

# Having a colonoscopy to look inside your large bowel

Endoscopy Unit

Last reviewed: February 2026

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Information for Patients

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## Introduction

Your GP, hospital doctor or Bowel Cancer Screening Team have said you need to have a test called colonoscopy.

If you are not able to keep your appointment, please call the department as soon as possible. This will let staff give your appointment to someone else.

If your body mass index (BMI) is more than 40 and you are having your procedure at Melton, Loughborough, Hinckley or St Luke's Hospital, please contact the department before you attend. You may need to be rebooked at a different hospital in Leicester.

## Why do I need to have a colonoscopy?

- To try to find the cause of your bowel problem.
- To have a follow-up after a procedure you had before.
- To look at something seen on an X-ray in more detail.

## What is a colonoscopy?

A colonoscopy looks at the lining of your large bowel (colon). We use it to investigate for any problems or disease in the colon. It also lets us take tissue samples (biopsy). The Pathology Department will analyse them, if needed.

The test is done using a tool called a colonoscope. This is a flexible tube with a camera and a light at the end of it. The camera sends pictures back to a Display screen. This lets the endoscopist have a clear view to check for disease or inflammation if present.

Small samples from the lining of your large bowel during the test to help with the investigation. This should not cause you any pain. The samples will be sent to the laboratory for testing. We may also take photographs as part of your medical record.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.uhleicester.nhs.uk](http://www.uhleicester.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Important information

### Bowel preparation / eating and drinking:

- For 3 days before your appointment you will need to be on a low fibre diet. In your appointment pack, you will have a diet sheet to help you with this.
- You will need to start fasting the day before your procedure. You will have instructions of when to start in your appointment pack. The time you start will depend on if you have a morning or afternoon appointment.
- The day before your procedure, you will need to start taking a bowel preparation solution. This will completely clear your bowel before the procedure. You will find the bowel preparation solution with clear instructions on how to use it in your appointment pack. You **must not eat** anything after you start taking the bowel preparation solution.
- On the day of your procedure, please continue to follow the bowel preparation and fasting instructions.
- You will be able to drink clear fluids until 2 hours before your appointment time, **unless you are also having a gastroscopy**. If you are **having a gastroscopy at the same time as your colonoscopy, you must not drink any fluids 6 hours before your procedure**.
- If you have any questions, do not hesitate to contact the Endoscopy Unit.

### Medication:

- **Routine medication:** All routine medication should be taken as normal.
- **Iron tablets:** You **must stop taking these 1 week before** your appointment. If you are taking stool bulking medication (like, Fybogel, Regulan, Proctofibe), loperamide (Imodium), Lomotil or codeine phosphate, you **must stop taking these 3 days before** your appointment.
- **Patients with diabetes:** Where possible, you will be booked at the beginning of our list. Due to demand for this test, this may not always be possible. If you **have not had** the leaflets with the instructions for diabetes patients, please **contact the Endoscopy Department**, or visit <https://yourhealth.leicestershospitals.nhs.uk/> and search for leaflet number 418 and 419. Before you go home, we will offer you a drink and biscuits. Please bring a snack if you would like anything else.
- **Blood thinning medication (anticoagulants):** Please contact your Endoscopy Department for advice if you take any blood thinning medications.

### How long will the procedure take?

This depends on how quickly you recover after the procedure and how busy the department is. You can expect to be with us for 2 to 4 hours. This may be longer during busy periods. We try to keep waiting times to a minimum. We also do emergency procedures. These can take priority over our outpatient list.

### What happens when I arrive?

When you arrive, please report to the reception desk. A nurse will take you from the waiting area to an admission room on the ward. We do not let relatives into the unit. This is due to regulations and for the privacy of our patients. Relatives are not able to wait in our reception area, unless they are your carer or it is arranged and agreed with endoscopy staff.

## Admission

- A nurse will check your personal details. They will check the information about the medications you are taking, your past medical history, any operations or illness that you may have had, and any current health problems.
- The nurse will ask you if you have any allergies or bad reactions to any drugs.
- If you are having sedation, the nurse will check if you have a responsible adult taking you home when you are ready for discharge.
- We will record your blood pressure, heart rate, temperature and oxygen levels. We will record your blood glucose levels if you are diabetic.
- You will need to take off your clothes and underwear. We will show you to a private changing area to undress. We will give you a gown. You may wish to bring your own dressing gown and slippers.

For the short time that you are with us, we want to offer a safe and supportive environment. Do not be afraid to ask if you have any worries or questions at this stage.

## Pain relief

### Sedation:

We will give this by an injection. It will make you feel sleepy and relaxed. It is not a general anaesthetic. You will not be fully asleep. It is quite common not to remember parts of the procedure afterwards due to the effects of the sedation.

Sedation is considered very safe for most people. Evidence suggests any blood pressure, heart or lung complications are short lived. Older people or those who have major health problems (such as people with breathing problems due to a bad chest) may need extra assessment before having sedation.

Sedative injection can last longer than you think. It will stay in your body for up to 24 hours (1 day).

### For 24 hours after your procedure:

- **do not drive a car, ride a bicycle or climb ladders.**
- **do not operate machinery or do anything which needs skill or judgement.**
- **do not make important decisions or sign any documents.**
- **do not drink alcohol.**

**A responsible adult relative or friend must take you home. They must stay with you for 12 hours.** If you are being transported by ambulance you must have someone waiting at home to stay with you.

### Entonox:

Entonox is sometimes used instead of sedation in endoscopy. Entonox is a pain relieving gas. It is a mix of 50% oxygen and 50% nitrous oxide. You will inhale this through a mouthpiece. You control how much or how little you take.

The benefits of Entonox are that it is fast acting. It wears off quickly once you stop breathing the gas.

**If you have Entonox, you should not drive a car or ride a bike for at least 30 minutes after the procedure.** Every patient will have a different exposure time and different reactions to the use of Entonox.

**Patients choosing to drive themselves after using Entonox do so at their own risk.**

## **Buscopan**

As part of your examination, you may be given a drug called Buscopan. This medicine helps to relax the muscles of the bowel. This helps us get a clearer view during your examination.

### **Possible side effects of Buscopan:**

- **Eye pain:** Rarely, patients may get pain in their eyes.
- **Blurred vision:** Buscopan can cause the muscles of your eyes to become relaxed as well as the muscles of the bowel. This may cause blurred vision in some patients. If your vision is blurred, it often lasts for a short time. You will not be able to drive until your eyesight returns to normal.
- **Dry mouth:** It may cause a dry mouth. This will not last long.

## **What happens during the procedure?**

The colonoscopy procedure will normally take around 30 to 40 minutes.

- Before the procedure you will have the chance to ask any final questions.
- We will ask you to lie on your left side with your knees slightly bent.
- You will be closely monitored during the procedure.
- A sedative injection may be given unless you have stated that you do not want to have this.
- If you have chosen to have Entonox, we will show you how to use the mouthpiece at the start of the procedure.
- We will insert the colonoscope into your bottom (back passage). Air is passed into your bowel through this endoscope. This lets us check the bowel. You may feel wind-like discomfort. You may have a feeling of wanting to go to the toilet. This will pass.
- During the procedure, we will move the colonoscope around the entire length of your bowel. At some bends which naturally happen in the bowel, it may feel uncomfortable for a short period of time. The pain relief will help to minimise this discomfort.
- You may pass wind during the procedure. Please do not be embarrassed. When the tube is taken out most of the remaining air in the bowel may also be removed.

## **Polyps:**

A polyp is a growth on the lining of the bowel. It comes in different shapes and sizes. They may grow and cause problems later. Polyps are often removed by the endoscopist or they take a sample. The procedure to remove a polyp is called a polypectomy. We use different methods to remove a polyp. It depends on the type of polyp. If a polyp is found and not removed it can continue to grow. Certain types of polyps can give you a more serious problem such as cancer.

**Flying within 2 weeks of a polypectomy can increase the risk of complications such as bleeding, holes or tears (perforation) being created in the bowel. If you are due to fly within 2 weeks after your procedure please contact the department.**

## **What happens after the procedure?**

- We will take you to an area to recover for up to 2 hours. A nurse will look after you until you are ready to go home.
- At first you may feel a little bloated and have wind pains. These usually settle quickly.
- If you had sedation, you will remain on a couch to rest. We will check your blood pressure and pulse. This is called the recovery period.
- Before discharging you, we will offer you a drink and biscuits. Please bring a snack if you would like anything else after your procedure.
- After your colonoscopy, you can go back to your normal diet.
- Your colon will have been completely emptied. You should not expect to have normal bowel function for 2 to 3 days. After this, your bowel function should return to normal.

## **When will I get the results of the colonoscopy?**

You may not see the person who did your procedure before going home. A nurse will tell you the results before you leave. It is a good idea to have someone with you for this if you have had sedation. Many people find they forget what has been said to them.

If a sample (biopsy) has been taken or polyps removed, the result can take a few weeks. The results will be sent to your referring doctor. You may get an outpatient appointment to talk about your results or a letter telling you of the results.

A report of the procedure will be sent to your GP. You will normally get a copy on the day of your procedure.

If your procedure was done by the Bowel Cancer Screening Team they will contact you directly about your results.

## **What are the risks of the procedure?**

Lower gastrointestinal endoscopy is an invasive test. There is a chance that complications can happen. These happen very rarely.

The information below can help you make your choice about having this test. The doctor who referred you for this test will have thought about this. The risks can be linked with the test itself and with the medication given during the procedure.

### **Main risks of the procedure:**

- **Making a hole in the bowel (perforation)** (about 1 in every 1700 cases). You may need to be admitted to hospital and have antibiotics. Sometimes you may need an operation to repair this. This risk of a hole is higher with a polyp removal.
- **Injury to the spleen** (about 1 in 5000 cases).
- **Bleeding** (about 1 in 2400 cases after removing a polyp). This usually settles. Some people may need more treatment or a blood transfusion.
- **Risk to life** (about 1 in 10,000 cases).

- **Missed polyps**, growths or bowel disease.
- **Not being able to see the entire bowel.** This can happen if your bowel is not completely clean or the endoscope could not be passed to the end of your large bowel.
- **Sedation can sometimes cause problems with breathing, heart rate and blood pressure.** If any of these problems happen, they are normally short-lived. A trained nurse will check you carefully to make sure any potential problems are spotted and quickly treated.

## Are there other options for this procedure?

Another option is a CT colonography scan. The problem with this test is that we cannot take samples of the bowel if we find an abnormality. If this is the case, you may need a endoscopic examination.

## Trainees and student observers

Leicester's hospitals supports trainees and students. They are from the county's medical school and nurse training school. We hope you will be willing for trainees with the relevant skills to do the procedures under supervision where appropriate, and for student observers to be present. If you would rather not have students or trainees in the room during your procedure, please let us know.

## Contact details

If you are not able to make your appointment, please let us know as soon as possible. We may be able to offer it to someone else.

### If you need to talk about your appointment please contact:

- Leicester General Hospital / Leicester Royal Infirmary / Glenfield Hospital:  
Endoscopy Booking Team: 0116 258 3910 (10am to 4pm).
- Loughborough / St Luke's / Hinckley / Melton Hospital:  
Endoscopy Booking Team Tel: 01509 564402.

For bowel cancer screening patients, please contact the Bowel Cancer Screening Booking Team on 0116 258 3640.

### For queries about your procedure please contact the correct Endoscopy Department:

(Bowel cancer screening patients should call 0116 258 3640)

Leicester General Hospital:	0116 258 4183
Leicester Royal Infirmary:	0116 258 6997
Glenfield Hospital:	0116 258 3130
Hinckley Community Diagnostic Centre:	0116 502 1614
Loughborough Hospital:	0150 956 4406
Melton Mowbray Hospital:	0166 485 4904
St Luke's Hospital Market Harborough:	0185 844 8344

If you have any questions, write them down here to remind you what to ask:

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اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
 على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل  
 જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।  
 Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [uhl-tr.equalitymailbox@nhs.net](mailto:uhl-tr.equalitymailbox@nhs.net)