Colonoscopy and flexible sigmoidoscopy instructions

Pre operative patient information guide
This booklet tells you about colonoscopy and flexible sigmoidoscopy and what you need to know before, during and after your procedure.

**What is colonoscopy or a flexible sigmoidoscopy?**

- **Colonoscopy** - this is an investigation of your large bowel with the use of a colonoscope, which is a flexible tube with a small light at the end to let the doctor see the lining of your bowel. It is normal to be sedated for this procedure.
- **Flexible sigmoidoscopy** - this is an investigation of the first part of your large bowel with the use of a flexible sigmoidoscope, which is also a flexible tube with a small light on the end to let the doctor see the lining of your bowel. This is usually carried out without sedation.

These procedures take place in our endoscopy suite, where several types or procedures are carried out with the use of an endoscope.

**Why do I need this procedure carried out?**

Your doctor feels that an inspection of your large bowel may help to find the cause of your problem, which may not have been apparent during other investigations.

**Alternative investigations**

There are two alternatives to colonoscopy: a barium enema or a CT colonography. The advantages of these investigations are lower complication rates. The disadvantages are that small lesions are often missed, tissue samples cannot be taken, and there is a significant exposure to x-ray radiation. If an abnormality is found with these investigations an endoscopic procedure may still be required.

**What do I need to do before my procedure?**

- If you have been sent a bowel preparation please make sure you follow the instruction carefully. This is to make sure your bowel is empty and clean so the doctor can see the lining clearly. Follow the instructions on the bowel preparation with regards to eating and drinking.
- Do not eat or drink from midnight the evening before your procedure.
- If you are a tablet controlled diabetic do not take your medication while fasting but bring it with you on the day.
• If you are an insulin dependant diabetic please contact theatre day room on 0141 951 5465.
• If you take medicine for a heart problem or high blood pressure please ensure you still take this with a small amount of water at your usual time. Please bring this medication with you.
• Please stop taking any iron tablets seven days before the procedure.
• Please bring a list of all medication you take regularly.
• Please ensure a family member or friend comes with you or is available to collect you, as you will require someone to escort you home and stay overnight if you receive sedation. This includes being escorted from the hospital transport drop off point.

What happens when I arrive at the hospital?
You will be directed to the endoscopy suite reception area on the third floor where our receptionist will take some details. You will then be called by one of our pre assessment nurses into the pre assessment area. All valuables other than wedding bands should be left at home.

What happens in the pre assessment area?
We will talk to you about the following:
• What medication you are taking.
• Your past medical history.
• Any known allergies.
• Previous surgeries.
• Preparation for the procedure.
• Explanation of the procedure.

Please inform the pre assessment nurse if you feel your bowel preparation has not worked properly.

We will then:
• Explain your procedure to you again.
• Take your blood pressure and pulse.
• Ask you to sign the consent form.
• Ask you to change into a gown and sit on a chair ready for your procedure.

If you have any questions, please ask any of the staff, they will be more than willing to help.
Colonoscopy
If you have come for a colonoscopy, a small tube (cannula) will be put in the vein in the back of your hand so we can give you medication to sedate you during the procedure. This is not a general anaesthetic – it will not knock you out.

Flexible sigmoidoscopy
If you have come for a flexible sigmoidoscopy you can choose whether to have sedation or not. If you choose not to have sedation, you can halt the procedure at any time and request to be sedated.

Sedation
The medication used makes you unaware of the procedure and for a while afterwards.

Advantages of sedation
• You will be unaware of the procedure.

Disadvantages of sedation
• You will be unable to drive, operate machinery, sign any legal documents or drink alcohol for 24 hours afterwards.
• You will need someone to drive you home and stay overnight with you.
• You will need to spend one to two hours in the recovery room.
• If you choose not to be sedated you will be able to eat and drink straight away and drive yourself home.

The colonoscopy/flexible sigmoidoscopy investigation
• 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 given into a cannula (tube) in your vein.
• The colonoscopy involves moving 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, however the sedation and analgesia will minimise 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 tissue samples will be retained for histology and further analysis for clinical purposes only.

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 very rarely; however you should consider the risks before providing your consent. The doctor who has requested the test will have considered the risks. 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 one 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 one 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.
• Abnormalities may be missed.

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 happens after the procedure?
• You will be taken into the recovery room for a short time.
• When you are fully awake you will be given something to eat or drink.
• You will be given aftercare instructions.
• The doctor who carried out the procedure may come and see you in the unit.
• The sedation may temporarily affect your memory, so it is a good idea to have a member of your family, or a friend with you when you are given this information.
• If your family member or friend isn’t waiting with/for you, the nursing staff will telephone them when you are ready for discharge.
• 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, you must arrange for someone to stay with you overnight.
• 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.
• A letter goes to your GP and your Hospital Consultant soon after the procedure – usually within two weeks.

Results
If biopsies (small samples of the lining of your bowel, which you do not feel) are taken during the procedure these will be sent to a laboratory for tests. These results will be sent to your GP and/or your own consultant, normally after about three to four weeks

Should you have any concerns or questions, between 8am and 5.30pm please call 0141 951 5000 and ask for Theatre Day Unit on 5465/5712. Outside these times ask for the Senior Nurse who will give advice. They are there to help you make your visit as pleasant as possible.

Frequently asked questions about your scope

1. How long will the scope test take?
Tests usually take between fifteen and thirty minutes. However your arrival time is not your procedure time. Please plan for four to six hours for the whole experience, this will allow you to register, have your pre-operative check-in, the test itself, and the postoperative recovery. Our patients’ average stay is about one to one and a half hours after the test. In some cases, due to circumstances out with our control, your stay may be longer.

2. I am a diabetic, what should I do?
Please contact the endoscopy unit at the Golden Jubilee National Hospital at least two days before your procedure.
3. **I take Warfarin, what should I do?**
   Please remember and bring your coagulation/INR card with you for your appointment. We will check your blood test on arrival.

4. **I am coming for a colonoscopy/sigmoidoscopy and I am taking iron tablets (Ferrous Sulphate), what should I do?**
   Please stop taking your iron tablets seven days before your procedure.

5. **Will the scope test be painful?**
   For colonoscopy/sigmoidoscopy you may feel some cramping as your colon is being inflated with air and/or as the scope is being advanced. However, everything will be done to make you as comfortable as possible.

6. **What medication will I receive?**
   If you have sedation you will have two medications. One is for pain (Pethidine) and the other is to make you sleepy (Midazolam). You may be conscious for the scope test (i.e. awake) but you may not remember the actual test.

7. **Why do I need an escort/driver?**
   If you are to have the medication to make you feel sleepy for your test you will not be allowed to drive for 24 hours after taking this medication (Midazolam). An escort (responsible family member/friend) is required to assist you home and remain with you overnight as you may still feel sleepy from the medication. If this is not possible please contact the hospital.

8. **How soon will I be able to eat after my test?**
   For a colonoscopy you will be able to eat immediately after your test.

9. **If I have a biopsy sample taken, when will my results be available?**
   The results of biopsy samples usually take two to three weeks. For urgent samples this can be shortened to seven days. Your results will be sent directly to your GP.

10. **When will I receive my scope test results?**
    We will tell you (and your escort if required) the results of your test before you go home. You will receive two copies of your results, one for your own information and one for your GP.

Please take all four sachets of your bowel prep (although instructions say if bowel is running clear not to take the fourth sachet, it is advisable that you take the last sachet as often the bowel is not completely cleared).
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NHS SCOTLAND

Review date: June 2015

Version 8

DS10