



Information for patients undergoing a Colonoscopy

For any other information please contact either:

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Introduction: colonoscopy information

You have been advised by your GP or Hospital doctor to have an investigation know as a colonoscopy

This procedure requires your formal consent

If you are unable to keep your appointment, please notify the endoscopy Unit as soon as possible. This will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.

This booklet has been written to enable you to make an informed decision in relation to agreeing to the investigation. At the back of the booklet is the consent form.

The consent form is a legal document

The procedure you will be having is called a colonoscopy. This is an examination of your large bowel (colon). It will be performed by a trained doctor and we will make the investigation as comfortable as possible for you. When you are having a colonoscopy procedure you will usually be given sedation, analgesia and a drug to relax the bowel.

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 barium enema 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.

Three 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 at the back of this booklet.

One day before

- You should take clear fluids only (no solid food) e.g. glucose drinks, Bovril, black tea and coffee with sugar and clear soups.
- In addition, you will need to take a laxative which should have arrived with this booklet along with clear instructions on how to administer it. If you have any queries do not hesitate to contact the endoscopy unit and someone will assist you.

On the day of the examination

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

What about my medication?

Routine Medication

- Your routine medication should be taken.
- If you are taking iron tablets you must stop taking these one week prior to your appointment. If you are taking stool bulking agents (e.g. Fibogel, Regulan, Proctofibe), Loperamide (Imodium) Lomotil or Codeine Phosphate you must stop these **3 days prior** to your appointment.

Diabetics

If you are diabetic 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. Please see guidelines printed at the back of the book.

Anticoagulants/Allergies

- Please telephone the unit if you are taking anticoagulants such as warfarin.
- Phone for information if you think you have a latex allergy.

How long will I be in the endoscopy department?

This largely depends on how quickly you recover from the sedation and how busy the department is. 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 she may insert a small cannula (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 she can contact them when you are ready for discharge.

You will have a brief medical assessment when a qualified endoscopy nurse who 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.

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

The sedation and a painkiller will be administered into a vein in your hand or arm which will make you lightly 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.

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.

The colonoscopy investigation

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

The nurse looking after you will ask you to lie on your left side. She 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 minimize any discomfort. 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. These will be retained.

Risks of the procedure

Lower gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur

extremely infrequently; we would wish to draw your attention to them and so with this information you can make your decision.

The doctor who has requested the test will have considered this. The risks must be compared to the benefit of having the procedure carried out.

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

The endoscopic procedure

The main risks are of mechanical damage:

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

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 a doctor before having the procedure.

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 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 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.

For smaller polyps biopsy forceps (cupped forceps). These hold the polyp whilst the diathermy is applied, therefore destroying the polyp.

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 take 30-60 minutes), you will be moved to a comfortable chair and offered a hot drink and biscuits. Before you leave the department, the nurse or endoscopist will discuss the findings and any medication or further investigations required. She or he will also inform you if you require further appointments.

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 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. The nursing staff will telephone the person collecting you when you are ready for discharge.

General points to remember

- It is our aim for you to be seen and investigated as soon as possible after your arrival. However, the department is often busy.
- If you are unable to keep your appointment please notify the endoscopy department as soon as possible.
- Because you are having sedation, please arrange for someone to collect you.

- If you have any problems with persistent abdominal pain or bleeding please contact us or your GP immediately informing them that you have had an endoscopy.
- If you are unable to contact or speak to your doctor, you must go immediately to the casualty department.

Preparing for the investigations

Eating and drinking

It is necessary to have clear views of the lower bowel, in order to achieve this it is recommended that you follow a low fibre diet.

A Low Fibre diet sheet is included in this booklet. Please also follow the Bowel Prep instruction sheet that will accompany this booklet.

Food Type	Foods Allowed	Foods Not Allowed
Fish	All white fish with no skin or bone e.g. cod, haddock, plaice	Canned Fish, fried fish, kippers, shellfish, oily fish e.g. mackerel, trout etc
Meat	All lean meat with no skin or bone e.g. chicken, beef, pork	Sausages, meat pies, pork pies, salami, pate, fatty meat
Dairy Products	Low fat cheese, semi skimmed or skimmed milk, natural yoghurt, margarine/low fat spread, eggs	Cream, full fat milk, butter, fruit flavour yoghurt, yoghurt with fruit pieces/pips, full fat cheese
Vegetables and Pulses	Potatoes with no skin and must be boiled or mashed. Oven chips.	No other vegetables or pulses. No fried chips.
Fruit and Nuts	Melon.	No other fruit. No nuts
Bread	White bread only. White toast.	Wholemeal/granary/brown bread or high fibre white bread.
Pasta	White pasta (looks yellow uncooked). White rice.	Wholemeal/green/brown pasta and brown/natural rice.
Cereals		No breakfast cereals.
Soup	Stock based soup (consommé)	No vegetable or cream of soups.
Biscuits	Plain biscuits e.g. rich tea, Osbourne, Lincoln	Digestive, coconut, ginger or any biscuits containing fruit, Ryvita, oatmeal biscuits
Desserts	Meringues, plain cake	Ice cream, milk puddings, fruit cakes, pastries, cakes containing Wholemeal flour
Preserves	Marmalade (jelly type), honey, syrup	Any jams or marmalades containing fruit pieces, peels or pips
Confectionary	Boiled sweets, plain chocolate	Milk chocolate and any chocolate containing fruit and/or nuts.
Beverages	Water, flavoured waters, tea and coffee (can have semi skimmed or skimmed milk in), lucozade, fizzy drinks, Bovril.	Fruit juices, hot chocolate, Horlicks, Ovaltine, traditional style (cloudy) lemonade.

Specific instructions for diabetic patient preparation

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 sheet 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 e.g. 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 adjust your treatment the evening before and the morning of the procedure to reduce 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 Endoscopy 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 or drink 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) if symptoms continue after 5minutes. If your medication has been adjusted this should not be a problem.

Blood Glucose Monitoring

If you usually test your blood sugar levels, check them, as usual, on the morning of the procedure and carry your equipment with you to the appointment. If you do not usually test your blood, do not worry, your blood levels will be checked when you arrive for the procedure.

People on tablets

Day before colonoscopy – clear fluids only

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

- If on Metformin do not take until you are eating again after the colonoscopy.
- If on Rosiglitazone (Amaryl) or Pioglitazone (Starlix) do not take until after the colonoscopy.
- If on Gliclazide, Glibenclamide, Tolbutamide, Repaglanide or Glimepiride do not take the evening dose.

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 inform you when this is safe.

People on insulin

Day before the colonoscopy

- Aim to replace your usual carbohydrate intake from the list of permitted clear fluids.
- You may, however, want to reduce your usual doses to avoid the risk of hypoglycaemia (low blood sugar level.)
- It is reasonable to reduce your insulin doses by a third; e.g. if taking Mixtard 30: 30 units; reduce to 20 units. If taking pre-meal short acting insulin 3 times daily and 18 units Insulatard (Basal) at 10pm; reduce the basal insulin to 12units You can reduce your meal time doses as well by at least a third. If taking Actrapid 12 units and Insulatard 24 units twice daily reduce the doses to 8 and 16.
- If you have concerns about adjusting your insulin dosage please contact the endoscopy unit, well in advance of the appointment, to discuss appropriate measures.

Day of the colonoscopy

- Do not take your morning dose of insulin; bring your insulin 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 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.