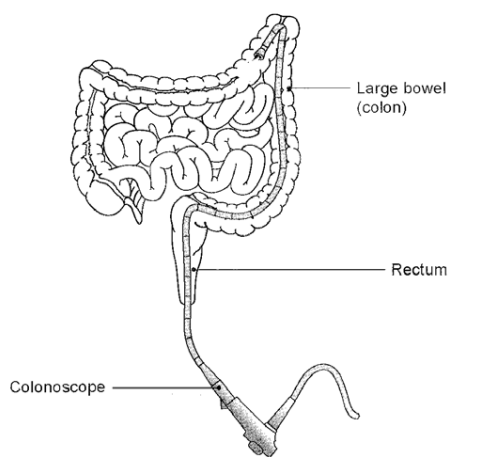




colonoscopy - Patient Information Sheet

A colonoscopy is an examination of the inside of the large bowel using a long flexible instrument called a colonoscope. This is introduced into the colon via the back passage. An image is projected from the tip of the colonoscope on to a screen.



Reasons for having this examination

Diagnostic - the doctor or nurse specialist can see any abnormalities;

Investigative - to take samples from the lining of the bowel (biopsies) for further tests in the laboratory;

Treatment - abnormalities such as polyps (small bumps in the bowel lining) can be removed;

Surveillance - to re-examine any previous problems.

Preparation for the examination

For this examination to be successful your bowel must be as empty as possible.

As part of your preparation you will be given a laxative (see the separate instructions) and a recommended change in diet for a few days before the test. It is very important to follow these instructions carefully and drink plenty of fluids on the day before the test.

You can continue to take any medications as usual **except** for iron tablets and medicines that can cause constipation such as Codeine Phosphate or Loperamide, which should be stopped seven days before the procedure.

If you have diabetes, or you are taking Warfarin or any other blood thinning medication, you will be given specific instructions. Patients who continue to take warfarin, or who have stopped warfarin just before the test, will need to have a blood test to check their clotting the day before the procedure

On arrival at the hospital

Please go straight to the Endoscopy Unit and ring the bell to let the staff know that you have arrived.

You may have to wait for a short while, so it is a good idea to bring something to read.

A nurse will go through your medical history with you, check your pulse and blood pressure and ask some necessary additional questions. Please do not hesitate to ask any questions you may have.

The nurse will go through the consent form with you, to confirm that you understand the examination and agree to go ahead with it, and the form should be signed.

You will then be asked to change into a hospital gown, put on your dressing gown and wait until you are taken through to the examination room.

A nurse will remain with you throughout the examination.

The examination

You may be given an injection of sedative and painkiller, although it is not always necessary. This will make you feel relaxed and comfortable during the examination. It may also make you feel sleepy, but for most patients it induces sleep after the examination making it a hazy memory.

Throughout the test you may be given oxygen via a nasal tube.

While you are lying comfortably on your left side on the examination bed, the doctor or nurse specialist will gently pass the small flexible tube (colonoscope) into your large bowel via the back passage.

Some air is passed into the bowel to expand it to allow for a clear view. This can cause some discomfort but it will not last long. It can make you feel as if you want to go to the toilet but be reassured that this will not happen. The air will be sucked out at the end of the test.

The bowel can be very long and bendy, so manoeuvring the tube right round it can be time consuming and can cause some discomfort and stretching.

To complete the whole examination it is sometimes necessary to change your position, onto your front, back or right side; occasionally an assistant may have to press your abdomen to stop the colonoscope bending.

If despite sedation and pain relief there is still a lot of discomfort, you can be offered Nitrous Oxide (Entonox), for rapid pain relief. This is given by breathing it in through a mouthpiece.

Air that has been passed up into the bowel will obviously have to come out again as wind. Please do not worry about this, it is quite normal.

A biopsy (a small sample of tissue) may be taken during the examination to be sent to the laboratory for further tests. This does not cause pain.

Occasionally polyps are found in the bowel and can be removed. This again is painless but can result in bleeding from the lining of the bowel when the polyp has been removed. This bleeding usually settles down quickly.

The examination lasts between 20 and 45 minutes.

After the examination

You will need to rest for about 1-2 hours until the effects of the drugs have worn off.

You can then have a drink and a biscuit when you are awake.

After the examination you may still have wind. This will pass and you do not need to take any medication for it.

The nurse will tell you the result of the examination before you go home and may give you a copy of your report. Any biopsy results will take longer.

A report and any biopsy results will be sent to your GP and we will send you a copy of any biopsy results.

Going home

You must have a responsible friend or relative to take you home and stay with you for 24 hours. If this is a problem for you, please telephone the endoscopy booking office on 01582 497273 as soon as possible.

You must not drive, drink alcohol, operate machinery or make important decisions for 24 hours following the sedative.

Please check with the nurse in the Endoscopy Unit about working the following day, if relevant.

You can eat and drink as normal.

You may notice that your bowels do not return to normal for a few days following the procedure.

What are the risks?

Colonoscopy is a safe procedure but there can be a risk of the following:

Bowel preparation can cause problems with the kidneys, particularly in patients with known kidney problems or on medication that affects the kidneys.

A perforation (a small tear) in the wall of the bowel; risk about 1 in every 1,000. If this happens you will be aware of significant pain after the procedure and will need to stay in hospital and may need an operation.

Bleeding which occurs rarely following a biopsy and frequently if a polyp is removed. The risk is about 1 in 500. If the bleeding does not stop then you will need to come back into hospital.

Sedation may be associated with heart and / or lung problems, particularly in the elderly and those with known heart or lung problems

If you have any concerns about these risks please talk to your specialist before your colonoscopy.

Are there any alternative procedures?

Barium x-rays and scans are not as accurate as a colonoscopy. Biopsies cannot be taken and procedures cannot be performed with x-rays and scans.

For further information

Please telephone the Nurse-In-Charge of the Endoscopy Unit on **01582-497298** (Monday to Friday 8.30am to 5pm).

Or you can go to www.nhsdirect.nhs.uk