



GIG
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NHS
Wales

Bwrdd Iechyd Prifysgol
Cardiff a'r Fro
Cardiff and Vale
University Health Board

Colonoscopy

The Procedure Explained

This booklet contains information about your Procedure and the Consent Form.

**Please bring this booklet with you
when you attend your Appointment.**

Summary of Important Points

Please note that the time given to you is your arrival time and not the time of your procedure. The time taken to perform endoscopy procedures vary and emergency patients sometimes need to be accommodated. Due to this, there can sometimes be a wait before you are taken into the procedure room. The approximate length of time that you will be within the department is around 2 to 3 hours, but can be longer.

- If you are unable to keep your appointment, please notify the endoscopy administrative team **as soon as possible**.
- **Have you read this booklet?** You will need to do this before speaking to a member of the endoscopy administrative team for pre-assessment and arranging an appointment date and time. **You should also tell us if you require an interpreter.**
- Have you **signed the coloured Consent Form** at the back of this booklet?
- You will need to take the bowel preparation as per the instructions sent with this booklet.
- We advise that you bring a dressing gown and slippers with you, although they are not required in all cases.
- **Do not** bring valuables with you. The hospital **cannot accept any responsibility** for the loss or damage to personal property during your time on these premises.
- If you are having sedation, you will **not be permitted to drive home or use public transport on your own**, so you must arrange for a responsible adult to collect you. The nurse will need to be given their telephone number so that they can contact them when you are ready for discharge. **Someone will also need to stay with you for at least 4 hours after leaving the department.**

Please note that if you decide to have sedation **you are not permitted to drive, operate heavy machinery or sign any legally binding documents. You should also refrain from drinking alcohol or working for 24 hours following the procedure.**

This booklet has been written to help you to make an informed decision in relation to agreeing to the investigation and whether you wish sedation to be used. Attached to the booklet is the Consent Form (coloured pages).

The Consent Form is a legal document, therefore please read it carefully. Once you have read and understood all the information including the possibility of complications, and you agree to undergo the investigation, **please sign and date the consent form (this can be done at home) and bring it with you to your appointment**. You will notice that a Welsh and English language copy of the Consent Form is included - please fill it in while it is still attached to this booklet. A copy will be available for you to keep for your records.

If however there is anything you do not understand or wish to discuss further do not sign the form but bring it with you and sign it after you have spoken to a healthcare professional. Even if you have signed the Consent Form you can still change your mind about having the procedure at any time.

What is a colonoscopy?

The procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon).

This test is the most accurate way of looking at the lining of your large bowel, to establish whether there is any disease present. This investigation is performed with a flexible instrument called a colonoscope. Within each colonoscope is an illumination channel, which enables light to be directed onto the lining of your bowel, and another which relays pictures back to a television screen. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

It will be performed by, or under the supervision of, a trained doctor or nurse endoscopist and we will make the investigation as comfortable as possible for you. When you are having a colonoscopy procedure you will be offered a mild sedative and painkiller.

Why do I need to have a colonoscopy?

You may have been advised to undergo this investigation of your large bowel to try and find the cause for your symptoms, help with treatment, and if necessary, to decide on further investigation.

Other reasons for this investigation include: the follow-up inspection of previous disease; assessing the clinical importance of an abnormality seen on an x-ray test; as a screening test for bowel polyps or cancer.

A CT scan can be performed as an alternative, but has the disadvantage that samples of the bowel cannot be taken if an abnormality is found. If this is the case a subsequent endoscopic examination (colonoscopy) may still be required. However, if you do not want to have a colonoscopy test please inform the endoscopy administration team as soon as possible so your appointment can be offered to another patient.

Preparing for the investigation

It is necessary to have clear views of the bowel. You will be asked to follow a low fibre diet and be sent a strong laxative to take. Please follow the instructions in the information sheet sent with this booklet. If you have any queries do not hesitate to contact the endoscopy administrative team for further advice.

We advise that you **avoid any foods containing seeds or nuts and red coloured jellies for 2 days prior to the colonoscopy**, as they affect the views of the bowel.

On the day of the examination

You should continue taking lots of water or clear fluids until you attend for your appointment, unless you are also undergoing an OGD procedure.

If you are booked for an OGD procedure on the same day as your colonoscopy, you should stop drinking fluids 2 hours before your appointment.

What about my medication?

You will be asked about any medications you take during your pre-assessment so please make sure you have a list available. **Your routine medication should be taken as normal unless advised otherwise or you are taking those detailed below:**

If you are taking iron tablets you must stop these **1 week prior** to your appointment. If you are taking stool bulking agents (e.g. Fybogel, Normacol) or anti-diarrhoea agents such as Loperamide (Imodium) or Codeine Phosphate, you must stop these **3 days prior** to your appointment.

Diabetics

If you are diabetic controlled on insulin or medication, please telephone the Diabetic Nurse Specialist on 029 20748969 (University Hospital of Wales) or 029 20715651 (Llandough) for advice prior to your appointment.

What happens when I arrive?

When you arrive in the endoscopy department you should report to the reception area. Following this, a qualified nurse will call you into a side room to ask you a few questions regarding your medical condition and any past surgery or illness you have had, to confirm that you are sufficiently fit to undergo the investigation. They will also confirm your arrangements for getting home. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.

Your blood pressure, heart rate and oxygen levels will be recorded and if you are diabetic, your blood glucose level will also be checked.

If you have not already done so, and you are happy to proceed, you will be asked to sign your Consent Form at this point.

Intravenous sedation

You will be offered a mild sedative and painkiller, but colonoscopy can be done without these medications if you choose. A nurse or doctor will need to insert a cannula (small plastic tube) into a vein in your hand or arm, through which the sedation and bowel anti-spasmodic medication can be administered later, in the procedure room.

The sedation will make you feel relaxed and sometimes slightly drowsy, but **not unconscious (or 'knocked out')**. You will be in a state called conscious sedation: this means that you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation can sometimes affect your memory of the procedure but this is very variable. You will usually be aware of some discomfort but the endoscopist will try to keep this to a minimum.

Whilst you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the

procedure. Your blood pressure is also recorded. You will be given additional oxygen through your nose *via* a nasal cannula (tube).

The colonoscopy investigation

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves. They will initially ask some questions as part of a routine safety checklist.

The nurse looking after you will ask you to lie on your left side. They will then place the oxygen monitoring probe on your finger and a blood pressure cuff around your arm. If receiving sedation, the medication will then be administered into the cannula in your vein to relax you.

The colonoscope is inserted through the anus and manoeuvred around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time, but the endoscopist will try to minimise any discomfort. **This may involve rolling you into different positions.** Air or carbon dioxide gas is passed into the bowel during the investigation to facilitate the passage of the colonoscope. This may make you feel bloated and give you the sensation you want to go to the toilet. You should tell the endoscopist or nurse if you want the procedure to stop at any point.

During the investigation, the endoscopist may need to take some tissue samples (biopsies) from the lining of the bowel for analysis: this is painless.

The risks are of mechanical damage from the colonoscope, causing a perforation or tear in the lining of the bowel (about 1 in 1,000). There is a greater risk of perforation at the site where a polyp is removed. This is about 1 in 500 procedures but may be greater for larger polyps or after EMR. Perforation may occur at the time of the procedure and may be dealt with immediately by the endoscopist but very occasionally it can occur up to 10 days after the procedure. It is possible that a surgical operation may be required to deal with this. If you develop persistent abdominal pain or distension (swelling) after the test you should seek immediate medical advice.

Bleeding may also occur at the site of a biopsy or polypectomy. The risk is about 1 in 100-200 but is greater for larger polyps or EMR procedures. This is usually minor and dealt with at the time of the procedure but occasionally may occur several days later. If you

pass a significant amount of fresh or altered blood after the test you should seek immediate medical advice. An operation is sometimes required to deal with this.

Clips

Sometimes small metal clips are used to reduce the risk of bleeding or treat bleeding or perforation when polyps are removed. They are painless to apply. They usually fall off after a few weeks and are passed naturally in the stool. However, it is important that you inform us if you are due an MRI scan within one month after your procedure, as clips may move during this test if still present.

Risk of sedation

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. These risks are higher in older patients and those who have significant health problems (e.g. people with severe breathing difficulties) and so the endoscopist may need to discuss sedation with you in more detail before having the procedure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose will be monitored. It is normal to experience mild abdominal discomfort and bloating after the procedure. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing.

Once you have recovered from the initial effects of the sedation, you will be moved to a comfortable chair and offered a hot or cold drink and biscuits. Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations required. They will also inform you if you require further appointments.