Endoscopy Unit

Colonoscopy

Please read, contains important information about your procedure and fasting

Colonoscopy

Your doctor has advised you to have a special camera test to help find the cause of your symptoms or check your bowel because of a family history of problems. The test is called a Colonoscopy. This leaflet has been designed to tell you how to prepare for the examination and also to answer some commonly asked questions, if you have any concerns please contact the Endoscopy Unit.

Huddersfield Royal Infirmary	01484 342000	Endoscopy Unit direct line 01484 355868
Calderdale Royal Hospital	01422 357171	Endoscopy Unit direct line 01422 223920

Please inform the unit if you are unable to keep your appointment as it may be given to someone else.

The Endoscopy Unit deals with out-patients and in-patients including emergencies from wards and other departments.

The appointment time you are given for the day of your procedure is the time we would like you to arrive at the Endoscopy Unit and not the time you should expect to have your procedure performed. If your procedure is before midday, you may be in the Unit all morning. If your appointment is after midday, you may be in the Unit all afternoon.

If a relative or friend is collecting you after the procedure, it is advisable that you provide the nurse with their contact telephone number so that we can call them when you are nearly ready to leave the Unit; this will prevent them waiting for a long period of time.

The Endoscopy waiting rooms, particularly at Calderdale, have limited seating room; if your relative or friend wishes to remain in the hospital until you are ready to go home please ask them to wait in another area such as the cafeteria so that patients have access to the seats.

The hospital has a training commitment and the Endoscopy Units are training units. Your procedure may be performed by a trainee endoscopist who will be supervised by an experienced endoscopist. If you do not wish to have your procedure performed by a trainee, then please let the nurse who is checking you in know on the day you come for your procedure.

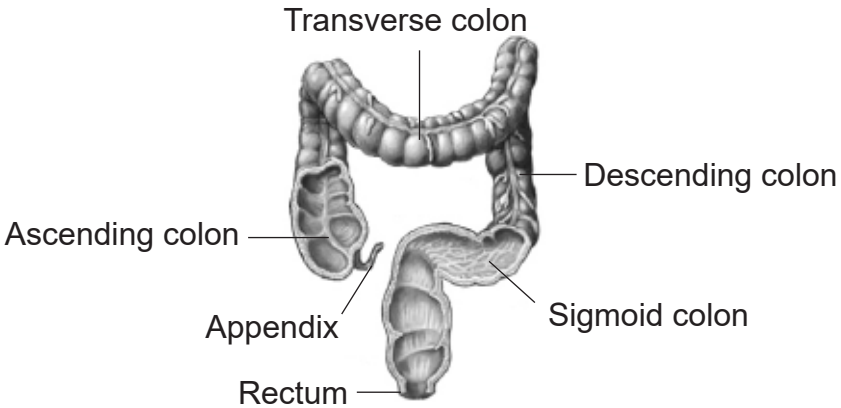
What is a Colonoscopy?

A Colonoscopy is a test which allows the Endoscopist to look directly at the lining of the large bowel (colon). A long flexible tube about the width of your finger is inserted into the back passage (anus). The tube is passed around the entire length of the colon and pictures are displayed on a television screen allowing the Endoscopist to detect any abnormal areas.
The test takes approximately 30 minutes to complete but can take a little less and in some cases a little longer.

Biopsy - tissue samples may be taken and sent to the laboratory for analysis. You will not usually feel any pain when this is done.

Polypectomy - polyps (abnormal growths) can also be removed during colonoscopy and sent for analysis. You will not usually feel pain when this is done.

Endoscopic Mucosal Resection (EMR) may be used to remove larger polyps. EMR does increase the risk of perforation but is still considered to be a safe procedure.



What are the risks?

Colonoscopy is an established and safe procedure but very rarely it can result in complications. Some of these can be serious and can even cause death (1 in 15,000). The possible complications are listed below.

Pain – the test can be uncomfortable and even painful at times, but every patients experience will be different. You will be offered a choice of pain relief

Perforation (risk: less than 1 in 1,000). The risk is higher if a polyp is removed (risk: less than 1 in 500). This is a serious complication; you may need surgery which can involve forming a stoma (bowel opening onto the skin).

Bleeding from a biopsy site or from minor damage caused by the endoscope (risk: less than 1 in 1,000). This usually stops on its own.

Bleeding, if a polyp is removed (risk: 1 in 100). Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to two weeks after the procedure. Let the Endoscopist or nurse know if you are on Warfarin, Clopidogrel or other blood-thinning medication. You may need to stop your medication before having a polyp removed. If you have not been given instructions about your medication please contact the Endoscopy Unit.

Incomplete procedure - This is when we cannot complete the test on the day. Your doctor or the Endoscopist may recommend another Colonoscopy or a different test.

Missed pathology - a very small percentage of the colon is not seen during colonoscopy so there is a 3-5% risk that abnormalities could be missed. However, colonoscopy is the best and most accurate available examination of your bowel.

Patients are offered two methods of pain relief

1. Entonox – Entonox is a medical gas; it is a mixture of 50% Oxygen and 50% Nitrous Oxide. Entonox is used for pain relief during childbirth, acute trauma such as broken bones and other medical procedures and it is very effective for pain relief during Colonoscopy.

You will be given a mouthpiece through which you will breathe in Entonox. The mouthpiece is connected to a demand valve system which only delivers Entonox to you as you breathe in. Entonox will begin to take effect after 2 or 3 inhalations of the gas. You should take these initial breaths just before the procedure begins and you can continue to breathe the Entonox as much as you need throughout the procedure, you are in control of how little or how much you take. You will still be able to hear and talk with the staff and follow instructions.

The advantage of Entonox is that the effects wear off quickly once you stop taking it so you will be able to take yourself home after your procedure and you do not need anybody to look after you. You can drive 30 minutes after taking Entonox and continue your day as normal.

Like all medicines, Entonox may cause side effects, although not everybody will experience these.

Common side effects that are generally minor and rapidly reversible are: dizziness, light-headedness, sickness, tingling, and disorientation.

Less common side effects are: problems with the ear due to increased pressure inside the ear, tiredness, bowel enlargement due to trapped gas.

You cannot use Entonox if you have a condition where air may be trapped in some part of your body, collapsed lung, decompression sickness (the bends), or if you have been diving within 48 hours, severe lung disease such as bullous emphysema, head injury within 24 hours, colonic volvulus or blockage, suspected or known increased pressure on the brain, an inability to hold the apparatus or understand how to use it, decreased levels of consciousness, if you have had a laryngectomy or if you have had recent surgery to your eyes or ears where injections of gas have been used. 5

2. Conscious Sedation and Analgesia – Sedation is given via a cannula and helps to relax you but it does not put you to sleep. It is usually given together with a painkilling medication. You will still be able to hear and talk with the staff and follow instructions. After the procedure you will be taken to the recovery area to rest and you will be given refreshments.
If you have sedation you **must** have a responsible adult to collect you from the Endoscopy Unit to take you home and stay with you for 24 hours as the medication can stay in your system during this 24 hour period. You cannot drive, operate machinery (including household appliances) or sign legal documents during this 24 hour period. You are advised not to travel home on public transport.

Side effects and risks – because the sedative tends to make your breathing slower and shallower, your oxygen levels can drop. You will be given extra oxygen through a mask and your oxygen levels will be monitored during and after the procedure. It can also cause irregularities in your heart beat, therefore your pulse will also be monitored. Rarely a heart attack or stroke can happen if you have serious medical problems.

Preparation for the test

Pre-assessment clinic

Prior to your procedure a pre-assessment form will be sent to you as a text message via DrDoctor. Occasionally, it may be necessary to contact you for further information.
If you do not have a mobile phone you will receive a telephone call via your land line.

Interpreters – Family members and friends cannot be used to interpret.
Please inform the Endoscopy Unit if you require an interpreter before you attend for your appointment. Failure to do this can result in cancellation or delay.

Pacemakers or Implanted defibrillators – If you have one of these devices you must inform Endoscopy as your pacemaker or defibrillator may need to be checked before the procedure and arrangements need to be made for this. Failure to do this can result in delay or cancellation.
Please bring your pacemaker/device identification card with you.

Blood thinning medication – If you are taking medication to 'thin' your blood e.g. Warfarin, Sinthrome, Phenindione, Clopidogrel, Ticagrelor, Rivaroxaban or Dabigatran you may need to stop this prior to your procedure.
Please refer to your text message.
If you are taking Warfarin your INR will be checked on the day.

Bulking agents – If you are taking bulking agents such as bran, Fybogel or Regulan you should stop taking these one week prior to the test.

Iron tablets (e.g. ferrous sulphate) – If you are taking iron tablets you should stop taking these one week before your test. If your doctor has told you that your procedure is urgent and will take place within two weeks, stop your iron tablets immediately.

Other medication (except diabetic medication, see below) – You may take any other medication as normal even on the day of the test. It is particularly important that you take your medication if you suffer from conditions such as epilepsy, heart problems or hypertension (high blood pressure) as your procedure may be cancelled if your blood pressure is too high or your heart rate is irregular.

Diabetic patients – If you have diabetes, you will be given advice and a written information sheet about your diet and medication.

Bowel preparation

To allow a clear view, the colon must be completely empty of waste material. The nurse at pre-assessment will give you some special laxative drinks to take and an information sheet telling you how and when to take them.
The purpose of the bowel preparation is to clear your bowel.
Diarrhoea is to be expected therefore you will need ready access to a toilet. We would advise you not to work during this period. You will also be told about dietary restrictions.
It is important that you follow these instructions carefully. Failure to do so may result in an unsuccessful examination.

Please follow the bowel preparation instruction as instructed.
This may be different to the instructions contained in the box you have been given.
Whilst taking the preparation and following the dietary restrictions it is important to increase your intake of clear fluids to stop you becoming dehydrated and will also help to clean the bowel. You can continue to take clear fluids until you come for your test (unless you are having your stomach examined at the same time in which instance you should stop drinking 4 hours before your appointment time).

Side effects of the bowel preparation include nausea, vomiting, bloating, abdominal pain, anal irritation and sleep disturbance. If you experience severe vomiting, severe diarrhoea with dizziness, headache and confusion or feel generally unwell, please either contact the Endoscopy Unit or your GP.
There is also a video on the CHFT Endoscopy website.

Consent

You may be sent a copy of the consent form electronically for you to sign and return. Please take the time to read the form in conjunction with this information so that you fully understand what you are agreeing to. If we are unable to send the consent form electronically, it will be signed when you attend for your procedure.

If you are caring for someone who is unable to give consent for the procedure themselves, you will not be able to sign the consent form for them even if you are their next of kin. The consent form should have been completed with the Consultant in clinic after discussion with the patient and ideally the next of kin or other family member.
If this has not taken place, please contact the Endoscopy Unit as soon as possible as cancellation on the day may occur if there are problems with the consent process.

Withdrawal of consent – you can withdraw your consent at any point. If you withdraw your consent, the test will not end immediately as we will need to safely remove the instrument. If you have had sedation, you may not remember withdrawing your consent after the procedure.

On the day of the test

Minimal make up should be worn when attending and it is also important that you do not wear nail varnish or false nails as these interfere with monitoring equipment used during the test.
Wear only minimal jewellery e.g. wedding ring.

Arriving at the Endoscopy Unit

Report directly to the Reception Desk in the Endoscopy Unit, do not take a seat until you have given your name to the receptionist. If you need to speak to the receptionist in a more private area, please ask.

Huddersfield Endoscopy Unit can be found on the Basement level. You can access through the hospitals Main Entrance or through the South Drive Entrance.

Calderdale Endoscopy Unit You should access the unit directly through the Endoscopy Unit entrance directly off Godfrey Road. You can access the Unit via the main entrance but please bear in mind that the signs will take you outside at the back of the hospital to enter again.

On the unit

A nurse will check your details with you and complete a short questionnaire, check your pulse and blood pressure and place an identity band on your wrist.
You will be asked to get changed, if you have a dressing gown and slippers please bring these with you, if you do not, we can provide a gown.
You will also be given a pair of shorts to wear to maintain your dignity, the shorts have a split at the back so you can keep them on during your procedure.

After the test

If you have not had pain relief or if you have had Entonox you will be able to get up and walk into the recovery area where you can get dressed. You will be offered something to eat and drink and will be able to leave the Unit on your own as soon as you wish. If you have had Entonox, you need to wait
30 minutes after your last inhalation before driving, but you can leave the unit.

If you've had sedation, you will be wheeled into the recovery area on a trolley for rest and observation for a while, usually 20 to 30 minutes. You will then be offered something to eat and drink before you go home. A responsible adult will need to collect you from the Endoscopy Unit, take you home and stay with you for the next 24 hours. The effects of the sedation can last 24 hours, therefore it may be necessary to take the following day off work. During this 24 hour period you must not drive, drink alcohol, operate machinery (including household appliances) or look after small children on your own.

Results

On discharge the nurse will explain the results of the procedure and will give you a short written report.

Frequently Asked Questions

Q. Will the test hurt?
A. The test can be uncomfortable and even painful at times even with pain relief. If you are finding the procedure very painful you can tell the staff who will try to reduce your discomfort and the procedure can be stopped if you wish.

Q. Will I be asleep if I have sedation?
A. No, you will not be asleep. The sedative helps to relax you, but does not put you to sleep.

Q. Will my relative be able to come in the room when I have my procedure?
A. No. Your relative or friend will not be able to go into the theatre when you have your procedure.

Q. What if I don't have a responsible adult to look after me following sedation?
A. You will be able to have Entonox for the procedure so you will not need anybody to collect and look after you. If you are very keen to have the sedative injection you will need to be admitted to hospital overnight.

Q. Will I need to get changed?
A. Yes, you will need to remove your lower clothing including your underwear. You will be given a pair of shorts to wear to maintain your dignity, they have a split at the back so you can wear them during the procedure. You will also need to wear a dressing gown, if you have your own, please bring this with you. If you do not have a dressing gown, we can provide one. You may also be more comfortable if you bring a pair of slippers with you.

Q. Will I get my results on the day of the test?
A. We will tell you as much as we can after the procedure we may not be able to give you the full result. If specimens are taken, these need to go to the lab to be analysed and it can take a few weeks for these results to be available.

If you have any further questions please do not hesitate to contact the unit.

If you have any comments about this leaflet or the service you have received you can contact :

Unit Manager at the Endoscopy Unit you attended

Calderdale Royal Hospital
Telephone (01422) 223920

Huddersfield Royal Infirmary
Telephone (01484) 355868

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉੱਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں.

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"