Colonoscopy
Information you’ll need to know before your investigation.

“Don’t die of embarrassment”
You have recently spoken to a Specialist Screening Practitioner and have agreed to have a colonoscopy.

- A colonoscopy is a way of looking at the lining of your large bowel (colon) to see whether there is any disease present.
- The test also allows us to take small samples of your bowel (biopsy) to analyse in the laboratory if necessary.
- The instrument used is called a colonoscope (scope) and is flexible.
- Each scope has a light which can be pointed onto the lining of your bowel.
- The pictures are shown on a screen so we can check whether or not you have any disease or inflammation.

Preparing for the investigation

**Eating and drinking**
We need to see the lower bowel clearly. So, you will need to take a laxative to empty your bowel.

**Two days before your appointment**
You will need to be on a low-fibre diet and drink lots of water. Your Specialist Screening Practitioner will have discussed this with you and you can contact them again if you are not clear.

**One day before**
- Do not eat any solid foods.
- You should take clear fluids only for example, sugary drinks, Bovril, black tea and coffee with sugar, clear soups and fruit jelly.
- You will also need to take a laxative which we have sent you with this leaflet. Your Specialist Screening Practitioner will have discussed this with you. Please follow the instructions provided with the laxative. If you have any questions, please contact your Specialist Screening Practitioner or the helpline and someone will help you.

**On the day of the examination**
- You should continue to drink lots of water until you have your appointment.
- Bring your dressing gown and slippers.
- Don't bring valuables.
What about my medicines?

**You should take most routine medicines as usual. But see below.**

If you are taking iron tablets, you must stop these one week before your appointment. If you are taking medicines to make your bowel movements more solid (Fibogel or Regulan), Loperamide (Imodium), Lomotil or Codeine Phosphate, you must stop these three days before your colonoscopy appointment.

**Diabetics**

If you have diabetes and it is controlled with insulin or medication, please phone your diabetic nurse specialist for advice before your colonoscopy appointment. Or, you can contact your Specialist Screening Practitioner.

**Anticoagulants**

Please phone your Specialist Screening Practitioner if you are taking medicines or tablets, such as warfarin, to thin your blood.

**Allergies**

Phone the Specialist Screening Practitioner for information if you think you have a latex allergy or any other allergies.
What happens when I arrive?
When you arrive in the hospital endoscopy department, by your Specialist Screening Practitioner will come to see you. You will be able to ask more questions about the colonoscopy and discuss any concerns you have.

The Specialist Screening Practitioner will make sure you understand the procedure and discuss any concerns or questions you may have. If you have decided to have sedation she may insert a small cannula (a small plastic tube or needle) in the back of your hand or arm. You will be given the sedation through this later.

For 24 hours after sedation you must not drive, drink alcohol, operate heavy machinery, or sign any legally binding documents. You will need someone to go home with you, so you must arrange for a family member or friend to collect you. You will need to give the nurse their phone number so she can contact them when you are ready to go home. Someone will also need to stay with you overnight.

You will have a brief assessment with your Specialist Screening Practitioner who will ask you some questions about your health. For example, she will ask about any surgery or illnesses you have had.

Your blood pressure and heart rate will be recorded. If you are diabetic, your blood sugar level will also be taken. A recording of your oxygen levels will be taken. You will be given oxygen through a mask or a tube in your nose.

If you have not already done so, and you are happy to go ahead, we will ask you to sign a consent form (to give your permission).

How long will I be in the hospital endoscopy department?
This largely depends on whether you have sedation and, if so, how quickly you recover from it. You should expect to be in the department for about three hours. The department also looks after emergencies and these can take priority.

Sedation
If you have asked for sedation, we will give it to you through a vein in your hand or arm. It will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. This means that, although drowsy, you will still hear what is said to you. So, you will be able to follow simple instructions during the investigation. Some people do not remember anything afterwards about the colonoscopy because of the sedation.

Sedation can sometimes cause problems with people’s breathing, heart rate and blood pressure. These problems do not normally last long.

While you are sedated, we will monitor your breathing and heart rate. We will make a note of any changes and deal with them if necessary. For this reason you will be connected by a finger probe to a machine which measures your oxygen levels and heart rate. We will also record your blood pressure. If you are diabetic, we will take your blood sugar level. You will also be given oxygen though a mask or a tube in your nose.

For 24 hours after having the sedation you must not drive, drink alcohol, operate heavy machinery, or sign any legally binding documents. You will need someone to go home with you.
The colonoscopy investigation
We will take you into a room where the colonoscopist and the nurses will introduce themselves. You can then ask them 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 also be given oxygen through a mask or tube in your nose.

If you have asked for them, the sedative drugs will be given to you through a small cannula (a small plastic tube or needle) in your vein.

The colonoscopy looks at the entire large bowel, and it may be uncomfortable for short periods of time. Air is gently passed into the bowel during the investigation to make it easier for the scope to be inserted.

During the investigation samples may be taken from the lining of your bowel for analysis in the laboratory. We will store these samples. We may also ask if we can use the samples for research in the future.

Colonoscopy is the most effective test for bowel cancer but it is not 100% reliable. This means a cancer may occasionally be missed. You should continue with bowel screening and see your doctor if you have any symptoms or concerns.

Sometimes it is not possible to complete the colonoscopy and your Specialist Screening Practitioner will discuss this with you. You may be offered other tests if it is not possible to complete your colonoscopy.

Risks of the investigation
Because a colonoscopy takes samples of your bowel sometimes there are complications. These are rare but you need to know about them so you can make your decision about having the test.

You need to compare the risks with the benefit of having the test.

The main risks of a colonoscopy are shown below.

Perforation
For one in every 1000 tests, the procedure can tear the lining of the bowel. An operation is nearly always needed to repair the hole. The risk of perforation is higher when polyps (small growths) have been removed.

Bleeding
This may happen if a sample of your bowel was taken or if a polyp has been removed. The risk is about one for every 100 to 200 examinations where this is done. Bleeding is not usually serious and often stops on its own.

We have considered all of the risks. We believe the possible benefits outweigh the possible risks.

“…the colonoscopist and the nurses will introduce themselves. You can then ask them questions.”
What is a polyp?
A polyp is a small growth on the lining of the bowel. Some polyps are attached by a stalk, others are flat without a stalk.

If we find polyps during the investigations, we usually remove them. This is known as a polypectomy. We do this as they may grow and cause problems later. Sometimes polyps develop into cancer.

After the investigation
You will be allowed to rest after the investigation. We will record your blood pressure and heart rate. If you are diabetic, we will monitor your blood sugar level. Once you have recovered from the effects of the sedation (which normally takes about 30 minutes), you will be able to sit up. We will offer you a hot drink and biscuits. Before you leave the department, your Specialist Screening Practitioner will discuss the findings and any medication or further appointments you may need.

If you have had sedation, it may affect your memory for a short period of time. It is a good idea to have a member of your family or friend with you. We may give you a short written report.

If you have had sedation, the drug stays in your blood system for about 24 hours and you may feel drowsy. If you live alone, arrange for someone to stay with you overnight. For 24 hours after sedation, you must not drive, drink alcohol, operate heavy machinery or sign any legally binding documents. You will need someone to go home with you.

“You will be allowed to rest after the investigation. We will record your blood pressure and heart rate.”
General points to remember

• If you are not able to keep your appointment, please let your Specialist Screening Practitioner know as soon as possible.

• Our aim is for you to be seen and investigated as soon as possible after you arrive. However, the department is often very busy and your investigation may be delayed. If there is an emergency, we will give it priority.

• Please leave all jewellery and personal belongings at home. The hospital cannot accept any responsibility for the loss or damage to personal belongings during your stay.

• If you are having sedation, please arrange for someone to collect you and stay with you overnight.

How to reduce your risk of bowel cancer

• Take part in the bowel screening programme every two years.

• Eat a high-fibre diet with plenty of fruit, vegetables and carbohydrates (such as wholegrain pasta, bread and rice). This is believed to reduce your risk.

• Take moderate amounts of exercise. This may protect you against bowel cancer.

• See your doctor if you have any symptoms or concerns about your bowels.
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’.

You don’t have to be part of the bowel screening programme. Please call the helpline for more information.

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

For further information please contact the Freephone Helpline on: 0800 294 3370
Opening hours: 8am to 6pm
Or visit the Bowel Screening Wales website at: www.bowelscreeningwales.org.uk