

# Having a Colonoscopy



# Colonoscopy information

You have been advised by Mr Jourdan to have an investigation known as a colonoscopy.

## **This procedure requires your formal consent.**

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation.

The procedure you will be having is called a colonoscopy.

This is an examination of your large bowel (colon). It will be performed by Mr Jourdan. When you are having a colonoscopy procedure you will usually be given sedation and analgesia.

## **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. Follow-up inspection of previous disease.
- Assessing the clinical importance of an abnormality seen on an x-ray.
- A CT Colonogram examination is an alternative investigation to colonoscopy. It 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 may be required.

## What is a colonoscopy?

This test is a very accurate way of looking at the lining of your large bowel (colon), to establish whether there is any disease present. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary.

The instrument used in this investigation is called a colonoscope, (scope) and is flexible. Within each scope is an illumination channel which enables light to be directed onto the lining of your bowel, and another which relays pictures back, onto a television screen. This enables the endoscopist to have a clear view and to check whether or not disease or inflammation is present.

During the investigation the endoscopist may need to take some samples from the lining of your colon for analysis: this is painless. The samples will be retained. A video recording and/or photographs may be taken for your records.

## Preparing for the investigation

### Eating and drinking

It is necessary to have clear views of the lower bowel.

### Two days before your appointment

You will need to be on a low fibre diet and considerably increase your fluid intake. A diet sheet is included with the laxative sent to you

### One day before -Taking laxative to clear your colon

It is important that your bowel is completely empty so that Mr Jourdan has a good view of your colon. Please follow instructions **A** if your colonoscopy is in the morning or **B** if it is in the afternoon.

It is also important that you read the product leaflet as it contains more information on the medicine that you are taking, but please do not follow the instructions on that leaflet for taking the medicine as you must not have any solid food whilst you are taking the Picolax.

Picolax is a preparation used to clear the bowel before some investigations and some types of surgery. It comes as a powder, which, when mixed with water makes a solution, which you then drink as instructed. It works by increasing the activity of the bowel and also by holding water in the bowel, which helps to wash it out.

You will need to start taking the Picolax the day before your

appointment. You must not eat any solid food while taking Picolax, but it is very important that you drink plenty of clear liquid. This will help to avoid dehydration, ensure a clean bowel and prevent you feeling too hungry.

Picolax usually starts to work fairly soon after you take it and may continue to work for up to six hours after the first dose and up to 3 hours after the second dose.

Therefore it is a good idea to make sure you are within easy reach of a toilet during this time.

The effect of Picolax can make your bottom quite sore, so you may wish to apply some Vaseline or Sudocrem before you start. Drinking the Picolax through a straw can make it easier to take.

Picolax should always be mixed with water, 150-250 ml of cold tap water should be sufficient. It is not unusual for the mixture to become hot when mixed, if this is the case leave it to cool before taking. Try to keep warm as you may begin to feel cold when the Picolax starts to work.

The success of your procedure depends on your bowel being clear. The procedure may need to be repeated if the bowel is not adequately cleared out. Please take the Picolax as described below. If you have any queries please contact your consultant's secretary.

## **On the day of the examination**

You may continue taking clear fluids until you attend for your appointment

<b>A. MORNING APPOINTMENT</b>	<b>B. AFTERNOON APPOINTMENT</b>
<p>The day before the procedure – In place of breakfast, at 8am mix the first sachet with a cup of cold water, stir and drink the solution. You should not eat any food until after your procedure.</p>	<p>The day before the procedure – Have a light lunch at about 1pm, this will be your last meal until after the procedure. At 7pm mix the first sachet with a cup of cold water, stir and drink the solution</p>
<p>To replace fluid lost from your body it is important that you drink plenty of clear fluids. Try to drink a glass of fluid (about 250ml) every hour while the Picolax is working. You can drink water, energy drinks, soda water, black tea or coffee, fizzy drinks, fruit juice ( with no bits), squash ( but avoid blackcurrant) herbal or fruit teas, drinks made from Marmite, Bovril or stock cubes, clear soup or consommé <b>DO NOT DRINK MILK</b></p>	<p>To replace fluid lost from your body it is important that you drink plenty of clear fluids. Try to drink a glass of fluid (about 250ml) every hour while the Picolax is working. You can drink water, energy drinks, soda water, black tea or coffee, fizzy drinks, fruit juice ( with no bits), squash ( but avoid blackcurrant) herbal or fruit teas, drinks made from Marmite, Bovril or stock cubes, clear soup or consommé <b>DO NOT DRINK MILK</b> Continue drinking until bedtime.</p>
<p>At 7pm take the second sachet of Picolax</p>	<p>At 8am take the second sachet of Picolax</p>
<p>Continue drinking until bedtime</p>	<p>Continue drinking until you have your colonoscopy.</p>
<p>In the morning you may drink until you have your colonoscopy..</p>	

## What about my medication?

### Routine Medication

#### Your routine medication should be taken

If you are taking iron tablets you must stop these one week prior to your appointment. If you are taking stool bulking agents (e.g. Fybogel, Regulan, Proctofibe), Loperamide (Imodium) Lomotil or Codeine Phosphate you must stop these **3 days prior** to your appointment.

### Diabetics

If you are diabetic and controlled on insulin or medication, please ensure the Endoscopy department is aware so that the appointment can be made at the beginning of the list.

### Anticoagulants/Allergies

If you are taking anticoagulants such as warfarin, clopidogrel (Plavix), Rivaroxaban or Dabigatran you will need to discuss whether or not you need to stop them prior to your colonoscopy. The unit will need to know if you have a latex allergy so that they can remove latex products from the endoscopy suite.

## How long will I be in the endoscopy department?

This largely depends on how quickly you recover from the sedation. You should expect to be in the department for approximately 3 hours.

## What happens when I arrive?

When you arrive in the department, you will be met by a qualified nurse or health care assistant who will ask you a few questions, one of which concerns your arrangements for getting home. You will also be able to ask further questions about the investigation.

The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. As you will be having sedation a small cannula may be inserted (small plastic tube) in the back of your hand through which sedation will be administered later.

**As you will have sedation you will not be permitted to drive or use public transport so you must arrange for a family member or friend to collect you.** The nurse will need to be given their telephone number so that we can contact them when you are ready for discharge.

You will have a brief medical assessment when a qualified endoscopy nurse will ask you some questions regarding your medical condition and any surgery or illnesses you have had to confirm that you are fit to undergo the investigation.

Your blood pressure and heart rate will be recorded and if you are diabetic, your blood glucose level will also be recorded. Should you suffer from breathing problems a recording of your oxygen levels will be taken.

## The colonoscopy

You will be escorted into the procedure room where the Mr Jourdan and the team will again confirm who you are and that you are having a colonoscopy. You will have the opportunity to ask any final questions.

The nurse looking after you will ask you to lie on your left side and will then place the oxygen monitoring probe on your finger.

The sedative drugs will be administered into a cannula (tube) in your vein.

The colonoscopy involves manoeuvring the colonoscope 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 sedation and analgesia will minimise any discomfort.

Carbon dioxide or Air is gently passed into the bowel during the investigation to facilitate the passage of the colonoscope.

During the procedure samples may be taken from the lining of your bowel for analysis in our laboratories. If polyps are found in the colon these may be removed for analysis.

## Intravenous sedation

The sedation and a painkiller will be administered into a vein in your hand or arm which will make you slightly drowsy and relaxed but not unconscious. You will be in a state called cooperative sedation. This means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation

makes it unlikely that you will remember anything about the examination.

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 may also be recorded.

Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.

## Risks of the procedure

Colonoscopy is classified as an invasive investigation and as such carries the risk of complications. These occur extremely infrequently but as part of your informed consent it is important that you understand what these risks are and balance them against the potential benefits of the investigation

The risks can be associated with the procedure itself and with administration of the sedation.

## The endoscopic procedure

- Perforation (or tear in the bowel wall) risk approximately 1 for every 1,000. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal (1 in 400)
- 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.

The main risks are of mechanical damage;

## 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.

## What is a polyp?

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the intestinal wall by a stalk, and look like a mushroom, whereas others are flat without a stalk. Polyps when found are generally removed or sampled 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 several ways 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 any 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.

Smaller polyps may simply be removed with forceps.

## 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. 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 (which normally takes 30-60 minutes), you will be moved to a comfortable chair and

offered a hot drink and food. Before you leave the department Mr Jourdan will discuss the findings and any medication or further investigations required. The sedation may temporarily affect your memory, so it is a good idea to have a member of your family or friend with you when you are given this information although there will be a short written report (discharge letter) given to you.

Because you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent lapses of memory. If you live alone, try and arrange for someone to stay with you or, if possible, arrange to stay with your family or a friend for at least 4 hours.

If the person collecting you leaves the department, the nursing staff will telephone them when you are ready for discharge.

## Specific advice for people with diabetes

### Treatment by diet alone

If you control your diabetes with diet alone, you simply need to follow the instructions given to you to prepare for your colonoscopy.

### Treatment by tablets and/or insulin

You should inform the endoscopy department about your diabetes and request an early morning appointment.

### Preparation on first day

As advised earlier in this Booklet there are two days of preparation before the examination. When following the low fibre diet on the first day try to make sure you eat your usual amounts of carbohydrate from the allowed list eg white bread, white rice, pasta etc. Continue to take your usual tablets and/or insulin and check your blood sugar levels as usual.

### Adjusting your diabetes medication to prevent hypoglycaemia

You will need to reduce your treatment the day before and the morning of the procedure to prevent the risk of hypoglycaemia (low blood sugar level). As a result your blood sugar control may be a little higher than usual. This is only temporary to maintain your blood sugars through the procedure and you should be back to your usual level of control within 24 to 48 hours.

If you have concerns about adjusting your dosage, please contact the Diabetes Nursing Team well in advance of the

appointment, to discuss appropriate measures.

## **Carrying Glucose to treat Hypoglycaemia**

On the day before and day of the procedure carry glucose tablets in case of hypoglycaemia. As these are absorbed quickly through the tissues of the mouth, if sucked, they will not interfere with the procedure. Take three (3) tablets initially, followed by a further three (3) after 10 minutes if symptoms persist. If your medication has been adjusted this should not be a problem.

## **Blood Sugar Monitoring**

If you usually test your blood sugar levels, check them, as usual, on the morning of the procedure and bring your monitoring equipment with you to the appointment.

## **People taking diabetes tablets**

### **Day before colonoscopy – clear fluids only**

Aim to have carbohydrate at your usual meal times from the list of permitted clear fluids. You can have sugary fluids, fruit juice or fruit jelly to replace your usual carbohydrates.

- If taking Metformin do not take until you are eating again after the colonoscopy
- If taking Rosiglitazone (Amaryl) or Pioglitazone (Starlix) do not take until after the colonoscopy.
- If taking Gliclazide, Glibenclamide, Tolbutamide, Repaglanide or Glimepiride take half your morning dose and do not take again until after the test.

## **The day of the colonoscopy**

- Do not take your morning dose of tablets; bring your tablets with you to have after the procedure
- Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit

**Your dosage of tablets can be given as soon as you are able to eat and drink safely; the nursing staff will**

## **People on insulin**

### **Day before the colonoscopy**

- Aim to have carbohydrate at your usual meal times using fluids from the list of permitted clear fluids.
- You will need to reduce your usual insulin doses to avoid the risk of hypoglycaemia (low blood sugar). You should reduce each of your insulin doses by at least a third except if taking Lantus or Levemir. This should be continued at the normal dose.
- If you have concerns about adjusting your insulin dosage please contact the Diabetes Nursing Team well in advance of the appointment to discuss

### **Day of the colonoscopy**

- Do not take your morning dose of insulin; bring your insulin with you to have after the procedure.

- If you take Lantus or Levemir continue your normal dose
- Report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit.
- Your morning dose of insulin can be given as soon as you are able to eat and drink safely; the nursing staff will inform you when this is safe.