University College Hospital

A guide for people having a Colonoscopy

Gastrointestinal Services
Endoscopy Unit
If you need a large print, audio or translated copy of the document, please contact us on 020 3456 7022. We will try our best to meet your needs.

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**Introduction**

A colonoscopy is a test to view and evaluate the inner lining of your large bowel (colon) and rectum. Colonoscopy can detect inflamed tissue, ulcers, and abnormal growths. The procedure is used to look for early signs of colorectal cancer and can help doctors diagnose unexplained changes in bowel habits, abdominal pain, bleeding from the anus, and weight loss. The procedure involves the insertion of a narrow and flexible telescopic camera, called a colonoscope, into your anus which allows the doctor to look directly at the lining of your bowel.

There are a few important points to note:

- Please read the attached instructions for bowel preparation and diet carefully;

- If you are taking insulin, diabetic tablets, warfarin or clopidogrel and are unsure whether to change these medicines, please contact the Endoscopy Recovery Unit on **020 3447 3218** and speak to one of the nurses;

- Please ensure that there is someone to take you home after the colonoscopy.

**What are the alternatives?**

One of the alternatives to a colonoscopy is a special scan called a CT pneumocolon (CT Colonography). This test also requires a small tube being inserted into the anus and a CT scan is performed. Although this test is less invasive, its main disadvantage is that it is purely a diagnostic test and the doctor cannot take biopsies or remove small polyps.
What are the risks of Colonoscopy?

Colonoscopy is a routine test with few side effects or complications. However you should be aware of the following potential complications:

• Bowel perforation

  The colonoscope can sometimes cause a small hole (perforation) in your large bowel. This risk of perforation is a small one (approximately 1 in 1000 cases). If this should happen you will require an operation to repair the perforated bowel.

• Bleeding

  If you have had polyps removed or biopsies there is a small risk of some bleeding in approximately 1 in every 150 tests. This can happen up to one week after the procedure and usually stops by itself. Patients who experience bleeding rarely require admission into hospital for observation.

• Incomplete test

  Occasionally (in less than 10% of procedures), the doctor is unable to complete the entire test. This may be due to poor preparation of the bowel or a looping of the bowel which occurs where there are tight turns in unfixed areas of the bowel.

• Side effects of sedation

  There is a small risk of having difficulty with breathing or heart problems with the sedation. You will be monitored throughout the procedure and the sedation can be reversed if necessary.

What if I choose not to have a colonoscopy?

If you decide not to have the procedure it is important that you inform the Endoscopy Unit and doctor who requested the test as soon as possible. If the test is not performed then it is possible that the cause of your symptoms might not be diagnosed.
What am I allowed eat before the test?
The success of your test depends on your colon (bowel) being as empty as possible. To help this happen you will need to change your diet the day before the colonoscopy. You are allowed to eat low fibre food such as white bread, fish, ice creams or jelly. An information leaflet is enclosed instructing you on how to prepare your bowel and what you can eat.

What about the bowel preparation?
The success of a colonoscopy depends on your colon (bowel) being as empty as possible and you will be provided with bowel preparation medication. The exact instructions for taking this medicine will depend on the time of your appointment (morning or afternoon). It also depends on the type of bowel preparation medication which the doctor has prescribed for you (senna/citramag or Klean prep). You will be given a separate booklet that will provide you with instructions for bowel preparation for the procedure.

Bowel preparation usually results in diarrhoea which can be unpleasant. Using petroleum jelly (such as Vaseline®) or other barrier creams (such as Sudocrem® or Drapolene®) on the back passage can help reduce soreness.

Bowel preparation can be harmful although this is unusual. There is a risk of developing dehydration, low blood pressure or kidney problems with this medication. The doctor prescribing the bowel preparation medication will have assessed the risks and identified the most appropriate medication for you.

What happens on the day of the colonoscopy?
You may drink clear fluids until two hours before your colonoscopy or for up to four hours if you are having an upper gastrointestinal endoscopy (OGD or gastroscopy) as well. Note: If you are having a general anaesthetic you must not drink for six hours before your test.
Do I continue taking my medicines?

Please continue to take all your medications as normal including on the day of your colonoscopy unless you have been expressly advised otherwise.

If you are taking warfarin or clopidogrel and you have not received specific instructions on what to do regarding these medicines please contact the Endoscopy Recovery Unit on: 020 3447 3218.

We usually ask patients to stop taking warfarin five days before the procedure. If you have had a heart valve replacement, you should not stop your warfarin but you must let us know.

If you are taking clopidogrel (Plavix®) this should be stopped seven days before your procedure. If you have a coronary stent or are unsure whether you should stop taking your medication you must let us know.

You should stop taking iron tablets (e.g. Ferrous sulphate) and any iron containing preparations seven days before the colonoscopy.

Continue all other medication unless advised otherwise. Please read the bowel preparation instructions about the effects of the preparation on other medicines.

What happens when I arrive?

When you arrive at the department please report to the reception. From there a nurse will take you to admissions. A nurse will check your details and you will have your blood pressure taken, you will be asked to change into a hospital gown.

When it is time for your colonoscopy you will be taken to the consenting room. This is where you will meet the doctor and be asked to sign a consent form. This is an opportunity for you to ask the doctor any questions you may have. From there we will take you into the colonoscopy room. You will be able to take your belongings with you. Your friends/relatives can wait in the waiting room.
Asking for your consent
By law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. The doctor will explain all the risks, benefits and alternatives before he or she asks you to sign the consent form. This is also an opportunity for you to ask the doctor any questions you may have regarding the procedure.

What happens next?
When you go into the colonoscopy room you will be asked to lie on a trolley. You will have some equipment attached to you so that we can monitor your blood pressure and oxygen levels. You will be administered a small amount of oxygen during the procedure.

You will be asked to lie on your left side; however, you may be asked to change your position during the course of the colonoscopy. If you are being sedated, the doctor will administer the medication via a small needle in the back of your hand at this time. Sedation may take a few minutes to work. It is not an anaesthetic; it is designed to help you relax, not put you to sleep.

What happens during the procedure?
The doctor will then start the procedure by inserting a narrow, flexible, telescopic camera called a colonoscope into your anus.

The colonoscope is about the thickness of a Biro pen and allows the doctor to look directly at the lining of your bowel. The colonoscope allows the doctor to take biopsies from abnormalities found in the bowel; or to remove small polyps (abnormal tissue growths) from the inner lining of the bowel. The colonoscope can also be used to stretch or dilate narrowed areas of the bowel.
The whole procedure takes approximately 45 minutes and is mostly performed under sedation although some people would prefer to have it without sedation.
Does it hurt?
It should not be painful but it may feel uncomfortable. This is because of the air that the doctor puts into your bowel to inflate it or pressure from the endoscope. If it is uncomfortable, please let the doctor know and they will remove some of the air and do their best to make you more comfortable. Also passing the air yourself will make you feel more comfortable.

What happens after my colonoscopy?
If you have had sedation you will be taken to the recovery area. You will be kept there for approximately one hour so that the effects of the sedation can wear off. Your blood pressure and oxygen levels will be monitored during this time and you will also be offered a drink and some biscuits. If you have not had sedation you will not need to stay in recovery for as long.

One of the doctors or nurses will come to explain the results of your colonoscopy and liaise with the discharge lounge should any further appointments be required. You will also receive an advice sheet for aftercare and details of who to contact should any problems arise.

Delays: Sometimes due to emergencies and other unforeseen circumstances your appointment may be delayed. We try our best to see everyone on time but please understand that delays can occur and we ask for your patience in these circumstances.

What happens when I go home?
If you have had sedation, please ensure you have someone to take you home, particularly if you may need to stand on the train or bus. **Do not** drive yourself. Please have someone to take you home in a car or taxi.

**Do not** drink alcohol for 24 hours after sedation is given.
Do not drive a car or operate heavy machinery for at least 24 hours after sedation was given.

Apart from the above precautions, you may eat and drink (non-alcoholic drinks) as normal as soon as you get home.

The air that was inserted in your bowel during the procedure may cause you to feel bloated or full for a few days after.

It may take up to a week for your normal bowel habit to return.

If you have any problems after the procedure such as bleeding, black tarry stools or abdominal pain please contact the following numbers:

• 020 3447 3218 (Monday to Friday 8:00 to 18:00)
• 020 3456 7890 – Switchboard (at all other times) and ask for the on-call endoscopy registrar to be bleeped.

Where can I get more information?

NHS Choices
www.nhs.uk/Conditions/gastroscopy/Pages/Introduction.aspx

Patient.co.uk
Website: www.patient.co.uk

Core
Website: www.corecharity.org.uk

UCLH cannot accept responsibility for information provided by external organisations.
Contact Details
Address: Division of Gastrointestinal Services
Endoscopy Unit
University College Hospital
2nd Floor Podium
235 Euston Road
London NW1 2BU

Telephone: 020 3456 7022
Fax: 020 3447 9239
Email: Endoscopy.Admin@uclh.nhs.uk
Website: www.uclh.nhs.uk

Coming to University College Hospital
Please don’t bring any large sums of money or valuables into the hospital as we cannot accept responsibility if they are lost or stolen.

Travel information
No car parking is available at the hospital. Street parking is limited and restricted to a maximum of two hours.

Note: University College Hospital lies outside but very close to the Central London Congestion Charging Zone.

The nearest tube stations are Warren Street Station and Euston Square which are within two minutes walk.

Euston, Kings Cross, St Pancras International and St Pancras Thameslink railway stations are within a 10 to 15 minutes walk

Further travel information can be obtained from
Telephone: 0343 222 1234
Website: http://www.tfl.gov.uk
How to find us

If you feel you are eligible for transport please telephone 020 3456 7010 at least seven days before your appointment.