CT Colonogram

What you need to know about your CT colonogram procedure.

“Don’t die of embarrassment”

www.bowelscreeningwales.org.uk
You have recently spoken to a Specialist Screening Practitioner and have agreed to have a CT colonogram.

A CT colonogram is a type of x-ray investigation that looks at your large bowel (colon).

The test allows us to take two to three pictures of the whole of your colon from different angles.

The pictures are shown on a screen so we can check whether or not you have any disease or inflammation.

The pictures will show any narrowing, swelling, polyps (small growths) or cancer within the colon.

We cannot take samples during this test.
Preparing for the investigation
We need to see your colon clearly, so you will need to take a laxative to empty your bowel.

If you have any questions please contact your Specialist Screening Practitioner or phone our free helpline on 0800 294 3370.

- You should drink plenty of water before your investigation.
- You should bring your dressing gown and slippers.
- Please do not bring anything valuable with you.

Two days before your appointment
You will need to be on a low-fibre diet and drink lots of water.

One day before your appointment
You should follow the instructions from your Specialist Screening Practitioner about what you can eat and drink.

You will also need to take a laxative and some x-ray dye medicine (Gastrografin) which will be sent to you. Your Specialist Screening Practitioner will have discussed this with you. Please follow the instructions provided with the laxative.

The laxative will cause diarrhoea so be sure you have easy access to a toilet. It is important to drink a lot of fluid to avoid dehydration. If you become unwell after taking the laxative, call your doctor, the x-ray department or your Specialist Screening Practitioner. If it is at the weekend or at night, you may need to contact or go to your local hospital emergency department.
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On the day of the examination

- You should drink plenty of water before your investigation.
- You will need to take the x-ray dye medicine which we have sent you.

What about my medicines?

You should carry on taking most of your normal tablets and medicines, but please consider the following.

If you are taking iron medication you must stop this one week before your appointment.

If you are taking medication that makes your bowel movements more solid you must stop taking it three days before your investigation. This includes medication such as:

- Fybogel or Regulan;
- Loperamide (Imodium); and
- Codeine phosphate.

Diabetics

If you have diabetes and it is controlled with insulin or other medication, please phone your Diabetic Nurse Specialist for advice before your CT colonogram appointment. You can also contact your Specialist Screening Practitioner.

Anticoagulants

If you are taking medication such as Warfarin or Clopidogrel to thin your blood, please phone your Specialist Screening Practitioner.
Allergies
If you think you have an allergy to latex or iodine or any other allergies, please tell the x-ray department or your Specialist Screening Practitioner.

What happens when I arrive?
You should go to the x-ray department and report to reception. You will need to tell them you are there for your CT colonogram.

What happens next?
- One of the Radiology Assistants will greet you and take you to the preparation area.
- The person taking the CT colonogram (the Radiographer) will explain the test and ask you if you have any questions. At this time it would help to mention if you have had any problems with your bowel preparation.
- You will be shown to a changing room and be asked to put on a gown.

How long will I be in the hospital x-ray department?
You should expect to be in the department for about one hour. The department is also dealing with emergencies. These may take priority which could delay your investigation.

The CT colonogram investigation
- You will be taken into the room where the investigation will take place. The Radiographer and the nurses will introduce themselves. You will have the opportunity to ask any questions that you may have.
- You will be asked to lie down on your left side on the scanner table.
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- You will have a cannula (a small plastic tube or needle) inserted into one of the veins in your arm.
- The cannula may be used to give a muscle relaxant to avoid bowel spasm or an iodine-based dye to provide a better x-ray image.
- A thin, soft, small tube will be put into your back passage. This will not hurt but you will feel as if you need to go to the toilet. This feeling is normal.
- Gas (carbon dioxide) will be gently passed into your bowel through the tube in your back passage.
- You may feel some bloating and mild discomfort in your abdomen.
- The Radiographer will then start to take the CT colonogram.
- They will ask you to turn over for a second picture to be taken, and occasionally a third.
- The Radiographer will ask you to hold your breath for short periods during the investigation.
- Once the test is completed you will be able to change back into your clothes.
- The investigation usually takes about 20 to 40 minutes.

What is a polyp?
If we find a polyp, we may refer you to a specialist. A polyp is a small growth on the lining of the bowel. Some polyps are attached by a stalk, others are flat. They may grow and cause problems in the future. Sometimes polyps develop into cancer.

After the investigation
Once the Radiographer is happy with the quality of the pictures you will be allowed to go home.
The Specialist Screening Practitioner will then arrange to give you the results over the phone or meet with you in the results clinic.

**Risks of the investigation**
You need to compare the risks with the benefit of having the test. Most people suffer no ill-effects from the test. You can eat and drink as normal afterwards.

You must call your Doctor or contact the x-ray department if you notice any of the following.

- Pain in your abdomen
- Bleeding from your back passage
- Persistent vomiting
- A painful eye (the muscle relaxant can sometimes lead to red, sore eyes in people who have glaucoma)
- Dehydration if you have not drunk enough fluids when taking your laxative

**Perforation (tear in the bowel)**
For every 1 in 3,000 tests, the procedure can tear the bowel. The tear usually repairs itself. However, in a small number of cases an operation may be needed.

**Risk from radiation**
**Is there a risk from radiation?**
At Bowel Screening Wales we sometimes use CT colonogram to detect bowel cancer. Radiation can cause cancer, but the risk from x-ray radiation is low. The benefit of having a CT colonogram far outweighs the risk from radiation. The number of lives saved by detecting and treating bowel cancer is much greater than the number of lives that may be lost because of cancer caused by x-ray radiation.
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What do we do to minimise the risk?
The amount of radiation is referred to as the dose. The lower the dose, the smaller the risk. However, if the dose is too low the pictures would not be clear enough to show whether cancer is present. We monitor our equipment to make sure that we get the correct balance between the dose and the quality of the pictures. We try to make sure that we get the best pictures possible while using as little dose as possible.

How is radiation risk described?
Radiation does not cause cancer immediately, but it slightly increases the chance that a cancer may arise several years later. The 'lifetime risk' is the chance of a cancer arising during the rest of your life. So, the risk depends on your age when you are exposed to radiation – the risk at age 70 is less than half the risk at age 50.

How big is the risk?
The risk from a CT colonogram is low.

The lifetime risk is as follows.

- 50 to 59 year-olds – between 1 in 3,000 and 1 in 4,000
- 60 to 69 year-olds – between 1 in 4,000 and 1 in 5,000
- 70 to 75 year-olds – between 1 in 6,000 and 1 in 8,000

How does the risk compare with the benefit?
We all have a 1 in 4 risk that we will develop cancer without ever having an x-ray. The extra risk from the CT colonogram is the same as a few years of natural background radiation.

What is the effect of having many x-rays?
Each individual x-ray examination carries its own level of risk. To estimate the effect of having many x-rays, the risks are simply added together. It does not make any difference whether the x-rays are all done in one day or spread over many years. The total risk is the same.
How to reduce your risk of bowel cancer

- Take part in the bowel screening programme when invited.
- Eat a high-fibre diet with plenty of fruit, vegetables and carbohydrates (such as wholegrain pasta, bread and rice).
- Exercise for 30 minutes a day, such as going for a brisk walk, swimming, or walking up a hill.

You should see your doctor if you have any of the following:

- Bleeding from your back passage.
- A change in your regular bowel movements (such as constipation or diarrhoea) for a period of six weeks or more.
- Severe stomach pains which start suddenly and continue, especially after eating.
- Unexplained weight loss.
- Unexplained anaemia (due to lack of iron in your blood).

These symptoms may be caused by a range of conditions. If you have any of the symptoms you should make an appointment to discuss them with your doctor.
What we do with your information

We need to hold certain information about you. This is so we can invite people for screening and so we can check on the performance of the screening programme. We take great care to keep your personal details confidential. We only share information with people who have a legal or medical need for it – your doctor, for example. If you would like to know more about how we use the information, please ask for our leaflet ‘How we use information about you’.

All calls to the helpline are confidential but we will record them for training and quality purposes.

For further information please contact
our freephone helpline on: 0800 294 3370
Opening hours: 8am to 5pm Monday to Friday
Or visit our website at:
www.bowelscreeningwales.org.uk