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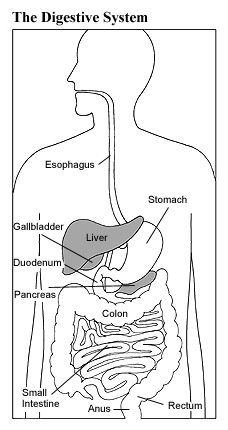
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**What is a colonoscopy?**

Colonoscopy is a visual examination of the lining of your colon (large intestine) and rectum. A colonoscope (long, flexible tube) is passed through the rectum and then around the colon. Using the light on the end of the colonoscope, the doctor is able to look for any abnormalities that may be present. If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation.

As your bowel needs to be empty for the colonoscopy, we will give you laxatives to take on the day before your appointment.

Failure to follow these instructions may result in your colonoscopy being cancelled.



Polyps (abnormal growths of tissue) can also be removed at this time. This additional procedure is known as a ‘polypectomy’. Polyps are usually benign (non-cancerous) and can vary in size from a tiny dot to several inches. It is not always possible to tell a benign polyp from a malignant (cancerous) one by its appearance and so your doctor will send removed polyps to the laboratory for testing. As cancer begins in polyps, removing them is an important means of preventing bowel cancer.

**Please note**

**For your comfort, colonoscopy is done under conscious sedation**, where drugs are used to make you relaxed and/or drowsy. It is different from general anaesthetic as it does not ‘knock you out’ completely. You are still able to respond to your doctor and nurses. Most people have little or no recall of the procedure afterwards.

**Are there any alternatives to colonoscopy?**

The principal alternative to the test is a ‘barium enema’ x-ray. During this procedure, a special liquid (barium) is passed through a tube into your back passage. The barium allows images (pictures) of your colon to be seen using x-rays and can show up polyps and tumours, but unlike colonoscopy, cannot remove them. It also cannot detect tiny areas where there is bleeding, which may lead to anaemia. CT scans can sometimes provide the same information as barium enema. Both barium enema and the CT scan require the same preparation as colonoscopy (see ‘Is there anything I need to do to prepare for my appointment?’).

**Are there any risks associated with colonoscopy?**

Although complications can occur, they are rare. There is about a 0.4% risk of the following occurring after colonoscopy and polypectomy:

* Perforation (tearing) of the bowel, which may require surgery to repair
* Bleeding
* Reaction to the sedatives used during the test

The risk of complications may be increased if you have any pre-existing heart or lung conditions. Your doctor will discuss any increased risks with you before you have the test.

**Is there anything I should do to prepare for my appointment?**

* Following colonoscopy, you cannot go home by yourself – a friend or relative **must** escort you home. This is because you will be given sedation during the test. It is recommended that someone stays with you for 12 hours after your procedure. Please make sure that you have access to a telephone when you return home. If you have not been able to make these arrangements, please speak to the nursing staff. **We cannot do the test on this day if you do not have an escort.**
* Please contact us **at least 2 weeks before** your appointment if you are on any blood-thinning medications, such as **warfarin** or **aspirin**, as you may need to stop taking them for a few days before the test.
* Please also contact us **at least 2 weeks before** your appointment if you are taking **Clopidogrel (Plavix)**, as you may need to stop taking it for a minimum of 10 days before the test.
* Preparation for the test involves not eating the day before and taking the prescribed laxative. If you are **diabetic**, please contact your GP or your Diabetes Nurse Specialist for advice before your appointment.
* The laxative you will have been prescribed will be either **Citramag and Senna OR Klean-Prep**.
* **Please read the instructions given in this information sheet about how to take the laxative**. You should contact us for advice if you suffer from any of the conditions (such as reflux oesophagitis) described in the leaflet enclosed with the laxative, as we may need to prescribe a different laxative for you to take.

**7 days before your appointment**

**Stop taking** iron tablets.

**4 days before your appointment**

**Stop taking any medication which causes constipation**, such as codeine phosphate or loperamide. Contact us for advice if you are not sure. Continue with all your other medications, including laxatives, unless you have been told otherwise.

**2 days before your appointment**

**Eat a ‘low residue’ diet**, which means foods from the following list only:

cheese, eggs, grilled or poached white fish (such as cod, haddock or plaice), skinless chicken, boiled potatoes (without skin), white bread, butter, margarine.

**DO NOT eat high fibre foods** such as red meat, pink fish (such as salmon or trout), fruit, vegetables (including tomatoes), seeds, nuts, sweetcorn, mushrooms, and wholemeal bread.

**Try to drink at least 2 litres of fluid/ liquid during the day to avoid dehydration.**

**On the day before your appointment**

**Have a good breakfast, only choosing items from the ‘low residue’ diet list above.**

**After this, do not eat any solid food, but drink plenty of clear fluids** – water, tea, coffee, squash, strained fruit juice (‘without bits’), tonic water or fizzy lemonade and clear soups. Small amounts of milk in tea and coffee is permitted, as well as eating clear jelly and ice cream.

It is **essential** that your bowel is empty when you come for your colonoscopy. Failure to follow the instructions below **will** result in the cancellation of your appointment.

**Take the laxatives**

**You will have been prescribed either Klean-Prep or Citramag and Senna.** The laxative preparation will cause diarrhoea and so we recommend that you stay within easy access to a toilet after you have taken it. Soreness around the anus will be reduced if you apply some barrier cream (such as Vaseline) before taking the laxatives.

**If you are using oral contraceptives** (the ‘Pill’), the laxative may make them ineffective. Do not stop taking your pill, but you should use additional methods of contraception during this time.

**If you feel unwell on this day** and think that you may not be able to tolerate the bowel preparation or the test, please ring the Endoscopy Department for advice before starting to take the preparation.

**If you have not received other specific advice regarding your regular medications** you should continue to take them as normal. You may need to amend the timing as it is advisable to avoid taking them less than one hour either side of oral bowel preparation.

If you have been prescribed Klean-Prep:

* **At 12.00pm (noon)**, mix 1 sachet of Klean-Prep in a jug with 1000mls (1 litre) of water. Drink 1 glass every 15 minutes until you have finished the jug.
* **At 1.00pm**, mix 1 sachet of Klean-Prep in a jug with 1000mls (1 litre) of water. Drink 1 glass every 15 minutes until you have finished the jug.
* **At 4.00pm**, mix 1 sachet of Klean-Prep in a jug with 1000mls (1 litre) of water. Drink 1 glass every 15 minutes until you have finished the jug.
* **At 5.00pm**, mix 1 sachet of Klean-Prep in a jug with 1000mls (1 litre) of water. Drink 1 glass every 15 minutes until you have finished the jug.

As Klean-Prep is very bland to taste, it is better drunk cold from the fridge. You may wish to add clear fruit cordial, such as orange or lime squash, to make it more pleasant to drink.

If you have been prescribed Citramag and Senna:

**It is important that you drink 2 – 3 litres of clear fluid during the day and evening, as this will help the laxative to work and will also prevent dehydration. Citramag will fizz when mixed so it may be advisable to use a jug or tall glass.**

* **At 12.00pm (noon)**, take all **10** senna tablets with a glass of water.
* **At 3.00pm**, dissolve 1 sachet of Citramag in 200mls of hot water. Allow to cool for at least half an hour and drink the solution, followed by 1 glass of plain water.
* **At 5.00pm**, dissolve 1 sachet of Citramag in 200mls of hot water. Allow to cool for at least half an hour and drink the solution, followed by 1 glass of plain water.

**Side effects of the laxative mixtures can be nausea, vomiting or abdominal pain. Vomiting and diarrhoea can cause dehydration. Please contact me to report any adverse effects or reactions you experience.**

**What happens on the day of the test?**

If you regularly take **medicines** in the morning, you should take them before 7.00am on the day of the test, with a small sip of water if necessary, unless you have been advised otherwise.

**You may continue to drink clear fluids until 4 hours before the test to avoid dehydration.**

We advise you to wear loose-fitting clothes to your appointment, as during the procedure, the doctor will introduce air into your bowel/ stomach (see below), which may cause bloating afterwards. The bloating will go down, but if you are wearing tight-fitting or tailored clothes, this may increase any initial discomfort you experience.

The colonoscopy will be done as close to your appointment time as possible. Every effort is made to keep waiting times to a minimum, but it is not possible to predict how long individual procedures will take. You may wish to bring something to read with you.

The procedure will be discussed with you in detail and you will be asked to sign a consent form. This is to make sure that you understand the risks and benefits of having the test.

You will be asked to change into a hospital gown before going into the examination room. We will ask you to lie on your left side on a trolley, with your knees slightly bent. You may be asked to change position during the test and a nurse will help you to do this. You will be connected to a monitor, which will record your blood pressure and pulse throughout. Oxygen will be given to you through your nose and a small probe will be placed on your finger to monitor this.

The doctor will then give you a sedative and a painkiller intravenously in your hand or arm to make you more comfortable.

The doctor will pass the colonoscope (long, flexible tube) through your anus and into the large bowel (colon) and introduce air to expand the bowel. This will help the doctor to see inside your bowel. Pressure may be applied to your stomach to aid the passing of the tube. During this time, it is normal to have wind-like pains and a feeling of wanting to go to the toilet, but this will pass and there is no need to be embarrassed.

In some cases, the doctor is not able to pass the colonoscope through the entire colon to where it meets the small intestine. Although another examination (such as barium enema or CT scan) may be needed, your doctor may decide that this limited test is sufficient.

If the doctor thinks an area needs further investigation, s/he might pass an instrument through the colonoscope to obtain a biopsy (sample of the colon lining) for testing in the laboratory. Biopsies are used to diagnose many conditions and your doctor may request one even if s/he does not suspect cancer.

Colonoscopy can also be done to identify areas of bleeding inside the colon. Your doctor may control the bleeding through the colonoscope by injecting medications or by coagulation (sealing blood vessels using heat treatment).

Your doctor may also find polyps during colonoscopy. Tiny polyps can be destroyed by fulguration (burning) or by removing them with snares (wire loops) or with biopsy instruments. Larger polyps may also be removed with snares. This involves passing a wire loop through the colonoscope and removing the polyp from the intestinal wall using an electric current.

The procedure itself takes 15 minutes to 1 hour to complete, but you should expect to be in the department for 2 – 3 hours to allow time for waiting, preparation and recovery.

**Please note**

Your examination may be done by a Nurse Endoscopist, who is a fully qualified nurse trained in this procedure.

**What happens after the test?**

You will be left to rest for about an hour before you can go home. **As you will have had sedation during the test, you must be accompanied home by a relative or friend, who is 18 years of age or older. It is recommended that someone stays with you for 12 hours after your procedure.**

**When will I get the results?**

In many cases, the results are available immediately after the test. However, biopsy results may take up to a week before they are available. Details of the results and any necessary treatment will be discussed with you in clinic.

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**Is there anything I need to watch out for at home?**

It is normal to experience small amounts of bleeding from the rectum for several days after having a colonoscopy. However, if you have any severe pain, black tarry stools or persistent bleeding in the hours or days after your colonoscopy, please either contact your GP or telephone switchboard of you local hospital

You may experience a feeling of pressure, bloating or cramping during or after the procedure due to the air that was introduced. This will disappear quickly once you have passed wind.

Please do not worry if you have watery motions (stools). This is normal and will pass.

**When can I get back to normal?**

For the rest of the day you must not:

* drive or operate machinery (including kitchen equipment)
* drink alcohol
* sign any important or legal documents.

This is because of the sedation you received during the test.

You should be able to return to work and all your usual activities the day after your appointment.

Information adapted from Imperial College Healthcare NHS Trust Endoscopy dept information sheet.