

Goole Surgical Treatment Centre



Colonoscopy - *Guide to the test* Afternoon Appointment - Day Surgery Unit



*Welcome and thank you for making
Goole Surgical Treatment Centre your first choice*

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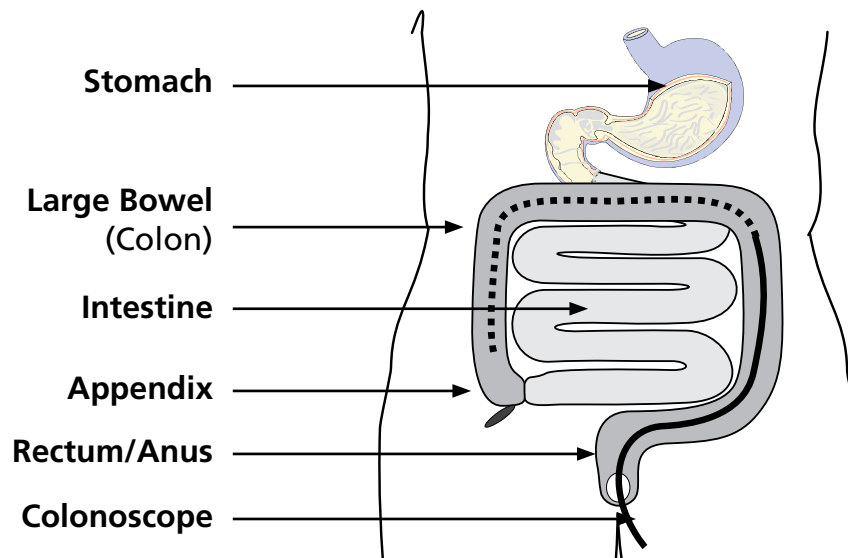
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What is a Colonoscopy?

A colonoscopy is a test that allows the doctor to look directly at the lining of the **large bowel** (also called the colon or large intestine), from the **rectum** (back passage) through the large bowel to the lower end of the small bowel (also called the small intestine).

During the procedure a thin flexible 'fibre-optic' tube called a **colonoscope** is passed through the anus (opening to the back passage) into the large bowel. The end of the colonoscope contains a light and conveys images to a viewing screen allowing the doctor a clear view of the bowel lining. As well as looking at the lining, **biopsies** (small pieces of tissue samples- for examination under microscope) can be taken and **polyps** (small protruding growths) can be removed.

The test is usually carried out to investigate bowel symptoms such as bleeding from the anus, changes in bowel movements, abdominal pain or abnormalities revealed by other investigations, such as barium enema.



What do I need to know before admission?

You will be asked to attend the Day Surgery Unit situated on the first floor. You can expect to be in the Unit between 2 and 4 hours. As a colonoscopy is carried out under sedation please arrange for a friend or relative to accompany you to and from the Unit.

If you are taking prescribed medication please contact the Day Surgery Unit.

Please bring a list of your medication with you. You can then be advised what medication you can take whilst taking the preparation and on the day of your colonoscopy.

Patients on warfarin, clopidogrel, aspirin or any blood thinning tablets **MUST** seek medical advice from their GP prior to the examination or contact the Endoscopy Unit.

If you have a pacemaker please contact the Endoscopy Unit and give them as much information as you can.

Important information for diabetics

If you are diabetic, please contact the Diabetes Centre on 01724 290428 before you come into hospital. The Diabetes Nurse Specialists can then advise you on your medication.

Pages 6/7 also details specific fasting/bowel preparation instructions for diabetic patients.

Bowel Preparation

It is important that you carry out the following instructions before your colonoscopy:

1. Do not take any iron tablets for one week before your colonoscopy.

2. Take the laxative (bowel preparation) as per the following instructions.
3. Be prepared for frequent bowel movements starting 2-3 hours after the first dose of laxative. Ideally stay at home and be near a toilet.
4. Fast as instructed. It is also important that you follow the bowel preparation instructions as your bowel needs to be as clear as possible during the test. If it is not certain areas may be obscured and the test may need to be repeated.

What do I need to do the day before the test?

You will be given a laxative to take on the day before the test. It is important that you follow the instructions carefully and take the entire laxative and drink a lot more fluids than normal. This will make sure that your bowel is empty, so that the doctor has a clear view.

Each sachet of laxative contains a white powder. This dissolves in a glass of water to make a drink. Soon after drinking the 1st dose you will have lots of watery bowel movements (it can sometimes take a few hours to start), so stay near a toilet, because you may need to use it urgently.

It is important to drink lots of fluids with the laxative to ensure you have a clear bowel and so you do not become ill (because you will be passing lots of watery bowel motions).

Do not eat any solid food after the 1st sachet

Day before the test	12 - 1 pm	Bovril/Oxo/Clear soups - Clear jelly pudding
	2 pm	1 st sachet of Picolax®
	5 - 6 pm	Bovril/Oxo/Clear soups Clear jelly pudding

Day of the test	8 am	Bovril/Oxo/Clear soups - Clear jelly pudding
	9 am	2 nd sachet of Picolax®

During the day you should also have:

Extra Fluids You should Have	- Fruit squashes - Water - Tea/Coffee [SKIMMED MILK] - Bovril/Oxo - Lucozade®
You may Also have	- Clear jelly puddings - Boiled sweets - Glucose tablets

Try to have at least 3 litres [**6 pints**] of fluid with your bowel preparation [or more if you would normally drink this much]. ***We suggest that you drink at least a glass or cup full of fluid each hour.*** Continue to drink up to 2 hours before your appointment time.

Diabetics

- It is important when following the instructions given to make up your carbohydrate allowance by substituting sweetened drinks. (This should keep your blood sugar stable).
- Throughout the preparation it is advisable to measure your blood sugar before each mealtime or check your urine 2 hours after each mealtime.
- Examples of sweetened drinks to substitute **EACH HOUR** are:
50 ml/2 floz Lucozade®
2 teaspoons sugar in tea/coffee/water
100 ml/4 floz sweetened lemonade
3 Glucose tablets

If you are unhappy or in doubt about the results of your blood sugars, or have any questions, please contact your GP or the Diabetic Specialist Nurse [01724] 290428

Top Tip: So that you don't get bored try to vary your drinks!

3 pm		9 am	
4 pm		10 am	
5 pm		11 am	
6 pm		12 noon	
7 pm		1 pm	
8 pm			

To help you to keep track use the chart above to tick each time you have a drink. **Please continue to drink until 2 hours before your appointment.**

What happens on admission?

On the day of admission a nurse will complete an admission document with all your personal details. She will check your pulse, blood pressure and oxygen levels. She will explain the procedure to you, inform you of the potential risks and complications of colonoscopy, and also answer any questions you may have. The nurse will then ask you to sign the consent form for the procedure once you have read it carefully and understood it in full.

You will be asked to change into a hospital gown and dressing gown. Dentures, spectacles and contact lenses can be removed later on; the nurses will tell you when.

What happens during the Colonoscopy?

You will be taken to an examination room for the procedure. The nurses will help you lie down in the correct position on a couch, resting on your left side with your knees bent. A nurse will stay with you throughout the test.

The doctor or the nurse will insert a cannula (thin plastic tube) into a vein in your hand or arm. This provides a route for the drugs to be given during the procedure.

A sedative drug will be injected via the cannula into your arm. This is not a full anaesthetic but it will make you very relaxed and sleepy. You may also be given analgesia (pain relieving drugs) via the cannula to ensure any pain you might feel during the procedure is minimised. A fine soft tube will be placed into one nostril to give you a little extra oxygen to breathe and a small device will be attached to you finger or thumb to monitor your pulse rate and oxygen levels during the test.

Once you are sedated the test will be carried out as follows:

1. Firstly, the colonoscope is lubricated with some jelly and gently passed through the anus into the large bowel. Air may then be passed through it to distend (open) the bowel to allow a clear view of the lining.
2. If the doctor finds any change in any tissue a tiny piece may be removed (biopsy) using instruments passed through the colonoscope. If any polyps are found, these may also be removed (polypectomy). Any samples of tissues removed, including polyps, are sent to the laboratory for specialist examination.
3. If any bleeding in the colon is discovered, the doctor will use either a laser, heated probe or inject certain medications

through the colonoscope to stop the bleeding.

The procedure can last from 20 minutes up to an hour depending upon the procedures performed.

What happens after the Colonoscopy?

After the test you can expect to rest for a while in the recovery area on the Unit. The nursing staff will check your pulse, blood pressure and oxygen levels, and generally assess how you have recovered from the test. If you feel unwell at all please let the staff know.

You may feel a little bloated and experience wind pains, due to the air passed into the colon during the test, please don't feel embarrassed if you need to pass wind, this will help relieve the discomfort quite quickly. If you are in pain, please inform the endoscopy staff as soon as possible.

You will be given something to eat and drink after about an hour of coming round from the sedation. The nurse will speak to you about your colonoscopy, discuss the findings, and will issue you a copy of your discharge letter.

Most patients are well enough to go home the same day as having a colonoscopy, but occasionally patients may be required to stay in hospital longer for observation or further treatment.

Discharge advice

If after your colonoscopy you are allowed home the same day it is **essential that someone comes to collect you and stays with you for the rest of the day**. Once home, it is important to rest quietly for the remainder of the day. Sedation lasts longer than you think.

Furthermore you should avoid the following activities for at least 24 hours after the procedure:

- going to work
- driving
- operating machinery
- drinking alcohol
- signing any legally binding documents
- carrying out any activities involving heights
- caring for young children (sole responsibility)

You may find that if you had biopsies or polyps removed, you pass small traces of blood from your back passage following the procedure. This should not persist however or increase in amount. If this occurs or you start to feel unwell or develop severe abdominal pain, you must contact the Unit or your GP as soon as possible.

What are the benefits of the procedure?

This procedure enables us to have direct vision of the bowel lining to aid diagnosis and treatment.

What are the risks and complications of Colonoscopy?

It is very important that you are aware of the potential risks and complications of colonoscopy before giving your consent to the procedure. These include:

- **Internal bleeding (haemorrhage)**

This may occur at the site of a biopsy or where a polyp has been removed. The bleeding is usually resolved without any treatment but in a minority of cases may be serious.

The risk of internal bleeding is approximately 1 in 500 rising to 1 in 67 if a polypectomy is carried out. The likelihood of serious bleeding is generally associated with the removal of larger polyps.

- **Perforation**

Damage to the lining of the large bowel (perforation) may result in the leakage of intestinal contents into the abdominal cavity. The risk of bowel perforation is approximately 1 in 750. This can be a potentially serious complication, and may need to be surgically repaired.

NB: There is no evidence that the complication rates after Colonoscopy at Goole Surgical Treatment Centre are different from the averages quoted.

Every effort is made to reduce the risk of these complications occurring. If you are concerned about any of these risks and complications, please discuss this with the consultant or member of their staff **before** the procedure.

Are there any alternatives?

Barium Enema

If you have blood in your stools, some hospitals in the UK recommend a test called a Barium Enema. For this test your bowel is filled with a dye that shows any cancer, polyps or weaknesses in your bowel (diverticulitis) on an X-ray. The test is done in hospital by specially trained doctors called radiologists. It isn't as good as a colonoscopy at spotting cancer, but it is very safe. There's no risk of bleeding or damage to the bowel.

Some people have a Barium Enema, then a Colonoscopy. For example, if your Barium Enema showed up a polyp, you might have a colonoscopy to have the polyp removed.

CT Colonography

A test called CT Colonography can be done but it is not available at this hospital

Do you need further information?

If you have any questions or concerns, please contact:
Day Surgery Unit

Telephone the Unit direct on **(01724) 290040** between the hours of 9am and 5pm

OR

Contact your GP.

Sources of further information/support

CancerBACUP

3 Bath Place, Rivington Street, London EC2A 3JR
Tel: 020 7696 9003 or Freephone 0800 181199
Fax: 020 7696 9002

www.cancerbacup.org.uk

Coeliac Society

PO Box 220, High Wycombe, Bucks, HP11 2HY
(Please enclose a stamped addressed envelope with your enquiry)

Digestive Disorders Foundation

3 St Andrew's Place, London, NW1 4L
Tel: 020 7486 0341
Fax: 020 7224 2012

www.digestivedisorders.org.uk

National Association for Colitis & Crohn's Disease (NACC)

4 Beaumont House, Sutton Road, St Albans, Herts, AL1 5HH
Tel: 01727 844926 (information line)
Fax: 01727 862550
www.nacc.org.uk

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Macrae FA, Tan KG and Williams CB (1993) Towards safer colonoscopy: a report on the complications of 5000 diagnostic or therapeutic colonoscopies. *Gut* 24: 376-383

Medical-Legal (1999) *Colonoscopy: What is it and what can I expect?*
www.medical-legal.co.uk

National Digestive Disease Information Clearinghouse (1998)
Colonoscopy

www.niddk.nih.gov Puchner R, Allinger S, Doblhofer F, Wallner M and Knoflach P (1996) Complications of diagnostic and therapeutic colonoscopy: Results of 10,000 examinations. *Wiener Klinische Wochenschrift* 108(5): 142-46

Waye JD (1993) Management of complications of colonoscopic polypectomy. *Gastroenterologist* 1 (2): 158-64

British Society of Gastroenterology

Concerns and Queries

If you have any concerns/queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

If you need further assistance, the Patient Advice and Liaison Service (PALS) will be able to help. They can be contacted on (01724) 290172 or at the PALS office.

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment; managing and planning the NHS; training and educating staff; research etc). It is stored on paper and on computerised systems in line with the Data Protection Act 1998.

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth. Please be assured, however, that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero tolerance—violent, threatening and abusive behaviour

The Trust, and its staff, are committed to providing high quality care to patients within the hospital. However, we wish to advise all patients/visitors that the following inappropriate behavior will **NOT** be tolerated:-

Swearing; threatening/abusive behaviour or verbal/physical abuse.

The Trust reserves the right to withdraw from treating patients who have inappropriate behaviour and will ensure the removal of those persons from the premises. All acts of criminal violence and aggressions will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help reduce risk. Perhaps you have experienced something whilst in hospital; whilst attending as an out-patient or as a visitor and you felt at risk. Please tell a member of staff on the ward or in the department you are attending/visiting.



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