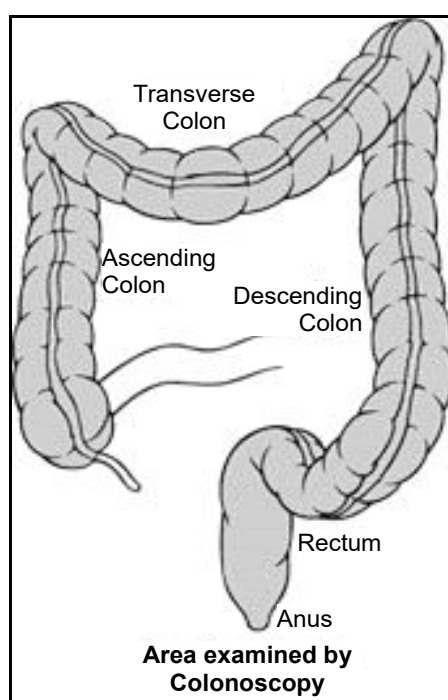


## Information for Patients

# Colonoscopy



### Please Note:

Your test may be carried out at any of the endoscopy sites across Manchester NHS Foundation Trust. Please check your appointment letter to make sure you attend the right unit.

You may need to start preparing for your test up to one week before your appointment. Please ensure you read this information in good time to ensure you know what to do. Poor preparation can result in cancellations and incomplete procedures.

If you are unable to keep your appointment, please telephone the Waiting List Office as soon as possible via the number on your appointment letter. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.

Thank you.

## Introduction

Your doctor has advised you to have a test called a colonoscopy. This booklet has been written to inform you about the test and to answer the most frequently asked questions. If you have more questions, or if there is anything that you do not understand, please ask. There is a phone number on your appointment letter.

## What is a colonoscopy?

A colonoscopy is a test to look at the lining of the back passage (rectum) and large bowel (colon). This is done using an endoscope that has a thin flexible tube, about the width of a finger, which is passed into your back passage. The test will be carried out by a doctor or specialist nurse, called an Endoscopist.

## Why do I need the test?

Your symptoms may be caused by a problem in your large bowel. The test will help your doctor to find any problems and then plan your treatment.

## Preparation for the test

To allow clear views of your bowel, it will need to be empty. The bowel can be cleaned by using the laxative provided, which you need to mix and drink. Within your information pack you will receive specific instructions on how to do this. If you have not received this, please call the unit for further advice.

It is advisable that you stay near a toilet once you start taking your bowel preparation. You should expect frequent bowel movements and diarrhoea.

If you are worried about taking the medicine, please contact us straight away.

## Should I take my usual tablets or medications?

**Iron Tablets or Stool Bulking Agents** (such as Fybogel): Stop taking these seven days before your test.

### Blood Thinning Tablets

Before stopping any of the below medications please seek advice from your GP or Consultant to ensure that it is safe to do so.

Tablet Name	Advice
Warfarin Synthron	Please contact your anticoagulant clinic and ask them to check your clotting levels within 1 week of your test. The anticoagulant nurse will advise you if your dose needs changing. Do not stop taking it unless you are specifically told to do so.
Apixiban Edoxaban Fondaparinux Rivaroxaban Dabigatran	Do not take on the day of the procedure.  Some patients may need to stop taking these medications for a longer period of time. You should have been advised at your outpatient appointment. If you require further advice, or did not receive this advice, please call us.
Asasantin Clopidogrel Dipyridamole Ticagrelor Prasugrel	You should have been advised at your outpatient appointment whether you should continue or stop taking these prior to your test. If you require further advice, or did not receive this advice, please call us.
Clexane Dalteparin Enoxaparin Inhixa	Please call us. We may need to speak to your doctor for advice.

Aspirin does not need to be stopped.

**Oral contraceptive pills:** If you are taking an oral contraceptive pill, diarrhoea can make it less effective. Continue taking the pill but use other precautions for the rest of that cycle.

If you are a diabetic treated with insulin or tablets:

- You will need an early morning appointment. If you have been given a later appointment, please contact us.
- You will need to contact your diabetes specialist (E.g. Diabetes clinic, GP, Practice Nurse) for advice on how to manage your diabetes whilst taking your bowel preparation.
- On the morning of your test, do not take your insulin or diabetic tablets.

**All other medication** should be continued as normal. On the day of your test, they should be taken as follows:

- Morning appointments - take your medication before 7am or bring it with you to take after your test.
- Afternoon appointments - take your medication before 10am.

Oral medications may not be absorbed when taking bowel cleansing solutions. If you take any medicines, take them at least 1 hour before or 1 hour after taking the bowel cleansing solution.

## Medical History

If you have a Pacemaker or Implantable Cardioverter Defibrillator (ICD), please contact the unit using the phone number on your appointment letter. Please ensure this has been checked within 12 months of your procedure, and that the technicians are happy that the device is fully operational. Please bring your ID card showing the make and model of the device.

Also, please let us know if you:

- Are pregnant or breast feeding
- Have had any surgery (including eye surgery) in the past 6 weeks
- Have had a heart attack within the last six weeks
- Are waiting for heart surgery
- Are waiting for coronary angioplasty
- Have a tracheostomy or laryngectomy
- Are on peritoneal dialysis

## What pain relief is available?

You may feel some discomfort, bloating or abdominal pain during your colonoscopy. There are two choices of pain relief available.

**1. Sedation and/or a pain relief drug** can be given as an injection into a vein in your hand or arm. The sedation will make you feel relaxed and less anxious but won't make you go to sleep. You will be awake and will still be able to communicate with us. Sedation may make you forgetful. Afterwards you may remember very little about the test.

You must have a responsible adult (18+) to take you home and look after you for 24 hours after having sedation. You will need to be collected from the Endoscopy Department directly. Do not travel home on public transport.

After having sedation you will be drowsy and small amounts of medication will remain in your body for up to 24 hours. During this period, although you may feel wide awake, you will still be under the influence of the sedation. Your concentration and co-ordination may be impaired and you may feel light-headed, faint or become forgetful. Due to this you must NOT do the following for 24hrs:

- Drive (you will not be covered by your insurance)
- Operate any machinery or electrical items such as kitchen appliances
- Drink alcohol, take recreational drugs, sedative drugs or sleeping tablets (the sedation may mean that the effects are greater)
- Sign any legally binding documents or make life changing decisions
- Return to work
- Be responsible for anyone else including children or elderly relatives

**3. Entonox** is a gas that you can breathe in through a mouthpiece. It consists of 50% Oxygen and 50% Nitrous Oxide. Nitrous Oxide is sometimes used for anaesthetics but in this combination it works as a short acting painkiller. Entonox is sometimes called 'gas and air' and is most commonly used during child birth. As Entonox is short acting, it can be used as a painkiller for any treatment that requires short-term and rapid pain relief. It does not affect your memory.

Before your test, you will be shown the Entonox equipment and the nurse will explain how to use it. To get the best effect you need to take slow breaths slightly deeper than normal through the mouthpiece. You are in full control of how much or little you use.

There are minimal risks to using Entonox which are usually associated with certain medical conditions. As part of your admission the nurse looking after you will complete a checklist to make sure it is appropriate for you. Please tell the nurse if any of the following apply to you:

- Eye surgery (with gas bubble insertion) in the last 6 months.
- Facial injuries.
- Previous laryngectomy.
- Severe Chronic Pulmonary Disease (breathing problems)
- Extensive swelling of the abdomen or bowel obstruction (blockage).
- Decompression sickness (recent dive in the last 48 hours).
- Are pregnant or believe you may be pregnant.
- Vitamin B12 Deficiency
- Myringoplasty / middle ear surgery in the last 3 months.

You may experience some mild side effects from using Entonox:

- It can make you feel drowsy and a little light-headed.
- Sometimes, you may experience a dry mouth and nausea.

Most patients find that if they persevere and concentrate on breathing slowly, then they quickly get used to the sensations from using Entonox. There are no long lasting side effects when using it for this test and any effects you do experience wear off quickly when you stop using it. However, we advise that you should be cautious about getting up and walking around until your balance has fully returned. You must wait a minimum of 30 minutes before attempting to drive, but this may be longer if you have been given other pain relieving medications.

## How long will I be in hospital?

Your length of stay can vary, but on average you should expect to be in the department for up to three hours. If your test and recovery is complete, you may be ready to go home sooner.

We will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays. We will endeavour to keep you informed of any major delays.

## Do I need to bring anything with me?

- Please bring a copy of your most recent prescription or a list of your medication.
- A book or magazine to read whilst you are waiting.
- You may wish to bring a dressing gown and slippers.

Please do not bring any valuables with you. We cannot be responsible for loss or damage to personal property.

## Visitors

Our Endoscopy Units are very busy and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the department. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has specific additional needs or requirements
- The patient is 16 to 18 years of age

- The patient requires support with communication needs

During your test, friends and relatives can make use of on-site facilities for refreshments. If you are having sedation you will need to be collected from the department. Staff will contact friends and relatives by phone when you are ready if necessary.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Department.

## What happens when I arrive?

The receptionist will ask you a few questions and ask you to take a seat in the waiting room. A nurse will then take you to a private area where:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- Your test will be explained and your questions answered.
- Arrangements for going home and aftercare will be checked. If the person that is collecting you is not present, we will need to call them to confirm they are available to collect you.
- You will be shown to a changing room and asked to change into a hospital gown. In order to maintain your dignity at all times, disposable privacy pants will be provided to wear beneath your hospital gown.
- A needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation or a medicine to relax the bowel during the test.
- If you are a diabetic your blood sugar level will be checked before and after your test.
- If you are taking tablets to thin your blood, we will check the result of your most recent blood test. Occasionally, we may need to take another sample to make sure it is safe to carry out your test.
- You will be asked to take a seat in the sub-waiting area. Please refrain from returning to the reception area in your hospital gown.

Our aim is to maintain your privacy and dignity at all times. Please raise any concerns or issues with endoscopy staff.

## Before the test

Your admitting nurse, or the endoscopist, will make sure you understand the test before asking you to sign a consent form.

Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.

## What happens during the test?

- When you enter the procedure room, additional checks will be completed (For example, your name, date of birth, allergies, medical history etc.).

- You will be asked to lie down on your left hand side initially, although we may need to ask you to change position during the test.
- A probe will be clipped on to your finger to monitor your breathing and heart rate. We may also periodically check your blood pressure.
- If you are having sedation, this will be given just before the test starts.
- If you are having Entonox, we will show you how to use it.
- The Endoscopist may need to examine your back passage with a gloved finger.
- The flexible tube is passed into your back passage.
- Air is gently blown inside to expand your bowel to allow good views.
- We may take internal photographs. These images are only used for medical purposes. Your privacy will be respected.
- Tiny samples of tissue may be taken and small polyps (fleshy overgrowths of tissue, usually on a stalk) may be removed via the scope. This is painless.
- Anything unusual, which we can treat during your test, will be treated unless you ask us not to before the test begins.
- Normally the test will take on average 30 minutes. At the end of your test, the flexible tube is easily removed.
- If you decide to watch your test on the monitor, please note that images are greatly magnified.

## Who will be present during my test?

As a minimum:

- The Endoscopist.
- Two members of endoscopy nursing staff.

Sometimes, additional staff may be present, depending on circumstances on the day of your test:

- \*A trainee Endoscopist, who may carry out your procedure under the supervision and guidance of a consultant Endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- \*A student nurse or medical student on placement.

\*The Trust participates in the training of doctors, nurses and other healthcare staff. Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

## After your test

- You will be transferred into the recovery area to rest.
- You will be monitored by the nurses until you are fully recovered.
- You may feel a little bloated with wind. This should settle quickly.
- When you feel sufficiently recovered, you will be offered a drink and a biscuit.
- A nurse will talk to you (in a private room) about the findings of your test and any follow-up. If you would like someone with you whilst receiving results, please inform the nurse. You will also be given written information about this and a discharge advice sheet. If we have taken biopsies (samples) during your test, you will be informed of the results either at a future out-patient appointment or by letter. If you have sedation, the person collecting you will need to speak with the nurse to know how to look after you before you can go home.
- Again, you will be able to ask any questions you have.
- If someone is taking you home, we will contact this person for you when you are ready to go. If you have not had sedation, you may leave on your own if you wish.



Problems following your test are unusual. When you leave the unit, we will provide you with a discharge advice sheet which will contain the possible after effects of your test and contact details should you need them.

Depending on the treatment carried out during your test, we may advise you to avoid lifting or strenuous activity, for up to two weeks after your test. On rare occasions we may also advise that you do not fly. Please can you contact the endoscopy unit if you are due to fly within two weeks of your appointment date for further advice or rescheduling of your appointment.

## What are the benefits of having the test?

The test will give us the information we need to treat your condition. If we find anything unusual, we may be able to treat it during your test.

## What are the possible risks or complications of having this test?

The test is usually very safe. However, as with any procedure, there is a small risk of complications. These may include:

- Failure to complete the test. The colon has a number of bends and it is not always possible to pass the scope around them.
- Changes in your heart rate and breathing caused by the sedation or the test itself. To avoid this, we may give you some oxygen and monitor your oxygen levels carefully throughout the test.
- Missed lesions (5 to 10% risk).
- Bleeding (less than 1 in 150 risk).
- A hole in the bowel (less than 1 in 1500 risk, or less than 1 in 500 risk when a polyp is removed).

If you experience these complications, they can be minor and resolve themselves fairly quickly. However, sometimes you may need to stay in hospital for observation, have a blood transfusion, undergo a repeat endoscopic test or radiological test, or have an operation to repair damage.

Although complications are rare, you should get in touch with your GP straight away (or attend the nearest A&E department if your GP is not available) if you notice any of these symptoms in the 48 hours after your test:

- Severe stomach pain worsened by moving or coughing.
- Bleeding from the back passage that is persistent or severe, including blood clots.
- Pain in the tip of the shoulder.
- Persistent or increasing abdominal swelling.
- Shortness of breath.
- Very dark or blackish motions.

## What are the discomforts of the test?

Some patients experience discomfort or abdominal pain during the test. This may be caused by the flexible tube and air being passed inside. This is rarely distressing enough to stop the test. We remove as much air as possible when the test is complete.



## Is there an alternative test?

There are a number of tests that can be used to look at your lower bowel. These include:

- **CT Scan** – this is a special X-Ray where a scanner takes many pictures of the abdomen in sections or ‘slices’.
- **CT Colonography** (also known as Virtual Colonography) – in this test pictures of the bowel are obtained from a CT scanner. However, this test involves much more preparation than a standard CT scan. You would need to take laxatives the day before the test and air is pumped in through the back passage to stretch out the bowel.

All of these tests have a particular role in the medical investigation of the lower bowel. Your doctor will have explained to you why a colonoscopy is thought to be best in your situation.

## What will happen if I don't have the test?

This will vary depending on your individual circumstances. If you do not have the test your doctor may not be able to find the cause of your symptoms. Should you have any questions about this, please speak to your doctor.

The NHS website contains more general information about having a colonoscopy as well as a video of the procedure - [www.nhs.uk/video/Pages/Colonoscopy.aspx](http://www.nhs.uk/video/Pages/Colonoscopy.aspx)

## Research

Manchester University NHS Foundation Trust is at the forefront of research into a variety of conditions. You may be asked to consider taking part in a clinical trial. If approached, further information will be provided and you will be asked for additional consent if you decide to proceed. You are under no obligation to take part in research. Deciding not to take part will not affect your care.

## No Smoking or Vaping Policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking, and the use of e-cigarettes, is not permitted within any of our hospital buildings or grounds.

For some great information go to: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

## Violence, aggression and harassment

We are committed to the wellbeing and safety of our patients and staff. Please treat others with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecution.

## Comments, complaints, concerns and compliments

The Trust collects feedback from service users in order to give assurances we are providing the best patient care. During your visit, we will ask you to provide feedback on the service you have received by completing either a Friends and Family Test or What Matters To Me survey.

You will also be asked to complete our endoscopy specific patient survey form. This can be completed online or via a paper form which you can post back to us (a stamped addressed envelope will be provided). The endoscopy unit utilises this information to improve our service.

Other ways in which you can provide feedback are:

- Ask to speak to the ward or department manager. If you would like to discuss a concern or make a complaint, they may be able to help straight away.
- Complete the Family and Friends Test (FFT) online at [mft.nhs.uk/fft](https://mft.nhs.uk/fft). Please make sure that you select the correct hospital and ward/unit.
- Contact the Patient Advice and Liaison Service (PALS):
  - Telephone (0161) 276 8686.
  - Email [pals@mft.nhs.uk](mailto:pals@mft.nhs.uk).
  - Ask for a PALS information leaflet.

## Check list

- ☐ Are you able to keep your appointment? If not have you phoned to cancel or change it?
- ☐ If you are worried or have any questions to ask, have you contacted us?
- ☐ Have you taken your bowel preparation at the times stated in the leaflet provided?
- ☐ If you are having sedation, have you arranged for an adult to take you home and look after you for 24 hours?
- ☐ If you are taking anticoagulants, such as Warfarin or Sinthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within one week of your appointment?
- ☐ If you are a diabetic treated with Insulin or tablets:
  - ☐ Have you got a morning appointment? If not, please call to change it.
  - ☐ Have you contacted your diabetes clinic for advice on managing your diabetes whilst taking your bowel preparation?

## Translation and Interpretation Service

***It is our policy that family, relatives or friends cannot interpret for patients. If you require an interpreter for your test, please call to let us know.***

These translations say “If you require an interpreter, or translation, please ask a member of our staff to arrange it for you.” The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك  
اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ  
کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন  
কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się  
do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si  
uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排



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[www.england.nhs.uk/what-matters-to-you](http://www.england.nhs.uk/what-matters-to-you)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.