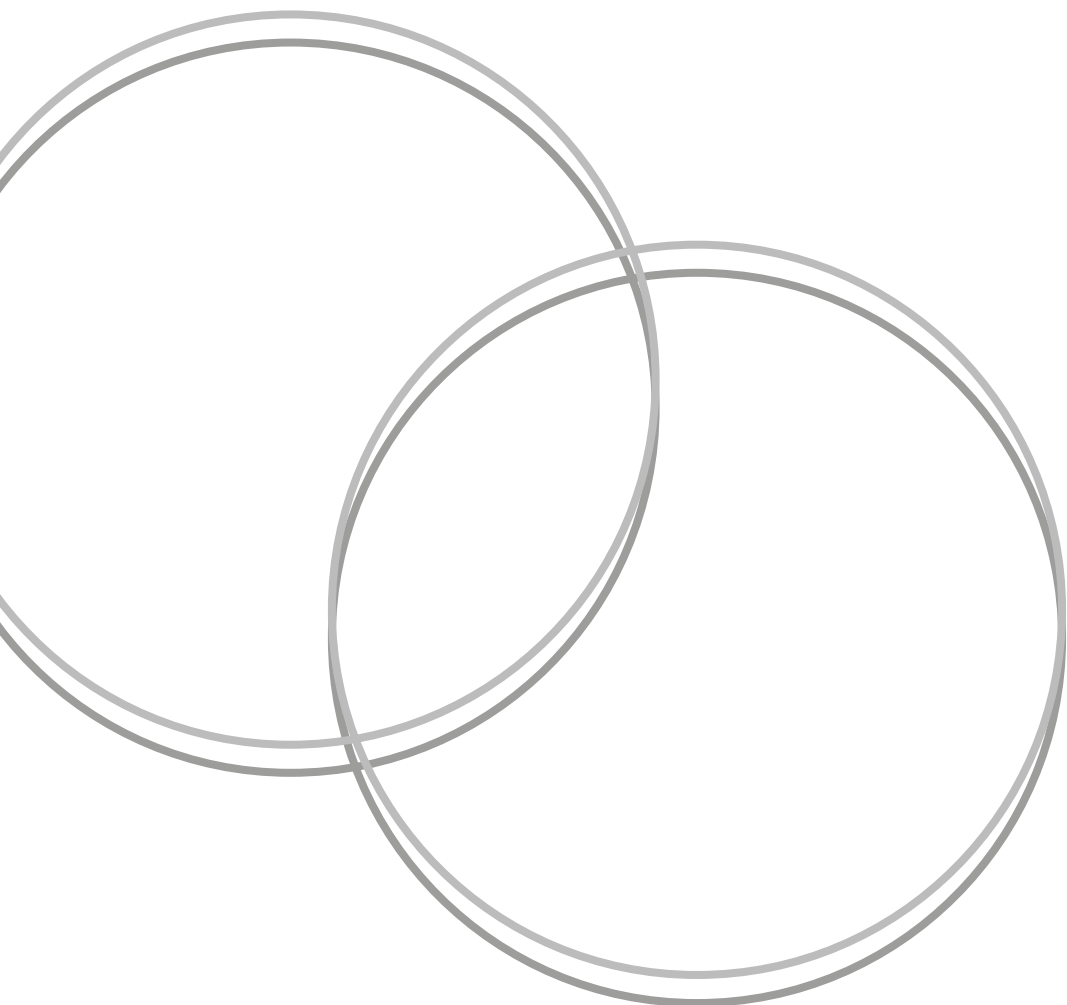


# Colonoscopy

*This booklet contains details of your appointment,  
information about the examination and the consent form*

**Please bring this booklet  
with you to your appointment**





## Your appointment

An appointment for your colonoscopy has been arranged at:

**John Radcliffe Hospital, Endoscopy Unit**

Telephone **01865 223 010** option 2  
(Monday to Friday, 8.00am to 4.00pm)  
Email: **endoscopy@ouh.nhs.uk**

**Horton General Hospital, Endoscopy Unit**

Telephone **01295 229 668** option 2  
(Monday to Friday, 8.00am to 4.00pm)  
Email: **ouh.hhendogastroreferrals@nhs.net**

Please telephone the Endoscopy Unit on the relevant telephone number above if this appointment time is not convenient for you or if you are unable to keep your appointment. This will help staff to arrange another date and time for you and to give your appointment to someone else.

If you need travel information please refer to the website at [www.ouh.nhs.uk](http://www.ouh.nhs.uk) or telephone the numbers above and we will send you an information sheet.

## Introduction

You have been advised by your GP or hospital doctor to have a colonoscopy examination. **We will need to have your formal consent before we can carry out this examination.** This booklet explains how the examination is carried out and what the risks are. This will help you to make an informed decision when agreeing to the examination and to having sedation.

If there is anything you do not understand or anything you wish to discuss further, but still wish to come for the appointment, do not sign the consent form at the front of the booklet. Instead, bring it with you and you can sign it after you have spoken to the endoscopist.

**The consent form is a legal document – please read it carefully.** Once you have read and understood all the information, including the risk of complications, and you agree to undergo the examination, please sign and date the consent form. You will notice that the consent form is carbonised, allowing you to keep a copy for your records. Please remember to bring the consent form to your appointment.

## What is a colonoscopy?

The examination you will be having is called a colonoscopy. This is an examination of your large bowel (colon) through your back passage. It is carried out by (or under the supervision of) a trained doctor or nurse called an endoscopist.

A colonoscopy is a very accurate way of looking at the lining of your large bowel, to establish whether there is any disease present. The instrument used is called a colonoscope (scope) and it is flexible. The scope has a light which is shone onto the lining of your bowel. It also has a very small camera which sends a live image to a screen where it is viewed by the endoscopist.

During the examination the endoscopist may need to take some small tissue samples, called biopsies; this is painless. The samples will be looked at under a microscope in our laboratories.

The tissue sample and associated clinical information will be kept and may be used for teaching purposes and for research aimed at improving diagnosis and treatment of bowel diseases. This may benefit other patients in the future. If you do not wish us to keep the tissue sample for this purpose please tick the appropriate boxes on the consent form. If you have any further questions or concerns, please ask the endoscopist before signing the consent form. Images from the colonoscopy will be kept in your health record.

## **Why do I need a colonoscopy?**

You may have been advised to have a colonoscopy for the following reasons:

- to try and find the cause of your symptoms. The results will help us to decide on the best treatment for your problem or whether we need to carry out any further examinations.
- as a follow-up inspection of a previous disease
- to find out more about an abnormality seen on an X-ray or scan
- to remove polyps.

## **What is a polyp?**

A polyp is a protrusion from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, whereas others are flat without a stalk. If a polyp is found, or if we already know you have a polyp, it is usually removed by the endoscopist as it may grow and cause problems later. Polyps are removed or destroyed using a high frequency electric current. Alternatively, the endoscopist may take some samples for further examination.

## What are the alternatives to colonoscopy?

An alternative examination is a CT scan, but the disadvantage of this is that we cannot collect tissue samples that may be important for diagnosis. This may mean that you will still need to have a colonoscopy examination at a later date.

If you would like to discuss this option please speak to your doctor.

## Pain relief and sedation

We routinely give light sedation and a painkilling injection to help you to relax. The sedative injection and a painkiller will be injected into a vein in your hand or arm. It will make you lightly drowsy and relaxed but will not put you to sleep. You are likely to be aware of what's going on around you and will be able to follow simple instructions during the examination. We will monitor your breathing and heart rate throughout the examination.

**After sedation you will not be allowed to drive home. You should also not go home alone on public transport. You must arrange for a family member or friend to collect you. The nurse will need to be given their telephone number so that we can contact them when you are ready to go home.**

We recommend that someone responsible stays with you overnight after your colonoscopy. However, if this is not possible you may still be able to have sedation, depending on your general health. If you would prefer not to have sedation please discuss this with your endoscopist when you come for your appointment, we may be able to give you Entonox. After taking Entonox, you will need to rest in the department for 30 minutes or until its effects have worn off. If you feel able to, you will be allowed to drive as long as you have had no other sedation.

## Bowel preparation instructions

You will need to take bowel preparation before your procedure. Unless you have been instructed otherwise, this usually consists of two doses of Polyethylene glycol-electrolyte solution 'Moviprep' (each dose consisting of sachets A and B).

**Please take ALL bowel preparation by following the instructions below carefully – NOT the manufacturer's instructions.** The manufacturer's instructions enclosed are to provide information about possible side-effects, as well as effects on other medicines and other health problems.

This bowel preparation is to make sure that your bowel is thoroughly cleaned and we can carry out a complete examination.

For some people there are more suitable alternatives. If you are sent a different bowel preparation **please follow the instructions on the enclosed Oxford University Hospitals' leaflet** – NOT the manufacturer's drug information leaflet.

If you need further information regarding your bowel preparation, please telephone us on:

**01865 221 456** (John Radcliffe Hospital)

**01295 229 155** (Horton General Hospital)

## **Two days before the examination**

To help the bowel preparation to work effectively, you will need to start to eat a low fibre diet. This should consist of white fish, chicken, white bread, eggs, cheese, or potato without skins. High fibre foods such as red meat, fruit, vegetables, cereals, nuts, salad, and wholemeal foods must be avoided. Have plenty of fluids to drink. If you would like more information about a low fibre diet please call us on the numbers above.



# The day before the examination

## If you have a morning appointment

The day before the examination, have a low fibre breakfast as described above. **After this DO NOT EAT any food until after your colonoscopy, but drink plenty of clear fluids throughout the day and especially during the period when taking the bowel preparation.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk.

**At 5pm:** Mix one pair of Moviprep sachets (A and B) in one litre of water and drink over the next 1-2 hours.

Ensure that you drink at least 500ml water or clear fluids with each litre of Moviprep.

**At 8pm:** Take the second pair of Moviprep sachets as above.

## If you have an afternoon appointment

The day before the examination, have a light low fibre lunch at 12 midday. **After this DO NOT EAT any food until after your colonoscopy.** Clear fluid is water, smooth fruit juice (not containing 'bits'), fruit squash, fizzy drinks, tea or coffee without milk.

**At 7pm:** Mix one pair of Moviprep sachets (A and B) in one litre of water and drink over the next 1-2 hours.

Ensure that you drink at least 500ml water or clear fluids with each litre of Moviprep.

# The day of colonoscopy:

**6am:** Take the second pair of Moviprep sachets as above.

**For Information on contraindications and side effects please refer to the enclosed manufacturer's leaflet.**

## The day of the examination

You may have as much clear fluid as you like up until 2 hours before your examination. Do not drink anything after this time.

## What about my medicines?

If you have diabetes controlled by insulin or tablets, please make sure that you tell us so that we can give you an appointment at the beginning of the morning or afternoon. If you have not already been advised about your diabetes medications, please telephone the Endoscopy unit at least two days before your endoscopy appointment for advise.

If you take anticoagulants or antiplatelets, please telephone the Endoscopy Unit at least two weeks before your appointment if you have not already been advised about your anticoagulants or antiplatelets.

If you are taking iron tablets, you must stop these one week before your appointment.

If you are taking stool bulking agents, you must stop these four days before your appointment.

You should continue to take your routine medicines unless advised otherwise.

You should continue to take your routine medicines – **with the exception of iron tablets and stool bulking agents (as previously explained).**

## **What to bring with you**

Please bring with you a dressing gown and a pair of slippers.

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

## **What happens when I arrive in the Endoscopy Unit?**

Soon after you arrive, you will be reviewed or seen by a nurse who will ask you a few questions about your medical condition and any past surgery or illness you have had. This is to confirm that you are fit enough to undergo the colonoscopy examination. The nurse will record your heart rate, blood pressure and oxygen levels. If you are diabetic, your blood glucose level will also be recorded.

The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have. The nurse will ask you for your signed consent form. If you have not already signed the consent form the endoscopist will be able to answer any questions you still have or talk to you about any concerns.

The nurse will also ask you about your arrangements for getting home after your colonoscopy. If you have decided to have a sedative, you must be accompanied home. (See page 5)

The nurse will ask you to change into a hospital gown, your dressing gown and slippers.

## **What happens during the colonoscopy examination?**

You will be escorted into the examination 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 then ask you to lie on the trolley on your left side and will place a probe on your finger to monitor your oxygen levels. You will be given the sedative injection and will quickly become sleepy.

The endoscopist will move the colonoscope through your back passage around the length of your large bowel. Air is gently passed into your bowel to make moving the scope around easier. You may feel some discomfort when the endoscopist moves the scope around the natural bends in your bowel. This discomfort will be kept to a minimum by the sedative and painkillers.

## **How long will I be in the Endoscopy Unit?**

This depends upon how quickly you recover from your examination and also how busy the Unit is. You should expect to be in the Unit for most of the morning or afternoon.

The Unit also deals with emergencies and these will take priority over people with outpatient appointments. However, we will try to keep any delays to an absolute minimum.

## What are the risks?

Colonoscopy is a safe examination for most people. Serious problems are rare, but life threatening complications are possible. However, you need to weigh up the benefits against the risks of having the procedure. There can be risks from having the examination itself, as well as from the sedation. The main risks are:

- A tear (perforation) in the lining of the bowel. Nationally this happens to approximately 1 in 1,000 people. The risk of a tear is higher with polyp removal. If we know before your colonoscopy that you have a large or difficult to remove polyp, your endoscopist will discuss the risks with you in more detail. An operation may be required to repair a tear if it cannot be closed during the colonoscopy.
- Risk of a missed lesion – Although colonoscopy has been selected as the best test to diagnose your symptoms, no test is perfect. There is a risk of 1 in 100 that we might miss a large polyp or other important finding during your test.
- Bleeding where we take a sample (biopsy) or have removed a polyp happens to about 1 in 100 people, but this is usually minor and often stops on its own.
- Short term problems with breathing, heart rate and blood pressure (related to sedation) 1 in 100. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older people and those with significant health problems (for example, people with serious breathing difficulties) may be at higher risk.
- Heart attack or stroke (related to sedation) 1 in 5000.

## After the examination

We will ask you to rest for up to an hour. Your blood pressure, heart rate and breathing will be monitored. If you are diabetic, your blood glucose will also be regularly checked. Once you have recovered from the initial effects of any sedation you will be offered a drink and a biscuit. You should not have any pain other than some discomfort from wind, which will settle after a few hours.

Before you leave the Unit, a nurse or the endoscopist will explain what was seen during the examination and whether you need any further appointments. The sedative can make you drowsy and forgetful for up to 24 hours after the examination – even though you may feel alert. It is a good idea to have a member of your family or a friend with you when you are given the findings of your examination, just in case you don't remember everything we are telling you.

**You must be collected and accompanied home.** If the person collecting you has left the Unit while you are having your examination, a nurse will telephone them to ask them to return when you are ready to go home.

If you have had sedation and live alone, we recommend that you try and arrange for someone to stay with you overnight.

For 24 hours after the sedation you must not:

- drive
- drink alcohol
- operate heavy machinery
- sign any legally binding documents.

Most people feel perfectly back to normal after 24 hours.

## **After you go home**

If you have any problems with persistent abdominal pain or bleeding, please contact:

### **Urgent Endoscopy Advice Line**

Tel: **01865 741 166** – ask for bleep **6825**

World class research is carried out at Oxford University Hospital. We are also a Genomics Medicine Centre and you may be eligible to take part in the 100,000 Genomes project. During your visit you may be approached about clinical research studies and the Genomes project. If you would like further information, please ask your healthcare professional when you come for your appointment.

**If you are unable to keep your appointment please help us by contacting the Endoscopy Unit on telephone numbers provided on page 2 as soon as possible. Your appointment slot can then be given to someone else and you will be offered an alternative date and time.**

## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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