



Colonoscopic ultrasound

Information for patients attending King's College Hospital only

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

Endoscopy Unit

Denmark Hill Nurses' Station 020 3299 4079

Denmark Hill Reception 020 3299 3075

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 do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is a colonoscopic ultrasound?

It is a procedure we use to diagnose problems in your colon (large bowel) and rectum.

It involves passing a long, thin, flexible tube called a colonoscope into your back passage (anal canal) and higher up into your rectum and colon. The colonoscope is a bit thicker than your little finger and has a light and a camera in its tip. The ultrasound is a tiny probe which fits through middle of the colonoscope.

The colonoscope and ultrasound send video images and ultrasound pictures to a monitor screen.

Why do I need this test?

Your hospital specialist has recommended you have this test to investigate the cause of your symptoms. Usually, we have already found an abnormality during another test that we need to take a closer look at.

During this test we can also take biopsies (small pieces of tissue) or fluid samples that we can look at in a laboratory to help us make a diagnosis.

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

What are the benefits?

A normal test can reassure you that all is well. It can also help us to make a diagnosis. This test will also help your endoscopist to decide on the best way to treat any previously identified abnormality.

What are the risks?

A colonoscopic ultrasound is a safe procedure and serious complications are very rare. The risks are the same as for a routine colonoscopy.

- **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 colonoscopic ultrasound 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 open 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 can give you medication to reverse the effects of the sedative.

Are there any alternatives?

You can have a CT or MRI scan so we can take x-ray images of this part of your body. But these are not useful tests for most conditions, and we cannot take biopsies or fluid samples with them.

Consent

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

Do I need to prepare for the colonoscopic ultrasound?

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 your 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 Endoscopy Unit Reception for a leaflet.

Do I need to stop taking my medication?

If you take warfarin, aspirin or clopidogrel, please ring the Endoscopy Unit Nurses' station for advice on **020 3299 4079** at least one week before your test. You may need to stop taking these before your test, but we need to make sure you do so safely.

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 Endoscopy Unit Reception on **020 3299 3075** and we will send you a copy.

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

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.
- We will give you a hospital gown to put on over your own clothes to protect your clothing so you do not need to bring anything to change into.
- 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.**

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.

A nurse will fill out an assessment form with you if you have not already done so. The endoscopist who is going to do the test 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 you do not go to sleep and you are not unconscious. You should still be able to talk to the staff during the test, tell them how you are feeling and see the images on the monitor screen if you wish.

If you have a sedative, someone must come to collect you and take you home afterwards – not a taxi. We cannot give you a sedative unless you arrange to be collected.

After the sedative, you will feel drowsy for a while, so you should not drink alcohol, drive or use machinery for 24 hours after the test.

What happens before the test?

We will ask you to put on a hospital gown and remove your underwear 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 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. They will also attach a blood pressure monitor if you have a sedative. You will then be given the sedative injection through the cannula.

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?

This test is similar to having a colonoscopy. Once you are ready, the endoscopist will put the colonoscope into your rectum 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 ensure they can see as much of the inside lining of your bowel as possible.

We may put air or gas into your colon so 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.

The endoscopist can take biopsies and remove polyps during the test. They do this by passing thin instruments through the colonoscope. This does not hurt and you may not feel it happening at all. They will tell you if they take biopsies or remove any polyps.

Once the endoscopist reaches the area they want to look at with the ultrasound, they will insert the ultrasound probe through the colonoscope. They then slowly pump water into your bowel to cover the area they are examining so they can take the ultrasound pictures. This is not painful but water may leak from your bowel so your bottom may be a little wet.

How long does the test take?

It usually takes no more than 30 –45 minutes.

What happens after the test?

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.

When will I get my results?

Before you leave, we will give you a copy of your test report and any instructions you need. We will also send a copy of the test report to your GP (home doctor).

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, contact the Endoscopy Unit Nurses' Station.

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

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

Tel: **020 3299 3075**

At all other times, if you have any concerns after your procedure, call your GP or local Emergency Department (ED/A&E).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between hospitals.

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.

PALS

The Patient Advice and Liaison Service (PALS) 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. The PALS office is on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road – staff will be happy to direct you.

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

Tel: **020 3299 3601**

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

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

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