

Patient Information

Having a Colonoscopy

Your doctor has advised you to have a colonoscopy. This leaflet tells you about the procedure and explains what is involved and what the possible risks are.

It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion. You should have plenty of time to discuss your situation with your consultant and perhaps even your own GP.

What is a colonoscopy?

During colonoscopy your doctor is able to view the inside of the large bowel. A long flexible tube connected to a camera (a colonoscope) is carefully passed through the anus into the large bowel. It will give a clear view of the lining of the bowel and also allow your doctor to take tissue samples (biopsies) if necessary.

Why do I need a colonoscopy? What are the benefits of having a colonoscopy?

Colonoscopy will help your doctor to find out why you are having symptoms and to make a diagnosis. The doctor can also take tissue samples (biopsies) and give you treatment if necessary.

What are the alternatives?

Your doctor has advised you to have a colonoscopy as s/he feels that this is the best option for you. You can however discuss the alternatives available to you dependent upon your symptoms. If you have blood in your stools when you go to the toilet, a barium enema may be recommended. For this test your bowel is filled with a white barium solution that shows any cancer, polyps or weaknesses of the bowel (diverticulitis) on an x-ray. This test is done in hospital by specially trained radiographers or radiologists.

Some people have a barium enema and then have a colonoscopy. For example if your barium enema showed a polyp, you may then need to have a colonoscopy to have the polyp removed.

A sigmoidoscopy is another test to look inside your bowel. It is like a colonoscopy but uses a shorter tube. It is therefore only useful for looking inside your rectum and the lowest part of your colon called the sigmoid colon.

You will be given the opportunity to discuss the alternatives with your doctor, including the option not to have a test done.

What are the potential risks and side effects?

As with all procedures there are possible complications that may delay your discharge, require emergency surgery or even carry a small risk of death. **All these risks are rare** and include:

- **Perforation - approximately one in every 2000 procedures**
It is possible to damage the large bowel lining making a hole. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). An operation is nearly always required to mend the hole.

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- **Bleeding - one in 200 polyps removed, depending on the size of the polyp**
If a polyp is found then this needs to be removed since many 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.
- **Adverse reaction to the drugs used for sedation / local anaesthetic – very slight risk** - This can usually be reversed with medication.

How long does the procedure take? How long will I be in the endoscopy department?

A colonoscopy takes about 30 minutes. In all you should be in the endoscopy unit for approximately one and a half to two hours. Please be aware that delays are sometimes unavoidable.

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 sent to you with your appointment letter.

Please follow the instructions sent to you with your appointment letter, particularly those relating to your diet and fluid intake. If you have any queries regarding your bowel preparation please contact the endoscopy department nurses. You can further help to empty your bowel by increasing your intake of clear fluids (black tea or coffee, clear soup, oxo, soda water, tonic water, lucozade etc.)

The bowel preparation will give you loose bowel movements and you will need to go to the toilet frequently. Please plan your day accordingly. If you are taking iron tablets you should stop taking them five days before your test.

You may take your usual medication with a small amount of water (except your diabetic medication) 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.

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.
- A list of your allergies.
- The name and telephone number of the person who will be taking you home.
- A dressing gown and slippers.
- Your reading glasses.

Do not bring any valuables with you, as the trust cannot take responsibility for any losses.

What will happen when I arrive at the Endoscopy Unit?

You will be greeted by a member of the endoscopy team at the endoscopy reception and your details will be checked. A trained nurse will record your blood pressure and ask you questions about your medical conditions, medications and any allergies.

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The nurse will explain the procedure to you again and you can ask questions if you need to. 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 have a small plastic needle (cannula) put into a vein in your arm so that you can be given a sedative or any other medication. You will also be asked to put on a hospital gown. You will then wait to go into the treatment room for your colonoscopy.

Will I need sedation?

You will be given sedation (a sedative) for this procedure. A sedative will make you feel relaxed and sleepy, but it is not like having a general anaesthetic, you will be able to hear and understand what is being said to you. The sedative is given through the cannula in your arm. The majority of patients who have a sedative have no memory of the test being done.

What happens during the colonoscopy?

Two nurses will assist the doctor and look after you during the colonoscopy. They will ask you to lie on your left side with your knees bent. You may be asked to change your position during the procedure but the nurses will help you with this.

You will be given oxygen via a mask or a nasal sponge (a small sponge that sits in your nostril). The nurses will keep a close eye on you during the procedure and will monitor your pulse and blood pressure.

Before the colonoscopy starts you will be given a sedative and a painkiller through the cannula in your arm. This will make you sleepy and relaxed.

The colonoscope is carefully passed through the anus into the large bowel. In order to see and move forward through the loops of the bowel, air will be blown into your bowel via the colonoscope. This can sometimes feel a little uncomfortable, giving you a bloated feeling.

The doctor will look at the lining of the large bowel and take a small tissue sample (biopsy) if necessary. If there are polyps in the bowel they can often be removed in a procedure called a polypectomy.

What happens after the test?

After the colonoscopy you will be taken to the recovery area for about 45 minutes to one hour until you are fully awake. The nurse will take your pulse and blood pressure regularly. When you are awake enough you can have a hot drink and a biscuit.

When you are ready to go home the nurse or the doctor will discuss the results of your colonoscopy with you.

How will I feel afterwards?

You may feel a little bloated for a few hours after the test. The effects of sedation can last up to 24 hours.

You must not drive a car/ motorbike, operate machinery (including using your cooker), drink alcohol or sign a legal document within 24 hours of having a sedative.

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Do I need somebody to take me home?

You will need somebody to collect you from the endoscopy unit and to stay with you for at least 12 hours after your test.

What should I do when I go home?

We advise you to rest for the remainder of the day when you get home. If you do feel bloated, try sitting upright, walking around and taking warm drinks and peppermint to help alleviate this.

You can eat a light diet and take your usual medication.

Serious side effects are rare, but if you develop any of the following symptoms you need to be seen urgently:

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

When will I know the results?

If biopsies have been taken they take about 10 days to be analysed and the results will be sent to your hospital doctor. If necessary you will be seen in the outpatients' clinic and an appointment will be sent to your home address.

When can I return to work?

You should be able to resume normal activities 24 hours after the colonoscopy.

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 our Patient Advice and Liaison Service (PALS) – details below.

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

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

