

## Patient information

### Gastroscopy and Colonoscopy Endoscopy Unit-Aintree Hospital

This booklet will answer many of your questions about your gastroscopy and colonoscopy, please read this booklet carefully. However, if you would like to speak to somebody about the procedures, please contact the endoscopy unit on the number shown below.

Patient's name: .....

NHS No: .....

Your appointment is on ..... at .....

Checklist of items to bring with you:

- List of current medication.
- Dressing gown / slippers (if available).
- Details and contact number for the person who will be collecting you and escorting you home.

#### General points to remember

- We aim for you to be seen as close to your appointment time as possible however, the endoscopy unit is very busy, and your investigation may be delayed due to circumstances outside of our control. We will always prioritise clinically unwell patients.
- The hospital will not accept any responsibility for the loss or damage to personal property during your time on these premises. You are reminded to always keep your belongings with you. Please do not bring valuables to your appointment.
- You should expect to be on the unit for up to four hours, sometimes this may be longer. This depends on several factors including how quickly you recover and how busy the unit is.

Please make **every effort to attend the appointment you have been given**. If you are unable to attend you must contact 0151 529 0604 at your earliest to reschedule.

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## **What is a gastroscopy and colonoscopy?**

You have been advised by your general practitioner (GP) or hospital doctor to have procedures known as a gastroscopy and a colonoscopy.

- The gastroscopy is an examination of the upper digestive tract which includes the oesophagus (gullet), stomach and the first part of your small bowel called the duodenum.
- The colonoscopy is an examination of your colon (large bowel).

The procedures are performed using a gastroscope and colonoscope which are flexible plastic tubes with a camera and a light at the end. This is linked to a television screen which shows pictures of the inside of your upper digestive tract and bowel. Video recording and / or photographs may be taken to be included in your records. It is a very accurate way of looking at the lining of your upper digestive tract and bowel, to see if there is any disease or inflammation present.

The procedures will be performed by or under the direct supervision of a fully trained member of staff who undertakes the procedures called an endoscopist.

During the investigations the endoscopist may take biopsies (a small sample of tissue) from the lining of the upper digestive tract or bowel for analysis. It is also possible to treat bleeding points and remove polyps (benign growths on the lining of the bowel). Any samples taken will be sent for analysis in our laboratories.

## **What are the risks of a gastroscopy and colonoscopy?**

As with all medical procedures there are some risks involved although these are rare. The doctor who has requested the tests will have considered these risks and compared them to the benefits of having the procedures carried out. Some of the risks are associated with the procedures carried out and some with administration of sedation.

### **The main risks are:**

- Mechanical damage to teeth or bridgework.
- Perforation (tear / hole) of the lining of the upper digestive tract or lining of the bowel. Perforation of the upper digestive tract is usually conservatively managed by observation. Only a small number of patients require an operation to repair the tear / hole. The risk for perforation is approximately 1 in every 2000 examinations.
- Perforation of the lining of the bowel nearly always requires an operation to repair the tear / hole. In this instance you will be admitted to hospital for additional investigations / surgery for further management. The risk is approximately 1 in every 1000 examinations, but it is higher if you are having a polyp removed.
- Bleeding can occur anywhere in the lining of the upper digestive tract or bowel. Sometimes a bleed may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations where this is performed). The management of a bleed will vary, it is usually minor and may either simply stop on its own or if not, it can usually be controlled by treatment through the gastroscope or colonoscope.

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived.

Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated promptly.

- Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a clinician before having the procedure to determine risks specific to their health / condition.
- There is a small risk associated with the use of intravenous buscopan (a medication given to control spasm in the bowel) especially in patients with cardiac disease. The decision to give intravenous buscopan will be made by the endoscopist on the day.
- Intravenous buscopan can increase risk of eye pain in patients who have glaucoma or are at risk of glaucoma. If you develop pain in your eyes after your procedures, please seek medical attention immediately.

### **Are there any alternatives to a gastroscopy and colonoscopy?**

An X-ray procedure called a barium meal can be used to examine your upper digestive tract. This is not as accurate, and you may also need a gastroscopy if an abnormality is seen. There is no other way to take tissue samples if required.

Other screening methods can be used to examine your bowel, a barium enema or computerised tomography (CT) colonography for example. These are not as accurate, and you may also need a colonoscopy if an abnormality is seen. There is no other way to take tissue samples or remove polyps if required.

### **Will the gastroscopy and colonoscopy be painful?**

The gastroscopy is not normally painful and is usually well tolerated.

The colonoscopy can be uncomfortable due to the bowel being inflated with air and while negotiating bends which naturally occur.

We recognise that it may be distressing, and you will be offered a choice of medication to minimise any discomfort which will be administered once you are in theatre prior to the start of the procedure.

### **Sedation and Pain Relief**

- Sedation and pain relief medication is given into a vein in your hand or arm via a cannula (small tube inserted into the vein). The sedation may make you lightly drowsy and relaxed but you will not be unconscious, as it is not a general anaesthetic. The pain relief will help to alleviate some discomfort during the procedure. You may be slightly drowsy but you will still be able to hear and understand what is said to you and be able to follow instructions during the investigation.
- Sedation can sometimes make you unable to remember the test, this is normal.
- If you have had sedation, the drug remains in your blood system for up to 24 hours, so you must not drive, take alcohol, operate heavy machinery, or sign any legally binding documents for 24 hours following the procedure.

- **You will need someone to accompany you home and stay with you overnight,** as you may feel drowsy later with intermittent lapses of memory. If you do not have someone to collect, you and remain with you overnight at home **we will not be able to give you sedation.**

## **Throat spray and entonox (gas and air)**

### **Throat spray**

- The throat is numbed with a local anaesthetic spray which has an effect very much like a dental injection which helps with the gastroscopy.
- The effects of the throat spray can remain up to an hour after it is given. It will wear off and you will be advised of when to resume eating and drinking.

### **Entonox**

- As an alternative to the sedation entonox (gas and air) can be given to reduce discomfort.
- Entonox is inhaled through a mouthpiece. You will be given instruction on how to use it and a chance to practice before the procedure starts. Entonox can make you feel drowsy and a little light-headed; these sensations disappear rapidly after you stop using entonox.
- If you have been given entonox on its own for pain relief, it is important that you feel capable before considering whether to drive. Your healthcare professional will advise you whether it is safe for you to drive or using any machines. However, you may resume all other normal activities and will not require an escort home.
- If you have had lung damage, chronic lung disease, been scuba diving, had eye or ear surgery recently, please inform the nurse and endoscopist.
- If you are taking a medication called methotrexate, we will not be able to give you entonox.

## **Preparing for your colonoscopy**

**Important: If you have diabetes please read the specific instructions for patients with diabetes on page 12.**

### **Eating and drinking**

In order to have clear views of the lower bowel, it must be empty. This means that you will have to restrict your food intake before the test.

- **Two days before your procedure:**

You will need to eat low-fibre foods and considerably increase your fluid intake.

#### **Foods allowed:**

Lean tender lamb, beef, pork, chicken, turkey, offal, bacon, lean ham, fish, Yorkshire pudding pancakes: bread sauce; clear and pureed soups; potato (no skins) boiled and mashed; tomato pulp (no skins or pips); spaghetti and pasta; white rice, crisps.

Pastry made with white flour, white bread, cornflakes, and rice krispies. rosehip syrup, Ribena; sugar or glucose in small amounts; boiled sweets, toffees; plain or milk chocolate; sponge cake, Madeira cake; smooth biscuits, e.g. Marie, Osborne; shortcake, water biscuits, cream crackers, ice cream, iced lollies; plain or flavoured yoghurt; jelly, marmalade; honey, syrup; tea and coffee, fizzy drinks, fruit juice (if tolerated);

### **Foods to be avoided**

Fruit and vegetables, wholemeal, wheat meal, granary bread, wholemeal flour; Bran biscuits, coconut biscuits; all cereals containing bran or whole-wheat, e.g.; shredded wheat, bran flakes, bran buds, muesli; digestive biscuits; Ryvita, Vita Wheat, oat cakes, etc.

- **The day before your procedure:**

**Twenty-four hours before your examination you should take clear fluids only (no food).**

### **Fluids allowed:**

Black tea (**no milk**), black coffee, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, oxo, Bovril, marmite (mixed into weak drinks with hot water), clear soups and broths, consommé.

You may eat clear jellies,

You may suck clear boiled sweets and clear mints,

You may add sugar or glucose to your drinks.

### **Fluids not allowed:**

Drinks or soups thickened with flour or other thickening agents.

**Any fluids containing milk or milk products.**

- **On the day** of the procedure

You may continue taking clear fluids until two hours before you attend for your procedure.

## **Bowel preparation**

You have been prescribed an oral bowel cleansing agent (sometimes also called 'bowel prep'). Its role is to clear out your bowels. This is important to ensure the safety and effectiveness of the planned procedure.

There is a small risk of developing dehydration, low blood pressure or kidney problems with this medication. The doctor prescribing the oral bowel cleansing agent will have assessed your risk and identified the most appropriate medication for you. You may also have had a blood test to check your kidney function.

A number of oral bowel cleansing agents are available. You should refer to the manufacturer's instructions when taking your preparation which will be included. However, the following rules apply in all cases.

- The prescribed dose of oral bowel cleansing agent should not be exceeded. The oral bowel cleansing agent should not be taken over a period longer than 24 hours.

- Oral bowel cleansing agents can cause dehydration. **You should maintain a good fluid intake whilst taking these medications.**

If you develop the symptoms of dehydration, and cannot increase your fluid intake, then you should seek medical attention. These symptoms include dizziness or light-headedness (particularly on standing up), thirst, or a reduced urine production.

## Medications

You should follow any specific advice you have been given with regard to your regular medications. Medications that you **may** have been asked to temporarily discontinue include:

- Iron preparations (for anaemia, such as ferrous sulphate) **please stop seven days prior to test.**
- Diabetes medication, please see specific instructions for patients with diabetes on page 11 of this booklet.
- Antihypertensives (to lower your blood pressure) such as ACE inhibitors like ramipril®
- Diuretics ('water tablets', such as furosemide).
- Non-steroidal anti-inflammatory drugs (a type of pain killer, such as ibuprofen).
- Anti-coagulants/anti platelet medications (a type of medication to thin your blood).
  - Heparin.
  - Warfarin (Coumadin).
  - Rivaroxaban (Xarelto).
  - Dabigatran (Pradaxa).
  - Apixaban (Eliquis).
  - Edoxaban (Savaysa).
  - Enoxaparin (Lovenox).
  - Fondaparinux (Arixtra).
  - Clopidogrel.
  - Dipyridamole.
  - Ticagrelor.
  - Prasugrel.

## Medications for Epilepsy

- Please ensure the endoscopy unit is aware of your health condition so that you are offered a morning appointment only.
- Please continue to take your regular medications as usual unless informed otherwise by a specialist nurse or doctor.

## **Allergies**

- On the day of your procedure, you will be asked if you have any allergies. Please can you have this information available.
- Please telephone the unit if you have an allergy to latex.

**If you are taking any medications to thin your blood you should have received some advice.**

**If you have not received any advice on these medications, please contact 0151 529 0385 and a specialist nurse will assist you.**

Please note this is an answer machine service and you will be required to leave a message. Your call will be returned as soon as possible.

- If your test has been requested following a hospital clinic appointment, please contact 0151 529 0423 between 9-10am and 1-2pm: please do not ring for advice outside these hours.
- Patients taking immunosuppression for transplanted organs should seek the advice of their doctor before taking an oral bowel cleansing agent.
- Patients taking the oral contraceptive pill should take alternative precautions during the week following taking the oral bowel cleansing agent.
- If you have not received specific advice regarding your regular medications, then you should continue to take them as normal. However, you may need to amend the timing as it is preferable to avoid taking them less than two hours either side of any dose of oral bowel cleansing agent.

## **Further advice:**

If you have any questions about your bowel preparation, advice from a healthcare professional is available on 0151 529 0385.

If you have any urgent problems once you have started your bowel preparation, please call 0151 529 0385 between 9am - 5pm and 0151 525 5980 outside of these hours and ask to bleep the nurse clinician on bleep 2076.

## **Coming in for your gastroscopy and colonoscopy**

### **How long will I be in the endoscopy unit?**

- You should expect to be on the unit for up to four hours, but this depends on how quickly you recover and how busy the unit is.
- Please note that the endoscopy unit also looks after emergencies, and these can take priority over our planned outpatient lists.



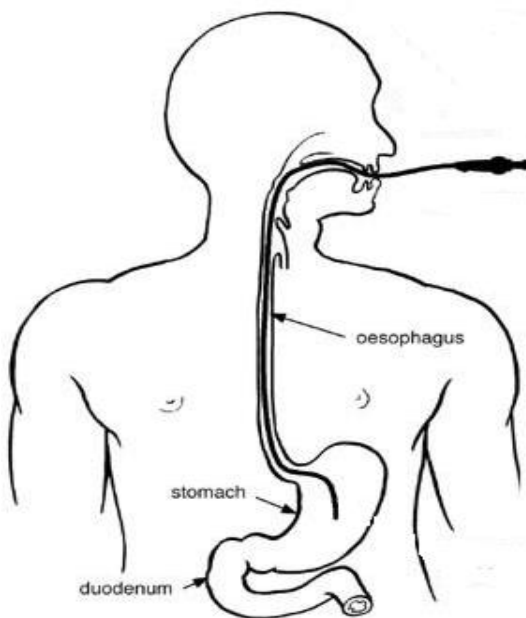
## What will happen when I arrive?

- When you arrive at the elective care centre, please go to the endoscopy reception on the third floor. You will need to give your name to the receptionist who will check that your personal details and current GP information is correct.
- You will be asked to wait until you are called by a qualified nurse or health care assistant. They will ask you several questions, one of which concerns your arrangements for getting home.
- If you are having sedation, you must not drive or travel home alone, and the nurse will need to make a note of your escort's phone number to call when you are ready to leave.
- The nurse will discuss the gastroscopy and colonoscopy procedures with you and answer any questions you may have.
- You will be asked about your medical history, surgical history or illnesses you have had, to assess that you are fit to have the procedures.
- You will have your blood pressure, pulse, breathing rate and oxygen levels taken.
- If you are diabetic, you will have your blood glucose level checked.
- If you are taking warfarin, you will have your clotting level checked.
- Once your assessment is complete the nurse will discuss the risks and benefits of having these procedures and you will be asked to sign a consent form which confirms that you understand what has been explained to you, this must include the examination and the risks involved in the procedure.
- If you are having sedation, a small cannula (small plastic tube) will be inserted in the back of your hand or arm through which the sedation will be given later. You may be called for this to be done before reaching the procedure room or it may be inserted when you are taken into the procedure room.
- The nurse will then escort you to a changing cubicle and you will be asked to remove your lower garments and put on a hospital gown and a pair of dignity shorts. You will be asked to wait in this area until you are called by a qualified nurse or health care assistant. As we sometimes experience delays it is advisable to bring something to read while you are waiting in this area.
- In turn you will be escorted into the theatre where the endoscopist and the nurses will introduce themselves, perform some final safety checks and you will have the opportunity to ask any final questions.
- The nurse looking after you will ask you to lie on your left side and covered with a blanket. You will be given oxygen during the procedure via small prongs in the nostrils and we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason, you will be connected to a finger probe to measure your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.
- The sedation and pain relief are only given to you when you are in the procedure room, laying on the bed and the test is about to begin, it is very fast acting so do not worry. Please remember the sedation is conscious sedation and you will not be put to sleep.

- If you are having entonox, then you will be given instructions on how to use this and a chance to practice before the procedure starts.

### **The gastroscopy examination**

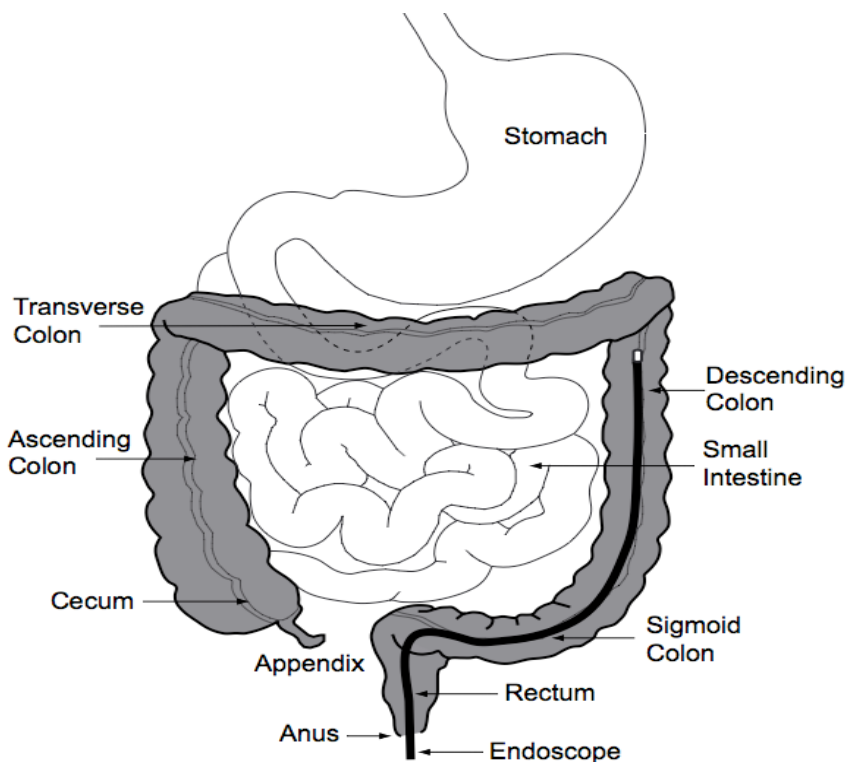
- The procedure will be done whilst you are laying on your left side.
- You may be asked to look towards your feet and keep your chin towards your chest.
- A mouthguard (plastic dental device) will be inserted into your mouth. Try not to bite on this as you may cause dental damage.
- The gastroscopy involves moving the gastroscope around the upper digestive tract which includes the oesophagus (sometimes called the gullet), stomach and first part of the small bowel which is called the duodenum.
- Air is gently passed into the upper digestive tract during the investigation to facilitate the passage of the gastroscope.
- During the procedure biopsies may be taken. Any samples taken from the lining of your upper digestive tract will be sent for analysis in our laboratories.
- Whilst all of the above is happening you will be reassured by a nurse that you are safe, you can breathe normally and if needed suction will be used to remove any fluid from your mouth.
- One of the nurses during your procedure is dedicated to making sure you are looked after.
- The gastroscopy procedure can last from between five – eight minutes.



### **The colonoscopy examination**

- The colonoscopy involves manoeuvring the colonoscope around the entire length of your colon (sometimes called the large bowel).
- Air is gently passed into the colon during the procedure to facilitate the passage of the colonoscope.

- During the procedure polyps may be removed or treatment for bleeding may also be performed.
- Any samples taken or polyps removed from the lining of your bowel will be sent for analysis in our laboratories.
- The procedure will be done whilst you are laying on your left side.
- Prior to starting the procedure, the endoscopist will perform a rectal examination to ensure the scope can be safely inserted.
- The colonoscopy involves manoeuvring the colonoscope around the entire length of your colon (sometimes called the large bowel).
- Air is gently passed into the colon during the procedure to facilitate the passage of the colonoscope.
- During the procedure polyps may be removed or treatment for bleeding may also be performed.
- Any samples taken or polyps removed from the lining of your bowel will be sent for analysis in our laboratories.
- This procedure is longer than the gastroscopy, it can last 30 minutes to an hour.



### What will happen after the procedure?

- After your procedure is complete you will be taken to the recovery room. You will be allowed to rest for as long as needed.
- Your blood pressure, heart rate and oxygen will be monitored.
- If needed, we will re-check your blood sugar levels.

- If you had sedation, you will be required to stay for at least one hour from the time the sedation was administered.
- If you had throat spray and entonox (gas and air) you will be observed for 30 minutes before being allowed to leave the department.
- Once you have recovered you will be escorted to the discharge lounge and offered a hot drink and biscuits.
- The nursing staff will telephone the person collecting you when you are ready for discharge.

Your escort will need to collect you from the discharge area which is located at the rear of the endoscopy unit reception.

### **How will I find out the results of the procedures?**

- Before you leave the unit, the nurse or endoscopist will discuss the findings of your report. You will be told about any medication or further investigations required.
- If you require further investigations, you will receive advice on how these will be arranged for you.
- A copy of the report will be given to you and another copy will be sent to the referrer and a third copy to your GP.
- Please do not contact the endoscopy Unit for the results of any biopsies taken.
- These will be available from your referrer and your GP. Please note results from your biopsies may take a few weeks to be reported.

### **Important**

**If you have any problems with persistent abdominal pain or bleeding, please contact your GP immediately and tell them that you have had an endoscopy.**

**If you are unable to contact or speak to your doctor, you must go immediately to your nearest Accident and Emergency department.**

### **Specific instructions Only for Patients with Diabetes**

- **Diet only**

Patients with type 2 diabetes **treated with diet only.**

Patients, who control their diabetes with diet alone, simply need to follow the general instructions given to prepare for the colonoscopy which will be sent to them by the endoscopy department.

- **Type 2 Diabetes**

Patients with type 2 diabetes treated with tablets only.

Patients on tablets to be advised by the endoscopy specialist nurse to take their tablets as normal in the morning the day before the colonoscopy but not to take the evening dose. On morning of colonoscopy do not take any diabetic medication until after the colonoscopy.

- **Two days before** the procedure

When following the low fibre diet you should make sure you eat your usual amounts of carbohydrate from the allowed list e.g. white bread, white rice, pasta etc. You should continue to take your usual diabetes tablets and check your blood sugar levels as usual.

- **The day before** the procedure

Aim to replace your usual carbohydrate intake from the list of permitted clear fluids. You should continue to take your usual diabetes tablets and check your blood sugar levels four times a day or more frequently if you feel unwell.

**If you take gliclazide, glibenclamide, tolbutamide, repaglinide, glimepiride or exenatide you should not take your evening dose.**

You should aim to drink a glass of clear fluid every hour up until bedtime. No alcohol is allowed.

- **On the day** of the procedure

You should not eat but may continue taking clear fluids only until two hours before you attend for your appointment. Do **not** take your morning dosage of tablets but bring these with you to have after the procedure. Your tablets can be taken as soon as you are able to eat and drink safely; the endoscopy nursing staff should inform you when this is safe. You should be allowed home once your blood sugar control is in a safe range.

### **Treatment of low blood sugar**

If your blood sugar drops below 5mmol/l during your bowel preparation at home, this can be treated with:

- Lucozade approximately 165 mls ( $\frac{2}{3}$  glass).
- two heaped teaspoons of sugar dissolved in warm tea.
- three-six dextrosol or lucozade tablets.
- Approximately 165 mls ( $\frac{2}{3}$  glass) of any sugary drink e.g., non-diet coke or lemonade.

**You should check your blood sugar again five-ten minutes after initial treatment.**

If this occurs on the day of low fibre diet, correction should be followed by a starchy snack (from the list of foods allowed) to prevent recurrence. If it occurs on the day of clear fluids, you should have regular sugary drinks and monitor your blood sugar levels closely. If you continue to feel unwell, the bowel preparation may have to be abandoned and the procedure rescheduled.

### **Patients with Type 1 Diabetes on Insulin**

If you take insulin or a combination of insulin and tablets to control your diabetes you should have received an appointment to be seen by an endoscopy clinical nurse specialist.

You will then be given specific instructions for management of your insulin and blood sugar while you take your bowel preparation. If you do not receive a clinic appointment, please contact the Endoscopy Unit on telephone number 0151 529 0604 who will ensure that an appointment is sent out to you.

- **Two days before** the colonoscopy (low residue diet)

When following the low fibre diet patients should make sure they eat their usual amounts of carbohydrate from the allowed list e.g., white bread, white rice, pasta etc. Food choices can be made from the low residue diet sheet. They should continue to take their usual oral hypoglycaemic tablets and check their capillary blood glucose levels as usual.

- **One day before** the colonoscopy (clear fluids)

Patients will be advised to have a light breakfast and then to have clear fluids only. Patients are allowed to consume drinks from the list to the value of 50g of carbohydrate three times per day at lunchtime, teatime and bedtime. Test capillary blood glucose four times a day or more frequently if clinically indicated. Depending on blood glucose levels they can also sip additional sugary fluids between meals, to prevent hypoglycaemia.

Caution is needed as large quantities could cause hyperglycaemia. Hydration is important and patients should also be instructed to take clear sugar free fluids regularly aiming for one glass per hour. Aiming for BG between six - eleven mmols/l. No alcohol is allowed.

- **Day of the colonoscopy**

Patients may continue taking sugary clear fluids only until two hours before they attend for their appointment. Patients should be instructed not to take their morning dose of short-acting insulin or premixed insulin or their long acting once daily insulin (if they take it in the morning) but to bring their insulin with them to have after the colonoscopy. Test capillary blood glucose every two hours on the day of the colonoscopy.

Patients should be instructed to report to the endoscopy nursing staff if they had needed glucose before arriving and inform them immediately if they feel "hypo" at any time during their visit.

The morning dose of insulin / tablets can be given as soon as the patient is able to eat and drink safely; the endoscopy nursing staff should inform the patient when this is safe. The patient can then restart their usual diabetes medications.

Patients should be allowed home once their blood glucose control is such that patients are safe from hyperglycaemia (capillary blood glucose more than 11 mmol/l) or hypoglycaemia (capillary blood glucose less than four mmol/l).

## **Treatment of hypoglycaemia**

If hypoglycaemia occurs during the bowel preparation at home, this can be treated with:

- Lucozade, approximately 100-120mls.
- three-four heaped teaspoons of sugar dissolved in warm tea (no milk).
- Approximately 150-200mls of any sugary drink e.g., non-diet coke or lemonade.

Patients should be advised to check their blood glucose again 10-15 minutes after initial treatment.

If the hypoglycaemic episode occurs on the day of low fibre diet, correction of hypoglycaemia should be followed by a starchy snack (from the list of foods allowed) to prevent recurrence.

If it occurs on the day of clear fluids, the patient should be instructed to have regular sugary drinks and monitor blood glucose levels closely.

If the patient continues to feel unwell the bowel preparation may have to be abandoned and the colonoscopy rescheduled.

See tables on the next page for low residue diets and meal examples.

#### Patient Information

##### **Low residue (low fibre) diet sheet**

To be used **two days** prior to the colonoscopy

Food Group	Foods allowed	Foods to avoid
Starchy foods	White bread White pasta White rice Couscous White pastry White Noodles White crackers	Wholemeal or Granary bread/flour Wholemeal pasta Brown rice Pearl barley Quinoa High fibre crackers
Breakfast cereals	Cornflakes Rice krispies	All whole-wheat cereals (e.g., Bran flakes, Weetabix, Shreddies etc.) Porridge and Muesli All containing dried fruit/nuts
Dairy	Milk Yoghurts (smooth) Cheese	Yoghurts or cheeses containing fruit/nut pieces
Meat, fish and eggs	Tender meat, fish and poultry Eggs	Tough, gristly meat Skin and bones of fish Pies/egg dishes containing vegetables as listed
Vegetables	One-two portions daily: Peeled, well-cooked, soft/mashable vegetables Potatoes (not skins) Crisps	Raw vegetables/salad Baked beans Split peas/lentils Peas, sweetcorn, celery All seeds, pips, tough skins Potato skins
Fruit	One-two portions daily: Soft/ripe peeled fruit without pips or seeds e.g. tinned fruit, peaches, plums, melon, apricots, nectarines, ripe bananas, apples, pears	All dried fruit Citrus fruit Berries e.g. strawberries, raspberries blackberries Prunes Smoothies and fruit juices with bits
Nuts	Nil	Avoid all, including coconut and almond

Desserts and sweets	Sponge cakes (without fruit/nuts) Custard Ice cream Jelly Semolina, rice pudding Chocolate (without fruit/nuts) Seedless jam Plain biscuits	Puddings/cakes/biscuits made with wholemeal flour, dried fruit or nuts (e.g. mince pies, fruit crumble etc.) Chocolate/toffee/fudge with dried fruit or nuts Marmalade with peel and jam with seeds Popcorn Marzipan Digestive biscuits
Fats	All ok in moderation	Nil
Other	Clear soups Spices, pepper Stock cubes Tea, coffee, squash	Lentil/vegetable soups Pickles/Chutneys Horseradish Relish

## Example Meal Plan

### Breakfast:

Cornflakes/Rice Krispies with milk.

Egg – poached, boiled, scrambled.

Toasted white bread and butter.

### Lunch:

Egg or sardines on toast on white bread.

Ham Sandwich on white bread.

Fruit yoghurt (no bits).

Ice cream, milk pudding, or fruit from the allowed list.

Strained or clear soup.

### Dinner:

Tender meat, poultry or fish.

Boiled/mashed potatoes or white pasta/rice.

One portion of soft cooked vegetables.

### Desserts:

Plain sponge cake, jelly, custard, rice pudding, poached/stewed, permitted fruit (with sweetener if desired), single cream.

### Suitable Snacks:

- ☐ Plain biscuits or cakes, white bread, plain crackers and cheese.
- ☐ Peeled fruit as detailed above.
- ☐ Boiled sweets.



- ☐ Plain cake.
- ☐ Plain biscuits.
- ☐ Plain or milk chocolate.
- ☐ Yoghurt as detailed above.
- ☐ Cheese as detailed above with cream crackers.
- ☐ Crisps.

#### **Additional Fluids:**

**Hydration is important and patients should be advised to drink a glass of sugar free clear fluid every hour up until bedtime.**

To be used the **day before and on the morning** of the colonoscopy

Aim to drink sufficient fluid to give you 50g carbohydrate at each mealtime. Monitor blood glucose levels and if needed top up with more between meals. Please avoid red fluids ie Ribena/cranberry.

Clear fluid (fruit juice must be clear or sieved)	Amount	CHO content of drinks per 100ml
Lucozade original	100 ml 380 ml bottle	20g 70g
Lemonade	250ml	30g
Fizzy drinks (e.g. 7-up fanta / tango)	100ml 350 ml can 240g bottle	10g 40g 30g
Coke	100 ml 350 ml can 240g bottle	10g 40g 30
Tonic water (not slim-line)	200 ml	5g
(Canada dry) Ginger ale	110 ml	10g
Robinsons full sugar squash (undiluted)	100 ml	10g
Copella apple juice	330 ml bottle	40g
Sunny delight (orange)	120ml	10g
Fresh orange juice	110 ml 500 ml	10g 50g
Pineapple juice	100 ml	10g
Grapefruit juice	140ml	10g
Apple juice	100 ml	10g

Ready to drink fruit juice (for example Five alive)	90 ml	10g
Sugar	Two teaspoons Two cubes	10g 5 g

## Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Car Parking

The Trust's five-floor, multi-storey car park has space for 1,250 vehicles including 50 disabled parking spaces. The multi-storey is located at the rear of the hospital, in front of the elective care centre and is connected by a link bridge. This is the ideal location to access the endoscopy unit which is situated on the third floor of the elective care centre.

There is a charge for car parking at Aintree Hospital. For further information on the charges please see the Aintree Hospital website:

[http://www.aintreehospitals.nhs.uk/patient\\_information/parking\\_information.asp](http://www.aintreehospitals.nhs.uk/patient_information/parking_information.asp)  
or telephone the customer services department on 0151 529 3287.

## Further information

### Further information

**If you have any questions about your colonoscopy examination and would like to speak to somebody about the procedure then please call the endoscopy unit on:**

**Tel: 0151 529 0604 (admin queries) or 0151 529 0385 (for procedure/medication queries).**

**Aintree University Hospital NHS Foundation Trust is not responsible for the content of any material referenced in this leaflet that has not been produced and approved by the Trust.**

### Useful websites

**[www.aboutmyhealth.org](http://www.aboutmyhealth.org) – for support and information you can trust.**

**[www.corecharity.org.uk](http://www.corecharity.org.uk) – Digestive Disorders Foundation**

**Author: Endoscopy Unit Aintree**

**Review date: August 2026**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعية الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والإلكترونيا.

所有經信托基金批准的患者資訊均可以其它格式提供，包括其它語言、易讀閱讀軟件、大字體、音頻、盲文、穆恩體 ( Moon ) 盲文和電子格式，敬請索取。

در صورت تمایل می‌توانید کلیه اطلاعات تصویب شده توسط اتحادیه در رابطه با بیماران را به اشکال مختلف در دسترس داشته باشید، از جمله به زبانهای دیگر، به زبان ساده، چاپ درشت، صوت، خط مخصوص کوران، مون و بصورت روی خطی موجود است.

زانیاری پیوندیدار به نه‌خوشانه‌ی له‌لایسن تراسته‌وه په‌سند کراون، نه‌گس داوا بکریت له فورماته‌کانی تردا بریتی له زمانه‌کانی تر، نیز ی رید (هاسان خویندنه‌وه)، چاپی گه‌وره، شریتی ده‌نگ، هیلی موون و نه‌لیکترونیکی هه‌یه.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.