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**PATIENT INFORMATION:
COLONOSCOPY
H2002**

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What is a colonoscopy?

A colonoscopy is an procedure which enables us to visualise the inside of the large bowel using a flexible telescope.

You have been advised to have a colonoscopy, but it is your decision to go ahead with this investigation or not. This information leaflet is designed to provide you with information about the risks and benefits of the procedure to help you make an informed decision. If you have any further questions, please ask.

Why do I need a colonoscopy?

We are concerned that you may have a problem within your large bowel. A colonoscopy is a good way of confirming whether there is a problem or not. If a problem is found during the colonoscopy we can perform biopsies (removing a tiny piece of tissue) to help make a diagnosis. Sometimes a polyp (small growth) may be the cause of the problem and we are able to remove this during the procedure.

Is there an alternative to a colonoscopy?

A colonoscopy has been recommended as it is the best way of diagnosing most problems within the large bowel.

Other options include a barium enema x-ray test of the large bowel or a CT cologram (a scan of the large bowel). If a problem is found with one of these investigations you may still require a colonoscopy to treat the problem or perform biopsies.

What if I decide not to have a colonoscopy?

If you decided not to proceed with this investigation, we may not be able to establish the cause of the problem, however any such decision should be discussed fully your doctor.

What does the procedure involve?

Before the procedure takes place, a number of checks will be carried out to ensure that you have the procedure you came into hospital for. You will be asked to confirm your name and the procedure you are having, you will then have the opportunity to ask any questions you have before signing a consent form.

If you are taking Warfarin or need diabetic instructions, please contact the ward. If you are taking Clopidogrel, please stop 7 to 10 days before the test, unless you have had a coronary stent, in which case contact the ward first. If you are on iron tablets you should stop taking them at least one week prior to the procedure. Please continue taking all other medication up to and including the day of the test.

Preparation of the bowel

For your colonoscopy to take place, your bowel (colon) needs to be clean so that the lining is visible. Should the bowel not be clean, we may not be able to complete your procedure on this occasion and it may need to be rescheduled for another date. We are issuing additional instructions, as we have found that solely using the manufacturer's results does not give adequate results. Please follow the instructions below.

Four days before your procedure – If you are taking constipating agents such as Codeine Phospate or Lomotil, please stop them now. If you have been prescribed iron tablets, please stop them now. To ensure a good result, we suggest you eat a low fibre diet (see below) and two laxatives, eg. Senna, for 4 days prior to the bowel preparation day (you can purchase these at your local pharmacy).

Two days before your procedure – If you are taking stool bulking agents such as Regulan or Fybogel, please stop them now. Eat a light diet, avoid cereals, wholemeal bread, salads, fruits or any food containing fibre, nuts or seeds. You should also remove the skins from all vegetables, including tomatoes. Continue to drink normally.

Dietary preparation for your colonoscopy

Two days before your examination it is important to reduce the amount of fibre you eat. This means avoiding any bran cereals, wholemeal bread, salads and fruit and any food containing nuts, seeds or fibre.

You may find the suggested meal plan below helpful in planning your meals:

Breakfast: Fruit juice, rice krispies, cornflakes, sugar puffs, porridge and milk, white bread and butter with seedless jam/honey/shredless marmalade or marmite.

Light meal: Lean meat, eggs, cheese or fish, white bread and butter, plain sponge cake/jelly and ice cream.

Main meal: Fruit juice or clear soup and white bread roll. Lean meat, chicken or fish in sauce or gravy. Peeled potato curry, chapattis with white 'Atta', white rice or pasta. Milk pudding or yoghurt.

Supper: Plain biscuits/plain crackers and cheese. Milk or plain chocolate. Milky drink.

The day before your procedure – Eat breakfast as normal. At midday have a light lunch. After this you should drink clear fluids only, such as glucose drinks, tea and coffee with very little milk, lemonade, water, orange squash, jelly (excluding red coloured) and clear soup.

At 3pm start the bowel preparation. Your MOVIPREP pack contains 2 clear bags and each bag has two sachets marked A and B. Open one transparent bag and empty sachet A and sachet B into a large empty jug. Add one litre of lukewarm water and stir to dissolve (this may take up to 5 minutes).

Drink the mixture over one to two hours.

You may find it easier to drink with a straw and if the mixture is chilled. You could also add a dash of fruit squash. Please avoid red, purple or brown coloured soft drinks. If you feel nauseous while drinking the preparation, slow the whole process down, even stopping temporarily, keep moving about and you should begin to feel better.

The preparation can take up to 1 hour to start working. The effect of the MOVIPREP is to cause frequent bowel movement, so you should stay within easy reach of a toilet. You may want to apply some barrier cream such as Zinc and Caster Oil to your bottom to prevent soreness.

At 6pm prepare the second litre of MOVIPREP following the instructions above and drink over one to two hours.

You should have no more solid food until after the test.

Clear liquids that should be taken whilst taking the bowel preparation are as follows: tea or coffee (with very little milk), glucose drinks, apple juice, water, lemonade, orange squash, jelly (not red coloured), honey drinks, clear soup (consommé, Bovril or Oxo).

On the day of the procedure you may drink clear nutritional drinks (see above) for up to two hours before you have your test.

In the endoscopy room

A colonoscopy normally takes between 30-45 minutes. You will be given a sedative or painkiller through a small needle in the back of your hand or your arm. You will be asked to lie on your left side in a comfortable position. A member of the team will monitor your oxygen levels and heart rate using a finger clip. If you need oxygen, this will be administered through a mask or a small tube placed in your nose.

A flexible telescope will be placed into the back passage. Air will be blown into the large bowel to obtain a clear view. If this is uncomfortable you can pass the wind to relieve this. During the procedure we will be able to look for problems such as polyps or inflammation. We can perform biopsies and take photographs to help make a diagnosis. If a polyp is found, it may be possible to remove it during the procedure.

What are the complications of a colonoscopy?

We will endeavour to make your procedure as safe as possible. However, complications can happen and some of these can be serious. The possible complications of a colonoscopy are listed below. The numbers which relate to risk are based on studies of people who have had this procedure. We may be able to advise you if the risk of a complication is higher or lower for you. Possible complications are:

- ❖ **Allergic reaction**, to the materials, drugs or equipment. We are trained to detect and treat any reactions which may occur but please let us know if you have any allergies or you have had any reactions to drugs or procedures in the past.
- ❖ **Heart irregularities or breathing difficulties**, as a result of a reaction to the sedation or the bowel being stretched. To try to stop this from happening your oxygen levels and heart rate are monitored. Rarely, a stroke (loss of brain function resulting from an interruption of blood supply to the brain) or heart attack can occur if you have serious medical issues.
- ❖ **Making a hole in the colon** (risk 1 in 10,000). The risk is higher if a polyp is removed. This is a serious complication, which may require surgery which can involve formation of a stoma (bowel opening onto the skin).
- ❖ **Bleeding from a biopsy site or from minor damage** caused by the endoscope (risk is less than 1 in 1,000 cases). This will usually stop by itself.
- ❖ **Bleeding if a polyp is removed** (risk 2 in 100 cases). Bleeding usually stops after the polyp is removed. Sometimes bleeding may occur up to two weeks after the procedure. If you are taking Clopidogrel or Warfarin we will not usually remove a polyp.
- ❖ **Incomplete procedure** This may occur due to a technical problem, blockage in the large bowel, complications during the procedure or patient

discomfort. We may recommend another colonoscopy or an alternative investigation such as a barium enema.

If there is anything you do not understand or requires further clarification please let us know.

How soon will I recover?

After the procedure you will be moved to the recovery area where you can rest and have a drink. If you did not have sedation you should be able to go straight home.

If you had sedation you will normally recover in approximately two hours. This does depend on how much sedation you were given. You might feel slightly bloated for a few hours but this will pass.

If you had sedation you will need a responsible adult to take you home by car or taxi and they should remain with you for at least twelve hours. You should be within reach of a telephone in case of an emergency. You must not drive, operate any machinery (including cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, co-ordination and movement. You should not drink any alcohol or sign any legal documents for 24 hours after sedation.

You will be advised of the outcome of your colonoscopy and we will discuss with you any follow up or treatment required. Biopsy results will not be available until a few days after your procedure, so you may be asked to come back to clinic to receive these results.

Once you are at home, if you have any abdominal pain, significant or continued bleeding from the back passage, or a high temperature you should contact the hospital or your GP. If you have severe symptoms you should go to the nearest Accident and Emergency department or phone an ambulance.

You should be able to return to work or normal activities the day after your colonoscopy, unless you are advised otherwise.

Lifestyle changes

If you smoke, you will improve your long term health if you are able to stop smoking.

You have a higher risk of developing complications if you are overweight, so try to maintain a healthy weight.

Regular exercise will improve your long-term health. Before you start exercising you should get advice from your GP or other healthcare professional.

Summary

A colonoscopy is a safe and effective way of establishing whether you have a problem with your large bowel. Complications can occur and you need to be aware of them to help you make an informed decision about the procedure, being aware of them can also help detect and treat any problems early.

This leaflet is for information only and should not replace advice that your relevant healthcare professional would give you. Please keep this information and use it to help you if you have any further questions or queries.