopy department will not be able to give you any biopsy results.

Is there anything I need to watch out for at home?

It is normal to experience small amounts of bleeding from your bottom or mild abdominal (tummy) discomfort for up to two weeks after your colonoscopy. Please do not worry if you have watery motions (stools). This is normal and will pass. However, if you have any severe pain, black tarry stools or persistent bleeding after your test (on the same day), please contact the endoscopy department at the site where you had your procedure within working hours (09.00 – 17.00) and ask to speak to the nurse in charge:

- Charing Cross Hospital: 020 3311 1057
- Hammersmith Hospital: 020 3313 2645
- St Mary's Hospital: 020 3312 6681

Outside of working hours, please phone the hospital switchboard and ask to speak to the gastroenterology registrar on call for further advice:

- Charing Cross Hospital: 020 3311 1234
- Hammersmith Hospital: 020 3313 1000
- St Mary's Hospital: 020 3312 6666

Alternatively, you can call your GP or NHS 111.

When can I get back to my normal routine?

You should be able to return to work and all your usual activities the day after your appointment.

How do I get to the hospital?

You are advised to travel, if possible, by public transport when visiting Charing Cross and Hammersmith hospitals. Car parking is severely limited and you may find it very difficult to find a place to park near the hospital.

The nearest tube stations for **Charing Cross Hospital** are Hammersmith (District, Piccadilly and Hammersmith & City lines) and Barons Court (District and Piccadilly lines). Buses that stop outside the hospital are numbers 190, 211, 220 and 295.

The nearest tube stations for **Hammersmith Hospital** are East Acton and White City (both on the Central Line). Buses that stop outside the hospital are numbers 7, 70, 72, 272 and 283.

The nearest tube stations to **St Mary's Hospital** are Paddington (Bakerloo, Circle, District and Hammersmith & City lines) and Edgware Road (Bakerloo, Circle and District lines). Buses that stop on Praed Street are numbers 7, 15, 23, 36 and 436.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at **imperial.pals@nhs.net** The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: **ICHC-tr.Complaints@nhs.net**

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.patient.information@nhs.net

Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM