

Having a colonoscopy to look inside your large bowel

Endoscopy Unit

Information for Patients

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Introduction

You have been advised by your GP, hospital doctor or Bowel Cancer Screening Team that you need to have a test known as a colonoscopy.

If you are unable to keep your appointment, please notify the department as soon as possible. This will allow staff to give your appointment to someone else.

If your body mass index (BMI) is greater than 40 and you are having your procedure at Melton, Loughborough, Hinckley or St Luke's Hospital, please contact the department before you attend as 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 previous procedure.
- To look at something seen on an X-ray in more detail.

What is a colonoscopy?

This procedure is a very accurate way of looking at the lining of your large bowel (colon), to see whether there is any disease present. The procedure also allows us to take tissue samples (biopsy) for analysis by the Pathology Department, if needed.

The instrument used in this test is called a colonoscope, and is flexible. There is a light within the scope and a camera that sends pictures back to a television screen. This enables the endoscopist to have a clear view to check whether any disease or inflammation is present.

During the test we may need to take some samples from the lining of your colon for analysis. This won't cause you any pain. The samples will then be sent to the laboratory for testing. A video recording and/or photographs may be taken for your records.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Important information

Bowel preparation / eating and drinking:

- For 3 days before your appointment you will need to be on a low fibre diet. A diet sheet to help you follow this will be included in your appointment pack.
- The day before your procedure you will need to start fasting. Instructions of when to start this (depending on whether you have a morning or afternoon appointment) will be included in your appointment pack.
- The day before your procedure you will need to start taking a bowel preparation solution to completely clear your bowel before the procedure. The bowel preparation solution along with clear instructions will be included in your appointment pack. You must continue not to eat anything after you start taking the bowel preparation solution.
- On the day of your procedure continue to follow the bowel preparation and fasting instructions.
- You will be able to drink clear fluids until your appointment time **unless you are also having a gastroscopy**.
- If you are having a gastroscopy at the same time as your colonoscopy, all fluids must be stopped too, 6 hours before your procedure.
- If you have any queries 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 (e.g. Fibogel, 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. Please contact the Endoscopy Unit for the leaflet about managing your diabetes if you have not received this, or visit our online store of leaflets www.yourhealth.leicestershospitals.nhs.uk. Before you go home we will offer a drink and biscuits, but please bring a snack if you would like anything else.
- **Blood thinning medication (anticoagulants)** - please contact your Endoscopy Department or the appointment booking team 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, although we do aim to keep waiting times to a minimum. We also undertake emergency procedures and 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 allow relatives into the unit 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 and check the information you have completed before you attend, which will be enclosed with your appointment letter. This includes information about the medication 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.
- Your blood pressure, heart rate, temperature and oxygen levels will be recorded. If you are diabetic your blood glucose level will also be recorded.
- For this procedure you will need to remove your clothes and underwear. You will be shown to a private changing area to undress. A gown will be provided but you may wish to bring your own dressing gown and slippers.

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

Pain relief

Sedation:

This will be given by an injection which will make you feel sleepy and relaxed. It is not a general anaesthetic and therefore 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 and evidence suggests any blood pressure, heart or lung complications are short lived. Older people or those who have significant health problems (e.g. people with breathing difficulties due to a bad chest) may need additional assessment before having sedation.

It is important that you understand that the sedative injection can last longer than you think and will remain in your body for up to 24 hours. **Therefore 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.**

It is important that a responsible adult relative or friend takes you home and stays 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 in endoscopy as an alternative to sedation. Entonox is a pain relieving gas that is a mixture of 50% oxygen and 50% nitrous oxide. It is inhaled through a mouthpiece, which means you have control over how much or how little you take.

The advantages of Entonox are that it is fast acting but 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.

Entonox is not available at Hinckley and District Hospital.

What happens during the procedure?

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

- In the procedure room you will have the opportunity to ask any final questions.
- The nurse looking after you 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 you will be shown how to use the mouthpiece at the start of the procedure.
- The endoscope tube (colonoscope) will be inserted into your bottom (back passage) and air passed into your bowel via this endoscope to allow the bowel to be inspected. You may feel wind like discomfort and have the sensation of wanting to go to the toilet, but this will pass.
- The procedure will involve moving the colonoscope around the entire length of your bowel. At some bends which naturally occur in the bowel, it may feel uncomfortable for a short period of time, but 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 which come in different shapes and sizes. Polyps are generally removed by the endoscopist or a sample is taken, as they may grow and cause problems later. The procedure to remove a polyp is called a polypectomy. We use different methods to remove a polyp depending on the type. If a polyp is found and not removed it can continue to grow, and 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 or perforation. If you are due to fly within 2 weeks after your procedure please contact the department.

What happens after the procedure?

- You will be taken 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, but these usually settle quickly.
- If you had sedation you will remain on a couch to rest. Your blood pressure and pulse will be monitored as needed. This is called the recovery period.

- Before discharging you we will offer you a drink and biscuits, but 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 so 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 performed your procedure before going home, but 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, as 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 several weeks and these will be sent to your referring doctor. You may receive an outpatient appointment to discuss your results or a letter informing you of the results.

A report of the procedure will be sent to your GP and you will normally receive a copy on the day of your procedure.

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

What are the risks of the procedure?

Lower gastrointestinal endoscopy is an invasive test and because of this there is a possibility that complications can happen. These happen very rarely.

The information below can help you make your decision about having this test. The doctor who referred you for this test will have considered this. The risks can be associated 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 1500 cases). This may be treated conservatively with hospital admission and antibiotics, however occasionally an operation may be needed to repair this. This risk of perforation is higher with a polyp removal.
- A small hole (perforation) could be made in your spleen (about 1 in 1000 cases).
- Bleeding (about 1 in 150 cases after removing a polyp). This usually settles but in some cases further treatment or a blood transfusion may be needed.
- Risk to life (about 1 in 10,000).
- 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 occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems happen, they are normally short lived. You will be carefully monitored by a trained nurse to make sure any potential problems are identified and quickly treated.

Are there alternative options for this procedure?

A CT colonogram scan is an alternative procedure to a colonoscopy. The disadvantage of this test is that samples of the bowel cannot be taken if an abnormality is found. If this is the case a further endoscopic examination may be needed.

Contact details

If you are unable to make your appointment, please let us know as soon as possible as 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 queries about your procedure please contact the appropriate Endoscopy Department:

Leicester General Hospital:	0116 258 4183
Leicester Royal Infirmary:	0116 258 6997
Glenfield Hospital:	0116 258 3130
Hinckley and District Hospital:	01455 441970
Loughborough Hospital:	01509 564406
Melton Mowbray Hospital:	01664 854904
St Luke's Hospital Market Harborough:	01858 448344

Trainees and student observers

Leicester's hospitals supports trainees and students from the county's medical school and nurse training school. We hope you will be willing for trainees with the relevant skills to undertake 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.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغة 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

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