

Endoscopy Unit - Colonoscopy

Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you are able to support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

Please read the following information in conjunction with the staying healthy guidance appropriate for your condition.

Guidance for Patients

What is a colonoscopy?

A colonoscopy is an accurate way to look at the lining of your large bowel (colon) to find out if there is any disease or inflammation. It allows us to take tissue samples (biopsies) for analysis by the pathology department if necessary. A colonoscope is used, which is a flexible camera which shows the inside of your bowel on a screen. If a sample needs to be taken, you should not be able to feel it. Photographs are taken and attached to your medical records. If you choose to watch the procedure, please keep in mind that the images on the screen are magnified.

Why do I need a colonoscopy?

A colonoscopy is used to find the cause of your symptoms, help with treatment and to decide if any more treatment or investigation is needed. Is it also used for follow-up inspection of previous disease, or assessing the clinical importance of an abnormality seen on an x-ray.

What are the alternatives?

A barium enema or CT colon are alternatives to a colonoscopy. The advantage of a colonoscopy is that samples can be taken in the same procedure, saving the need for a second examination.

Are there any risks?

A colonoscopy is an invasive procedure; which can lead to complications. Serious complications are extremely rare. The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a perforation (tear) of the lining of the bowel. If this were to happen, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

If a biopsy is taken or a polyp is removed during the test, you may pass a small amount of blood from your anus after the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full. Please note that sometimes the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or suggest an alternative procedure.

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What about my medication?

Please continue to take your regular medication as prescribed, unless you are taking any of the following:

- ☒ Iron tablets – You must stop these **one week before** your appointment
- ☒ Stool bulking agents such as **Fibogel, Regulan, Proctofibre, Loperamide (Immodium) or Codeine Phosphate** – You must stop these **three days before** your appointment
- ☒ **Anticoagulants** – Please contact the unit on 024 7696 6805 if you are taking blood thinning medications such as **Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, Prasugrel or Aspirin**
- ☒ **Diabetes** – if your diabetes is controlled with **insulin** or **oral medication**, please make sure you have received a diabetic information leaflet and that the Endoscopy Unit is aware. This is to make sure you are seen in a timely manner.

Please contact the unit if you have an allergy to Latex.

What should I do if my health is deteriorating

Should your condition or symptoms worsen before your appointment, we advise you to contact your GP immediately

Preparing for the procedure

You must have a clean and empty lower bowel to ensure the endoscopist has a clear view to complete a full assessment. To do this, you need to follow a strict diet **two days before** your appointment.

Two days before your appointment

Fibre is the indigestible part of cereals, fruit and vegetables. With this in mind we ask that you have a low fibre diet on this day.

Food Allowed

ALL meats (must be lean and tender), fish and eggs

White breads, Pasta, Rice, Mashed or Boiled Potatoes (without skin)

Yorkshire Puddings, Pancakes, Cream Crackers, Water Biscuits, Any Pastry containing White Flour, Crisps

Clear and Puree Soup

Tomato and **ALL** fruit Juice (smooth)

Boiled Sweets, Toffees, Plain or Milk Chocolate

Sponge cake, Madeira Cake, Shortcake

Ice Cream, Ice Lollies, Smooth Yoghurt

All flavours of Jelly (except Blackcurrant)

Honey, Marmalade, Golden and Treacle Syrup

Fruit Squash, Fizzy Drinks

Tea and Coffee (small amount of milk)

Food NOT Allowed

ALL Fruits **AND** Vegetables

Any food containing wholemeal or Bran – Wholemeal Bread, Pasta, Rice, Cereals and Biscuits

Digestive and Coconut Biscuits, Oat Cakes, Ryvita etc

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If you have specific dietary needs such as coeliac, vegan please contact the unit on 024 7696 6805.

The day before your procedure

You can have breakfast from foods in the 'allowed' list above. After this, you must not eat solid, semi-solid or soft food. You should drink as much from the list below as possible

Fluids Allowed

Tea and Coffee (small amount of milk)	Tonic/Soda Water, Lemonade
Water	Oxo/Bovril
Smooth Fruit and Tomato Juice	Clear Soup and Broth (no noodles or vegetables)
Fruit Squash	

You may still eat all flavours of jelly (apart from blackcurrant), boiled sweets and clear mints. If you do start to feel light headed please add sugar or glucose to your drinks.

DO NOT HAVE thick drinks or soups using flour.

On the day of your procedure

You can continue drinking the allowed fluids until you attend your appointment.

Bowel Preparation

You need to take laxatives from the day before your appointment. This will have either been given to you or a prescription sent to you. If you have neither of these then please contact us and we will arrange collection for you from the unit.

The laxative is salty so you may want to add fruit juice or squash to make it easier to swallow. If you continue to struggle, try drinking through a straw.

The laxatives will make you go to the toilet often so you should stay at home. You may want to apply a barrier cream to protect your bottom.

If you have a morning appointment (before 12 noon) please follow these instructions:

Day before your appointment

☒ **10:00am** – Dissolve the contents of **one** sachet of **Picolax** in 150mls water and drink over 15-20 minutes. The solutions may become hot whilst being mixed. If this happens, wait until it has cooled enough to drink. Please drink a glass of allowed fluids every hour to allow the effects of the Picolax to work. (*it may take 2-3 hours for the solution to work*)

☒ **2:00pm** – Take the first box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if required). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. Please drink a **further litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated. (*it usually takes 15-20 minutes for the solution to work*)

☒ **6:00pm** - Take the second box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if required). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. Please drink a **further litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated. (*it usually takes 15-20 minutes for the solution to work*)

If you have an afternoon appointment (after 12 noon) please follow these instructions:

Day before your appointment

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🕒 **2:00pm** - Dissolve the contents of **one** sachet of **Picolax** in 150mls water and drink over 15-20 minutes. The solutions may become hot whilst being mixed. If this happens, wait until it has cooled enough to drink. Please drink a glass of allowed fluids every hour to allow the effects of the Picolax to work. *(it may take 2-3 hours for the solution to work)*

🕒 **6:00pm** - Take the first box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if needed). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. Please drink a **further litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated. *(it usually takes 15-20 minutes for the solution to work)*

Day of your appointment

🕒 **07:00am** - Take the second box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if required). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. Please drink a **further litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated. *(it usually takes 15-20 minutes for the solution to work)*

How long will I be in the Endoscopy Unit?

You should expect to be in the unit for around 3-4 hours. The unit may need to prioritise emergency patients from the wards and other departments.

The 3-4 hours also depends on how quickly you recover from the procedure, whether you have agreed to have any sedative medication and how busy the department is.

Please note that we do not allow children in the department so please make childcare arrangements or ask for your appointment to be rebooked.

What happens when I arrive?

You will be checked in at reception where the receptionist will check your name, date of birth, address and confirm your arrangements for getting home. You will be given a patient wristband so that staff can safely identify you throughout your stay in Endoscopy Unit.

A member of staff will then take you to an admission room where you will be asked to change into a hospital gown. They will do a brief medical assessment to make sure that you are fit to undergo the procedure. If you are diabetic, your blood glucose level is checked and documented. If you take anticoagulant medication, a finger prick test (INR) will also be carried out.

The nurse will make sure that you understand the procedure and answer any questions or concerns you may have. You will then be asked to sign a consent form.

A consent form is a legal document which confirms your agreement for a trained medical professional to carry out the procedure and your understanding of any associated risks. The doctor or nurse completing the form will explain the procedure to you, outlining the benefits and risks associated with the intended procedure. You may ask questions about the procedure or ask them to repeat or explain further if you do not understand.

You will then wait in your admission room or be taken to a waiting area until it is your turn.

Is it painful?

You may feel some discomfort. We offer entonox, sedation plus of minus analgesia during the procedure.

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Entonox

Entonox is a gas mixture made up of nitrous oxide and oxygen (gas and air) and is often used as an excellent short term pain relief for women in labour or other uncomfortable procedures. The gas is self-administered through a mouthpiece. You are able to drive yourself home half an hour after the procedure.

The Colonoscopy Procedure

You will be taken to the procedure room and introduced to the team, who go through safety checks and answer any last minute questions. You will then be asked to lie on your left hand side with your knees bent and feet forward (like you are sitting on a chair). A blood pressure cuff and blood oxygen monitor is placed on your arm and finger to monitor you throughout.

Before the procedure starts, the endoscopist will quickly examine your back passage with a finger, to check for piles.

You may be asked to change position during the procedure; this is to allow the scope to glide through your bowel with ease. There are bends that occur naturally, if needed a member of the team will apply pressure to your abdomen to help the scope through these.

CO₂ gas is used to inflate the bowel; this can result in bloating and cramping. If this occurs you will be asked to pass wind. This is perfectly normal and please do not feel embarrassed.

After the procedure

You will be transferred to the recovery area where you will be monitored by a qualified nurse. You should expect to stay in the department until a safe discharge time is planned. If you are diabetic, your blood glucose will also be checked. Once you have recovered sufficiently you will be moved into a chair and asked to get dressed. Your lift will be contacted to arrange collection. Before you leave, the nurse or endoscopist may discuss the findings of the procedure with you, and give you a discharge leaflet and a copy of your endoscopy report. They will also tell you of any further investigations or treatment you may need.

If you normally suffer from memory problems, a family member or friend can be with you whilst you are being discharged.

You will be given specific information regarding eating and drinking before your discharge. This has been agreed by the endoscopist. Please follow the instructions to prevent complications when you get home.

General points and information

☑ We aim for you to be seen and treated in a timely manner. However, emergency patients take priority and we apologise if this delays your appointment. You will be kept updated if this happens.

☑ You may want to bring a dressing gown and slippers with you.

☑ The hospital cannot accept responsibility for the loss or damage to personal property during your time on the premises.

☑ If you have any problems with persistent abdominal pain or bleeding, please contact your GP immediately informing them that you have an appointment with us.

☑ If you are unable to speak to your GP and your symptoms persist, you must attend Accident and Emergency immediately.

☑ If you require hospital transport for your appointment please contact hospital transport direct on 01926 310312.

Further Information

If you need any more information or clarification, please contact the Endoscopy Unit on 024 7696 6805.

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The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact us on 024 7696 6805 and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this

leaflet please email

feedback@uhcw.nhs.uk

Contact Us

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Contact details for Gastroenterology Medical Secretaries.

Administration manager and Secretary to Prof Nwokolo: Emma Cooper: ☎ 02476 966087	Secretary to Dr Ahmed, Dr Shekhar & Dr Kodali: Amanda Yeadon: ☎ 02476 966092
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Secretary to Prof Arasaradnam, Dr Mannath & Alcohol Liaison Nurse Julius Mukarati Nick Carter: ☎ 02476 966088	Secretary to Dr Darlow: Elaine Ferris: ☎ ext 33467
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