

Colonoscopy



Information for patients

This leaflet answers some of the questions you may have about having a colonoscopy. It explains the risks and the benefits of the test and what you can expect when you come to hospital. If you have more questions at any time, please do not hesitate to contact a member of staff.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is a colonoscopy?

A colonoscopy is a procedure to examine the inside lining of your large bowel (colon). We put a long, thin, flexible tube called a colonoscope into your large bowel from your anus (back passage). The colonoscope is a bit thicker than your little finger and has a camera in its tip which sends pictures of the inside of your colon to a video screen. During the examination, we can take biopsies or remove polyps through the colonoscope.

Why do I need this test?

Your GP (home doctor) or hospital specialist has recommended you have this test.

Usually an abnormality has been found on another examination that needs careful evaluation and perhaps a biopsy (small pieces of tissue) can help us reach a diagnosis.

It is important that you understand why you are having it. If you are not clear about the reasons, please check with the endoscopist who sees you on the day of your test.

What are the benefits?

A normal test result can reassure you that all is well. A colonoscopy can also help us to reach a diagnosis (sometimes by taking biopsies) to make sure you are on the best treatment. In some cases – for example, if you have polyps (growths on your bowel lining) – you may not need surgery because we will try to remove them during this procedure.



What are the risks?

Colonoscopy is an extremely safe procedure and complications are very rare. But they can include:

- **Bleeding.** It is common to have bleeding after a biopsy. This lasts no more than a few seconds. So do not worry if you open your bowels after the test and notice some blood. We will let you know what to expect after your colonoscopy and who to contact if required.
- **Perforation.** There is a 1 in 1,500 risk of making a perforation (hole) in your bowel. The risk is greater (1 in 500) if we find a narrowing or a growth, or we remove small polyps. If you are having a very large polyp removed, the risk rises to 1 in 50. We take every care to avoid perforation, but if it happens you would need to stay in hospital and have more tests, such as a CT scan. You may need surgery to repair the hole.
- **Reactions to the sedative.** We use the smallest possible dose of sedative to prevent side effects. If you do have a reaction, we will give you medication to reverse the effects of the sedative.

What are the risks of having a sedative?

If you have a sedative straight afterwards you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for at least the first 12 hours. During the first 24 hours you should not:

- drive a car
- operate machinery (including kitchen appliances)
- drink alcohol
- take sleeping tablets
- sign legal documents
- look after young children and/or dependants alone.



Are there any alternatives?

A test called a CT colonoscopy (or virtual colonoscopy) can give us 3D images of your colon, but we cannot take samples. This means that if we find abnormalities you may still need a colonoscopy. Discuss with the doctor who sent you for your colonoscopy whether a CT colonoscopy is more appropriate. Usually this decision will have been made before you come for your colonoscopy.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of staff again.

Do I need to prepare for the colonoscopy?

We need to get a clear view of the inside of your colon so it must be as clean as possible. You need to take a laxative beforehand to prepare your bowel. Please read our advice sheet, 'Preparing for a colonoscopy', which explains how and when to use the laxative. If you have not received this, please follow the instructions which come with the laxative, or ring the bookings office (see page 9) for a leaflet.

Things to remember

- Please bring your reading glasses as you will need to read and sign your consent form. You may also want to bring something to read while you wait.
- You will need to change into a hospital gown for your test, so you may want to bring a dressing gown and slippers to wear for walking to the toilet.



- Please do not bring children with you unless there is someone to look after them. We do not have any childcare facilities in the unit.
- We cannot take responsibility for any valuables, but your things will be kept with you (on a shelf on the examination trolley) at all times.

Do I need to stop taking my medication?

If you take warfarin, aspirin or clopidogrel, please ring the booking office at least one week before your test. You may need to stop taking them for a short time. If you take iron tablets, stop taking them at least one week (preferably up to two weeks) before the colonoscopy, if possible.

If you are diabetic, please read our advice sheet, 'Preparing for your colonoscopy: information for patients with diabetes'. If you have not received this, please ring the booking office and we will send you a copy.

King's College Hospital

Tel: **020 3299 3599**

Princess Royal University Hospital

Tel: **01689 864032**

If you are taking any other medications, including for diabetes, in general you can take these as usual, unless your doctor has advised you otherwise.



What happens when I arrive for my test?

Your appointment time is approximate. You should plan to be in the Endoscopy Unit for the whole morning or afternoon.

When you arrive, a nurse will fill out an assessment form with you, if you have not already done so. A member of the clinical team will come and explain the procedure to you.

Do I need to have a sedative?

Some people need or prefer to have a sedative, but many do not. It relaxes you but does not make you unconscious or 'knock you out'. You should still be able to talk to the staff during the test, tell them how you are feeling and see the video screen if you wish.

If you have a sedative, someone must come to collect you and take you home – not a taxi. We cannot give you a sedative unless you arrange this. You will feel drowsy for a while, so you should not drink alcohol, drive or operate machinery for 24 hours after the test.

What happens before the test?

We will ask you to change into a hospital gown, remove your underwear and, if available, put on modesty shorts in a changing cubicle. We will then make you comfortable on an examination trolley.

If you are having a sedative, a nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can give you the sedative injection. You will then be taken into the endoscopy room lying on the trolley.

A nurse will attach a monitor to your finger to measure your oxygen levels during the test and you will be given oxygen through nose



'prongs'. If you are having a sedative, they will also attach a blood pressure monitor.

A nurse will be with you at all times during your procedure to reassure you and talk you through what is happening.

What happens during the test?

Once you are ready, the endoscopist will put the colonoscope into your anus and move it along the length of your colon. They may ask you to change position to:

- make you more comfortable
- make it easier to pass the colonoscope around your bowel
- and/or make sure they can see as much of the inside lining of your bowel as possible.

We may put air or gas into your bowel so that we can see better. You may feel 'wind' or cramps during the procedure and perhaps the occasional 'twinge' as the colonoscope is pushed around bends. It should not be painful. If it is, please tell the endoscopist. They can give you medication to ease the pain or change what they are doing. They can take biopsies or remove polyps during the test, by passing thin instruments through the colonoscope. This does not hurt and you may not feel it happening at all.

How long does the test take?

It usually takes 20 – 30 minutes. It may take longer depending on what needs to be done.

What happens after the test?

How long it takes you to recover depends on whether you have had a sedative. But you should plan to spend the whole morning or afternoon of the test in the Endoscopy Unit.



If you have had a sedative, you will need to stay until it has worn off. This usually takes at least 30 – 45 minutes.

If you have not had a sedative, you can change and leave as soon as you are ready. In either case, we will make sure you have all the documentation and instructions you need. We will send a copy of the report to your GP.

What happens when I go home?

- You may feel bloated and have some mild cramps due to air or gas that was put into your bowel during the procedure. This usually settles within 24 hours. We encourage you to pass wind to ease these symptoms. If you keep getting wind pain, we advise you to lay on your right side or walk around if you are stable on your feet.
- You may notice a little blood with your next bowel movement, on your underwear or toilet tissue.
- As you had bowel prep, it may take up to three days before your colon fills up and you have a bowel movement
- You can eat and drink as normal and continue to take your regular medication
- We recommend you drink plenty of fluids to keep hydrated.

Please contact your GP if you have any of the following symptoms:

- Severe/abdominal (tummy) pain and bloating
- Passing a large amount of blood or clots through your anus
- Passing black (tarry) stools
- Temperature of 37.4°C and higher, chills.



Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your test, please contact the Endoscopy Unit Nurses' Station:

King's College Hospital

Tel: **020 3299 4079**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, please contact Endoscopy Unit Reception:

Tel: **020 3299 3075**, 9am – 5pm, Monday to Friday

Princess Royal University Hospital (PRUH)

Tel: **01689 864028**, 9am – 5pm, Monday to Friday

If you want to change your appointment or need another information leaflet, please contact Endoscopy Unit Reception:

Tel: **01689 864120** (Male) **01689 864723** (Female)

At all other times, if you have concerns after your procedure, please call your GP or local Emergency Department (ED).



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.pals@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common, Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palskent@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.



