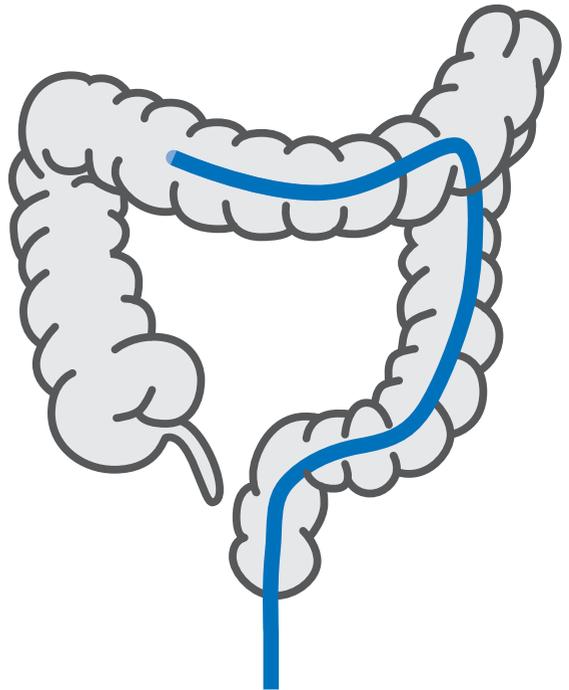


Colonoscopy

The James Cook University Hospital
& Friarage Hospital Northallerton

Endoscopy Unit
Patient Information



What is a Colonoscopy?

A colonoscopy is a test, which allows the doctor to look at the lining of the colon (large bowel). This is done by passing a long flexible tube (the thickness of your index finger) through the anus and into the bowel. In some cases it may be necessary to take biopsies (small samples of tissue), these are taken using tiny forceps and are sent to the laboratory. Taking biopsies is painless and very safe. It may also be necessary for the doctor to remove polyps from the lining of the colon.

Your colon is about three feet long. In 3-4% of tests the very top end of the colon may not be reached.

The procedure takes approximately 30 minutes; your expected stay could be **up** to four hours. **However, the department is very busy and your investigation may be delayed if emergencies occur, these patients will obviously be given priority over the less urgent cases.**

Benefits

This examination allows the doctor to obtain a very clear and thorough inspection of your bowel (colon). Disease of the colon can either be ruled out or diagnosed accurately.

Is there an alternative?

Your colon could be examined by a barium enema x-ray test:

- It would involve the insertion of a short tube through your anus into the back passage. A milky like mixture, together with air, is then passed into the colon via a flexible tube (to show up the outline of the bowel on the x-ray pictures).
- It would be necessary for you to co-operate with the test and to hold in the air and liquid.
- No sedation is given.

- The laxative preparation of the colon is exactly the same
- Mild inflammation of the colon would probably be missed with this test.
- This test almost always shows the whole length of the colon and has even less risk than a colonoscopy. However, polyps cannot be removed and biopsies cannot be taken and so a colonoscopy would still be needed, as well, if the barium enema were to suggest an abnormality
- If you might prefer this, ask your doctor.

Prior to admission

In order for the doctor to have a good clear view of the bowel it is essential that the bowel is completely empty.

There are different preparations used to clear the bowel. Full instructions will be given to you when you book your test. If these instructions are not followed your test may be cancelled. Occasionally an enema may be required on admission.

You must keep taking any essential prescribed tablets. If you are diabetic or taking any anticoagulants (blood thinning tablets), you will be given the necessary instructions at the time of booking your test. **Iron tablets must be stopped one week prior to your test.**

What happens in endoscopy?

On the day of your procedure, you will be shown to your bed and asked to change into a gown, dressing gown (we do have some available) and slippers.

There are many patients admitted to endoscopy each day and some waiting is expected. Please be patient and bring something to occupy yourself during this time.

Your admission paperwork will be completed. You will be seen by a doctor / nurse who will discuss the test allowing time for you to express any worries or questions you may have, then ensuring you fully understand the procedure you are about to undergo, he / she will ask you to sign a consent form, giving the endoscopist permission to perform the procedure.

Intravenous sedation / pain relief

You will have an injection into a vein in your hand or arm. **This will make you more relaxed but you will not be unconscious.** You will be in a state called co-operative sedation. This means that, although you may be drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation may make it difficult for you to recall the test accurately.

Pain relief is also given intravenously, and on occasion, gas and air (entonox) can be used to enhance sedation / pain relief OR on its own. This will be discussed at your pre-assessment to see if this is appropriate for you.

Your colonoscopy

For this examination you will be taken from your bed area to the endoscopy treatment room.

During the procedure, oxygen will be administered; your blood pressure recorded and a small probe will be placed on your finger to monitor your pulse.

The endoscopist will give the sedation and painkiller at this point. The endoscopist will then start the test.

When the test is completed you will then be transferred to the ward and observed by a nurse until you are ready for discharge home.

After the procedure you may have some discomfort due to air being put in during the test. This is easily passed and any discomfort will soon disappear.

Risks of the procedure

Having a colonoscopy is classified as an invasive investigation and because of that has the possibility of associated complications. These occur extremely infrequently.

Sedation:

Sedation can occasionally cause problems with breathing, heart rate and blood pressure. 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.

Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by the endoscopy team before having the procedure.

The procedure:

Perforation (or tear of the lining) of the bowel (risk approximately 1 for every 1000 examinations). An operation is often required to repair the hole. The risk of perforation is higher with polyp removal (less than 1 in 100).

Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). Typically minor in degree, such bleeding may either simply stop on its own or if it does not, be controlled by cauterization or injection treatment.

What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or biopsied by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

Polypectomy – a polyp may be removed in one of two ways both using an electrical current known as diathermy.

- For large polyps a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed
- Flat polyps (without a stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.
- For smaller polyps biopsy forceps hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

After the procedure

When the test is completed you will then be transferred to the recovery area for further observation. You will be encouraged to pass wind before being discharged to go home.

On discharge we will endeavour to give you as much information as possible about your procedure with recommendations for treatment or management.

Discharge advice

If you have sedation you will not be able to drive for 24 hours following sedation, and then only if you can safely control your vehicle. (Ultimate responsibility for re-commencing driving lies with you the patient – if in doubt please consult your G.P./M.O.). If gas and air (entonox) is used, without sedation, then you will not be able to drive for half an hour after your procedure.

Following sedation you must not:

- operate machinery / electrical equipment
- make any 'important' legal decisions
- look after any dependants
- drink alcohol
- take sleeping tablets

Questions or experiencing any problems?

If you have had a procedure at the James Cook site please contact the Endoscopy Unit between 7.30am - 8pm, (Monday to Friday) on 01642 854845 or Ward 6 out of these hours on 01642 854506.

If your procedure was at the Friarage hospital please contact the Endoscopy Unit between 8am and 6pm, (Monday to Friday) on (01609) 764853.

In the case of an emergency or out of these hours please contact Allerton Ward on 01609 764404 or 01609 764564 or your out of hours GP, Accident and Emergency or 111.

Also, we would be pleased to hear any comments that you may have on this leaflet.

Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

If you require this information in a different format please contact Freephone 0800 0282451

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