



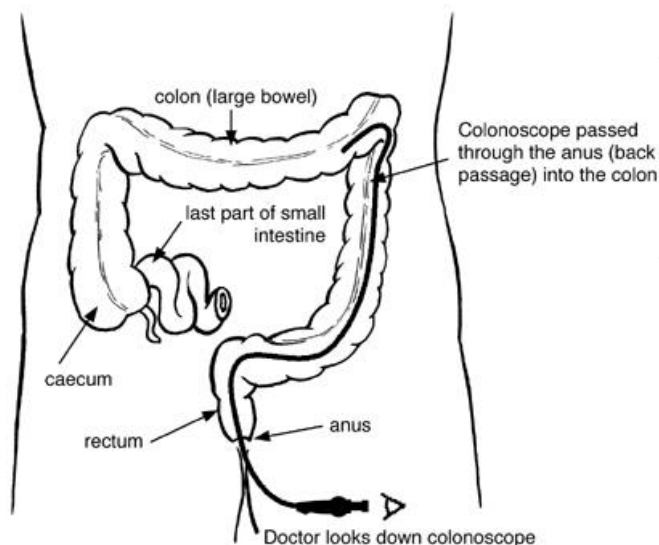
PATIENT INFORMATION
ENDOSCOPY UNIT

COLONOSCOPY



Why do I need a colonoscopy?

It has been recommended that you have a colonoscopy to help find the cause of your symptoms. The aim of the procedure is to assess the lining of your bowel to see whether there are any problems and decide if you need further treatment.



What is a colonoscopy?

- A colonoscopy is a procedure which allows us to assess the lining of your large bowel (your rectum and colon).
- In order to perform the procedure, we will gently pass a colonoscope through your anus into your large bowel. The colonoscope is a long flexible tube with a bright light at the end, which is about the thickness of your index finger.

Sometimes we will take a biopsy. This is a sample of the lining which we will examine in the laboratory. We will remove this small piece of tissue painlessly using tiny forceps through the colonoscope. It is also possible to remove polyps during the colonoscopy. Polyps are small growths of extra tissue on the bowel wall, which we will want to examine in more detail after we remove them.

What do I need to do to prepare?

Eating/drinking:

- For successful completion of the procedure, it is important that your bowel is completely empty of waste material.
- If your bowel is not clear, the Endoscopist might miss something important or have to repeat the procedure.
- To clear your bowel of waste material, your doctor has decided that you should take the laxatives that have been sent to you. **Please follow the instructions enclosed with the laxative drugs carefully.**
- Please **avoid** seeded bread products for **one week** before your procedure.
- You **should not** eat red jelly for **one week** before your procedure as this may colour the lining of your bowel.
- **Please drink clear fluids only up to two hours prior to the planned time of your procedure.**

Medication:

- Continue to take your normal medicines up to and including the day of your procedure.
- Do not take oral medications **1 hour** before or 1 hour after administration of bowel cleansing agent.
- **Blood thinning medication:** If you are taking blood thinning drugs, these can cause a risk of excessive bleeding when we perform your camera test or take any tissue samples. Please be aware that if we find any pathology during your test and this requires additional intervention, then you will be advised at the time of your test how best to manage your medications. Please follow these instruction:

Warfarin

- If you are taking Warfarin, please continue to take your normal medication but please ensure that your INR level is below 3. This needs to be checked two days prior to the day of your procedure. Please don't stop taking this unless you have been advised directly to stop.

Phenindione, Rivaroxaban, Apixaban, Dabigatran, Edoxaban Prasugrel, Ticagrelor or Clopidogrel.

- Please do not take any of these drugs on the morning of your procedure, unless you have been given specific instructions otherwise.

IF YOU ARE INVOLVED IN THE BOWEL CANCER SCREENING PROGRAMME PLEASE FOLLOW THE VERBAL AND WRITTEN INSTRUCTIONS THAT HAVE BEEN PROVIDED TO YOU BY THE SPECIALIST SCREENING PRACTITIONER.

IF YOU TAKE LONG TERM STEROIDS OR HYDROCORTISONE FOR ADRENAL INSUFFICIENCY PLEASE RING THE RELEVANT DEPARTMENT AND SPEAK TO A NURSE IF THIS HAS NOT ALREADY BEEN ADDRESSED.

Iron tablets.

- If you are taking you must stop taking these 7 days before the procedure. You will be able to start taking them again once the procedure is done.
- Please bring a list of any medications you are taking and any medication you may need to take after your procedure.

Oral contraceptives

- Patients taking should take alternative precautions during the week after the administration of the oral bowel cleansing agent

We will need to know if you feel unwell when you are due to come into hospital for your procedure. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

If you are diabetic

Please follow the instruction on page 7-8

General Information:

- Please remove any body piercings and jewellery before you leave home.
- Please do not bring valuables or money with you as Worcestershire Acute Hospitals NHS Trust cannot accept responsibility for these items.
- Please do not wear any nail varnish, lipstick or false nails. Please do not use any fake tan or body lotion on the day of your procedure.
- Due to the nature of this test, you may find wearing loose-fitting casual clothes more comfortable to travel home in.
- Please note your procedure may be performed by trainee doctors or other health professionals under the careful supervision of a Senior Doctor. You can decline to be involved in the training of trainee doctors and other health professionals – this will not affect your care or treatment.
- Our aim is to run the Endoscopy lists as close as we can to time, however the time taken to complete procedures can vary; delays are possible with some procedures. WE also deal with emergencies or acutely unwell patients these can arise without warning and may need to have their procedure performed in advance of planned patients. All of these issues can cause some delays.

What will happen on the day of my procedure?

Before the procedure you will be welcomed and assessed by an Endoscopy Nurse. Please bring your medicines or prescription. You may have been given a patient health questionnaire to fill in at home. We will need to know if you suffer from any other medical conditions, allergies or past operations etc. Alternatively, you will be asked to complete this with a nurse on arrival. The nurse will discuss the procedure with you, take your pulse, blood pressure and confirm that you wish to go ahead with the procedure. Your appointment time takes into account the time required to admit you to the unit by the nurse. You should expect to be with us for 1-3 hours including waiting and recovery time.

Making your procedure more comfortable:

Sedation:

We usually give you a sedative drug by injection through a small tube (venflon) in the back of your hand, to help make sure that you are relaxed and comfortable during the procedure. This is not a general anaesthetic, the sedative will not put you to sleep but helps to relax you; it is known as conscious sedation and as such you should be able to respond to verbal commands.

Please be aware you cannot have sedation unless you have a responsible adult who will accompany you home and care for you for a minimum of 12 hours. You must not drive yourself for 24 hours. If you fail to make appropriate arrangements for someone to accompany you home, we may have to cancel your procedure or offered gas and air or discuss the option of not having any medication for your procedure.

You may be offered Entonox (50% Oxygen and 50% nitrous oxide) as an alternative to sedation, this is a pain relief self-administered by the patient (gas and air) **(please read additional leaflet on Entonox)** you will be assessed for suitability on the day of your procedure, not everyone is suitable. **Entonox is available on all sites.**

What will happen during my colonoscopy?

- In the Endoscopy room you will be made to feel comfortable on a trolley, resting on your left side. A nurse will stay with you throughout the procedure.
- A nurse will attach blood pressure machine and a small device to your finger to monitor your pulse rate and oxygen saturation in your blood. We will then give you a sedative injection and oxygen throughout the procedure. Or the mouth piece for self-administration of entonox
- When the colonoscope has been gently passed into your anus, air will be passed through it to expand your bowel to give a clear view of the lining. This may make you feel a little bloated. The feeling will pass because most of the air will be removed as the colonoscope is removed from your bowel.
- The procedure generally takes between 20 and 30 minutes to complete.
- If necessary, we will take small tissue samples (biopsies) through the colonoscope. If safe and suitable the Endoscopist will remove polyps during the procedure and send them to the laboratories for analysis. It is unusual for either of these procedures to be painful.

What will happen after my colonoscopy?

After the procedure is over, you will be taken back to the recovery area and you will need to recover on the Endoscopy Unit for about an hour, (sedation only). You may feel a little bloated with wind pains but these usually settle quite quickly. A member of the Endoscopy Team will discuss the findings of this procedure with you and the person taking you home.

Leaving the hospital;

After Sedation only

- Once you get home, it is important to rest quietly for the rest of the day. This is very important if you have been sedated, sedation lasts longer than you think.

- You must have a responsible adult who will accompany you home and care for you for a minimum of 12 hours. You must not drive yourself for 24 hours, sign any legally binding documents, take sleeping tablets, work at heights – including ladders, use machinery or drink alcohol

The effects of the procedure and injection should wear off within 24 hours, when most patients are able to carry out normal activities again. If you work, we do advise you to have the following day off.

Entonox or No sedation

If you chose Entonox or No Sedation you will be able to drive normally and return to work after 30 minutes of recovery time

Analysing the biopsy/polyps removed:

- We will normally send any biopsies or polyps removed to the laboratory in the hospital for tests. It can take up to 7-10 days for the results to be available.

What are the risks of having a Colonoscopy?

A colonoscopy is usually safe but in rare cases it can cause harm to the bowel. According to our national guidance there is a risk of:

- Bleeding which occurs about 1 person in every 400 or from where polyp has been removed (less than 1 in every 150 tests for polyps larger than 1cm) has bleeding after their colonoscopy but it is usually easy to stop. Rarely, the bleeding is more difficult to stop and means that the person needs to be admitted to hospital. This happens to about 1 in every 2000 people having a colonoscopy.
- Perforation which occurs even more rarely, colonoscopy can cause a small tear in the bowel. For a diagnostic procedure, this happens to about 1 in 2000 and to about 1 in 500 after polypectomy. This is treated conservatively with hospital admission and antibiotics however some people will need surgery to repair their bowel.
- Risk to life occurs approximately 1 in 15,000.
- Missed polyps, growth or bowel disease
- Not completing the procedure on some occasions, this is due to technical difficulties, such as bowel preparation not working effectively making it difficult for the endoscopist to examine.
- Side effects such as bloating and abdominal discomfort (this is not unusual for a few hours following the procedure), reactions to the laxatives given, loose bowel actions for 24 hours after the procedure and reactions to medications given.

If you are attending the Endoscopy Unit at Kidderminster Hospital or Evesham Community Hospital, to deal with any problems that arise during or after your procedure

we may need to transfer you to the Alexandra Hospital in Redditch or the Worcestershire Royal Hospital in Worcester.

If you have diabetes:

If you monitor your blood glucose, please monitor it every 2 hours on the day of your procedure up to admission where it will be checked by a member of the nursing team

Patients with Insulin Treated Diabetes

Basal-bolus regimen (injections 3 or more times a day)

Instructions for the day before the colonoscopy:

Give half the usual rapid acting insulin doses with each meal (e.g. Novorapid®, Humalog®). Continue the usual dose of long acting insulin (e.g. Lantus®) if taken in the morning, but reduce the dose by 20% if taken in the evening.

If on a once or twice daily insulin regimen, take half the usual dose of insulin.

The instructions for bowel preparation should be followed. Some of the oral fluids contain glucose e.g. apple juice, Lucozade or squash (not sugar-free).

Instructions for the day of colonoscopy:

Basal-Bolus regimens (Injections 3 or more times a day)

Before the procedure:

For those taking long-acting insulin (e.g. Lantus®, Levemir®) in the morning, reduce the usual dose by 20%. For those taking rapid acting insulin (e.g. Novorapid®, Humalog®) with breakfast, omit this before the test.

After the procedure:

Give the rapid acting insulin with the first meal following the procedure. The usual basal dose of insulin should be given in the evening.

Insulin: Twice daily regimens

Mixed insulin injections twice a day (e.g. Novomix 30®, Humalog Mix 25® or 50®)

Before the procedure: Half the usual morning dose of insulin should be given.

After the procedure: The usual evening dose of insulin should be given.

Insulin: Once daily regimens (Injections once a day, e.g. Insulatard®, Humulin I®)

A 20% reduction of the usual dose of insulin should be given if taken in the morning. The usual dose should be given if the insulin is taken in the evening.

If there is any doubt or concern, the local diabetes specialist nurse or consultant should be contacted for advice.

If more than one meal is to be missed, or there are two consecutive blood glucose levels above 15mmol/l, consider commencing CVRIII.

Patients with Diabetes Treated With Tablets and/or a GLP-1 Agonist

The day before the test

The usual diabetes treatment should be omitted.

The instructions for bowel preparation should be followed. Some of the oral fluids contain glucose e.g. apple juice, lucozade or squash (not sugar-free).

The day of the test

The usual diabetes treatment should be omitted in the morning. Fluids (including some that contain glucose) should be drunk. It is recommended that blood glucose is checked every 2 hours from waking until the test.

After the test

Usual diabetes treatment should be resumed.

If there is any doubt or concern, the local Diabetes Specialist Nurse or consultant should be contacted.

Adapted from **WAHT-END-012- Guideline for the Management of diabetes for patients undergoing Endoscopy Procedures 2020**

Contact Details:

If you have any specific concerns about your procedure, that you feel have not been answered and need explaining, please contact the following:

Alexandra Hospital Redditch

- Booking Office – 01527 505751
- Endoscopy Nursing Staff – 01527 512014

Evesham Community Hospital

- 01386 502443

Kidderminster Hospital

- Booking Office – 01562 826328
- Endoscopy Nursing Staff – 01562 513249

Worcestershire Royal Hospital

- Booking Office – 01905 760856
- Endoscopy Nursing Staff – 01905 733085

Other Information:

The following internet websites contain information that you may find useful:

- www.worcestershirehealth.nhs.uk/Acute_Trust
Information about Worcestershire Acute Hospitals NHS Trust
- www.patient.co.uk
Information on fact sheets on health and disease (Diagram taken from website)
- www.nhsdirect.nhs.uk
On-line health encyclopaedia and best treatments website

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.