Colonoscopy and Flexible Sigmoidoscopy Instructions

Important pre operative information for all patients.
About this booklet

The purpose of this booklet is to tell you about colonoscopy and flexible sigmoidoscopy and what you need to know before, during and after your procedure.

What is a colonoscopy and a flexible sigmoidoscopy?

- **Colonoscopy** is an investigation of your large bowel with the use of a colonoscope, 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** 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.

**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.
Before your procedure

- If you have been sent a bowel preparation, please make sure you follow the instructions carefully. 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 of your procedure.
- If you are an insulin-dependant diabetic, please contact the 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.
- Stop taking any iron tablets seven days before your procedure.
- Bring a list of all medications 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.
- All valuables other than wedding bands should be left at home.

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).
On admission

You will be directed to the Endoscopy Suite reception area, where our receptionist will take your details. You will then be called into the pre assessment area.

What happens in the pre assessment area?
We will talk to you about:
• what medication you are taking;
• your past medical history;
• any known allergies;
• previous surgeries;
• preparation for the procedure; and
• 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; and
• 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 are having 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 are having a flexible sigmoidoscopy, you can choose whether to have sedation or not. If you choose not to have sedation, you can still ask to be sedated at any time.

Sedation
The medication used makes you unaware of the procedure and for a short time 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.
• You will not be able to eat and drink straight away or drive yourself home.

The colonoscopy/flexible sigmoidoscopy investigation
• You will be escorted into the procedure room. 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.
• You will be given sedative drugs via 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 sedation and analgesia will minimise any discomfort.
• Air is gently passed into the bowel to facilitate the passage of the colonoscope.
• 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; these 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.

Your 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). Typically minor in degree, such bleeding may either simply stop on its own, or if it does not, be controlled by cauterisation or injection treatment.
• Abnormalities may be missed.
• 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 quickly. 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.
After your 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 and drink.
- The doctor who carried out the procedure may come and see you.
- You will be given aftercare instructions.
- The sedation may temporarily affect your memory, so it is a good idea to have a relative, or a friend with you when you are given this information.
- If your relative 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 for about 24 hours and you may feel drowsy, 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.
- A letter will be sent to your GP and Hospital Consultant within two weeks of the procedure.

Getting your results
If biopsies (small samples of the lining of your bowel) 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.
Frequently asked questions

1. **How long will the scope test take?**
   Tests usually take between 15 and 30 minutes. Your arrival time is not your procedure time. Please plan to be in hospital for four to six hours; 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 outwith our control, your stay may be longer.

2. **I am a diabetic, what should I do?**
   Please contact our Endoscopy Unit 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 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?**
   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 test itself.

7. **Why do I need an escort/driver?**
   If you are to be sedated 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?**
   You will be able to eat immediately after your colonoscopy.

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.

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**Contact**

If you have any concerns or questions, please call 0141 951 5000 and ask for Theatre Day Unit on 5465/5712 between 8am and 5.30pm. 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.
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