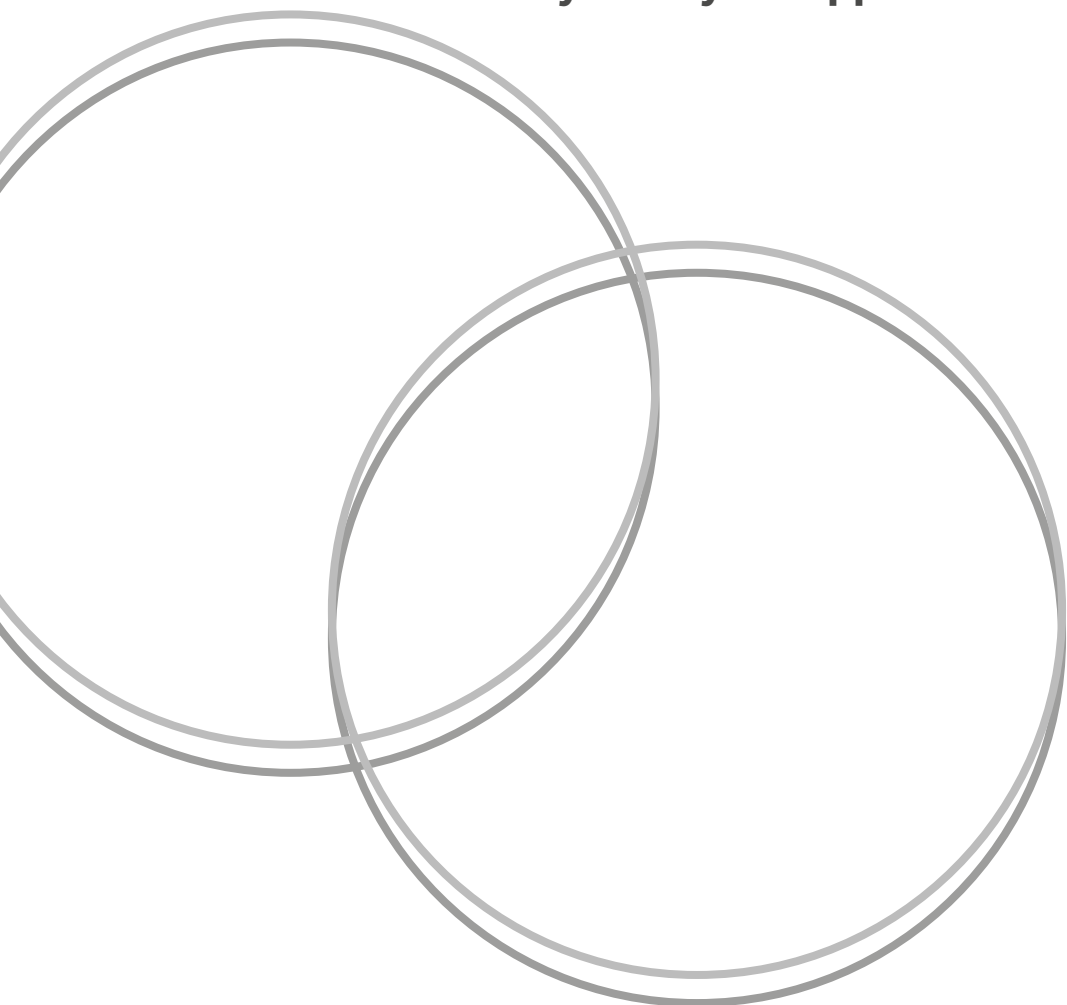




Oxford University Hospitals
NHS Foundation Trust

Colonoscopy & Endoscopic Mucosal Resection

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



Your appointment

An appointment for your colonoscopy and EMR has been arranged at:

John Radcliffe Hospital, Endoscopy Unit

Telephone **01865 223 010**

(Monday to Friday, 8.00am to 4.00pm)

Email: **endoscopy@ouh.nhs.uk**

Horton General Hospital, Endoscopy Unit

Telephone **01295 229 668**

(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** 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 and removal of a polyp by Endoscopic Mucosal Resection (EMR). **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. The consent form is at the front of the booklet.

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. 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. A copy of your consent form will be provided should you require it, so please do ask for a copy. **Please remember to bring the consent form to your appointment.**

What is a colonoscopy and removal of large polyp

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. Endoscopic Mucosal Resection (EMR) is a way of removing larger polyps to avoid having an operation. It has higher risks than a standard colonoscopy, but is safer than surgery. 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 or have any 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 and EMR?

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

- to remove large polyps
- 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

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.

Endoscopic Mucosal Resection (EMR) is a safe way of removing large polyps. You may decide not to have an EMR, but the polyp might become cancerous, which would require a surgical operation.

If you would like to discuss these options 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.

Bowel preparation instructions

You will need to take a bowel preparation before your procedure which usually consists of 2 (A and B) sachets of Polyethylene glycol-electrolyte solution 'Moviprep'. **You must follow 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, please telephone us, Monday to Friday between 8am and 4pm 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 light low fibre breakfast at 0830 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

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 still taking anticoagulant medicines or antiplatelets on the day of your endoscopy it may be unsafe to proceed with EMR and your test may be cancelled.**

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.

What to bring with you

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

If you require glasses or a hearing aid please bring these with you.

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

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.

You will meet the doctor before the procedure to ensure you have signed your consent form and to give you the opportunity to ask any further questions. You will then be escorted into the examination room where you will be introduced to the endoscopy nurses. 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. Removal of even large polyps should not be painful as you do not have nerve endings on the inside lining of the bowel. Usually the polyp is lifted away from the wall of the bowel by injecting a small amount of salt water. The polyp is removed in pieces which are sent to the pathology lab for analysis.

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 Endoscopy 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 and EMR is a safe procedure 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:

- Perforation (hole in the wall of the bowel). The risk of a hole in the wall of the bowel is higher with removal of a large or difficult polyp using Endoscopic Mucosal Resection than for a diagnostic colonoscopy; nationally this happens to approximately 1 in 100 people. However Colonoscopy and EMR is safer than an operation. If a hole occurs it can often be closed during the colonoscopy, but an operation may be required to repair the hole if this is not possible.
- 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 occurs where we have removed a polyp by EMR This happens to approximately 1 in 30 people.
- Post-polypectomy syndrome (pain after the procedure).
This occurs when the bowel wall has been heated by the hot wire used to remove the polyp, but a hole has not been made. This occurs 1 in 50 cases and usually requires admission to hospital for antibiotics and intravenous fluids.
- 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) 1 in 5000.
- Heart attack or stroke (related to sedation) – though this is very unlikely.

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 Endoscopy 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 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.

It is recommended that you avoid air travel or travel to areas without easily accessible medical care for 14 days after colonoscopy and EMR

After you go home

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

Urgent Endoscopy Advise Line

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

Ask the switchboard to 'bleep' **Urgent Endoscopy Advice 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 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.

Author: Endoscopy Team
April 2022
Review: April 2025
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

