

Patient information

Colonoscopy

Endoscopy Unit - Aintree Hospital

This booklet will answer many of your questions about your colonoscopy, please read this booklet carefully. However, if you would like to speak to somebody about the procedure, 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 (optional).
- Details and contact number for the person who will be collecting you and escorting you home.

General points to remember

- It is our 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 cannot 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 telephone 0151 529 0604 at your earliest to reschedule.

Contents:

What is a colonoscopy?.....	3
What are the risks of a colonoscopy?.....	3
Are there any alternatives to a colonoscopy?.....	4
Will the colonoscopy be painful?.....	4
Sedation and pain relief.....	4
Entonox.....	4
Preparing for your colonoscopy.....	5
Eating and drinking.....	5
Bowel preparation.....	6
Medications.....	6
Coming for your colonoscopy.....	7
How long will I be in the endoscopy unit?.....	7
What will happen when I arrive?.....	8
The colonoscopy examination.....	9
What will happen after the procedure?.....	9
How will I find out the results of the procedure?.....	10
Specific instructions for patients with diabetes.....	10
Low residue diet.....	13
On the day before and the morning of the colonoscopy.....	15
Car parking.....	16
Further Information.....	16
Contact details.....	16
Useful websites.....	16

What is a colonoscopy?

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

This is an examination of your colon (large bowel) using an instrument called a colonoscope. This is a flexible plastic tube with a camera and a light at the end. This is linked to a television screen which shows pictures of the inside of your colon. 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 colon, to see if there is any disease or inflammation present.

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

What are the risks of a colonoscopy?

As with all medical procedures there are some risks involved although these are rare. The person who has requested the test will have considered these risks and compared them to the benefit of having the procedure.

Some of the risks are associated with the procedure carried out and some with administration of the sedation.

The main risks are:

- Perforation (tear) of the lining of the bowel which nearly always requires an operation to repair the hole. The risk is approximately 1 in every 1000 examinations, but it is higher if you are having a polyp removed.
- Bleeding 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, sometimes it may require treatment through the camera and very occasionally a blood transfusion may be required.
- 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 (medication given to control spasm in the bowel) especially in patients with cardiac disease/glaucoma. The decision whether buscopan will be given will be made by the endoscopist on the day.

Patients who have glaucoma (a condition that affects the eyes) or who may develop it, are at risk of increased eye pressure with intravenous buscopan. If you do get pain in your eyes post procedure, please seek medical attention immediately.

Are there any alternatives to a colonoscopy?

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

Will the colonoscopy be painful?

The colonoscopy procedure 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 so you will be offered a choice of medication to minimise any discomfort. This 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.**

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 10.

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:

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 risk of developing dehydration, low blood pressure or kidney problems with this medication. The person 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 before the 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).

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

- Heparin.
- Warfarin (Coumadin).
- Rivaroxaban (Xarelto).

- Dabigatran (Pradaxa).
- Apixaban (Eliquis).
- Edoxaban (Savaysa).
- Enoxaparin (Lovenox).
- Fondaparinux (Arixtra).
- Clopidogrel.
- Dipyridamole.
- Ticagrelor.
- Prasugrel.

If you have not received any advice on these medications, please telephone 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.

- Patients taking immunosuppression for transplanted organs should seek the advice of their transplant 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 Tel: 0151 529 0385.

If you have any **urgent problems** once you have started your bowel preparation, please Tel. 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 colonoscopy

How long will I be in the endoscopy unit?

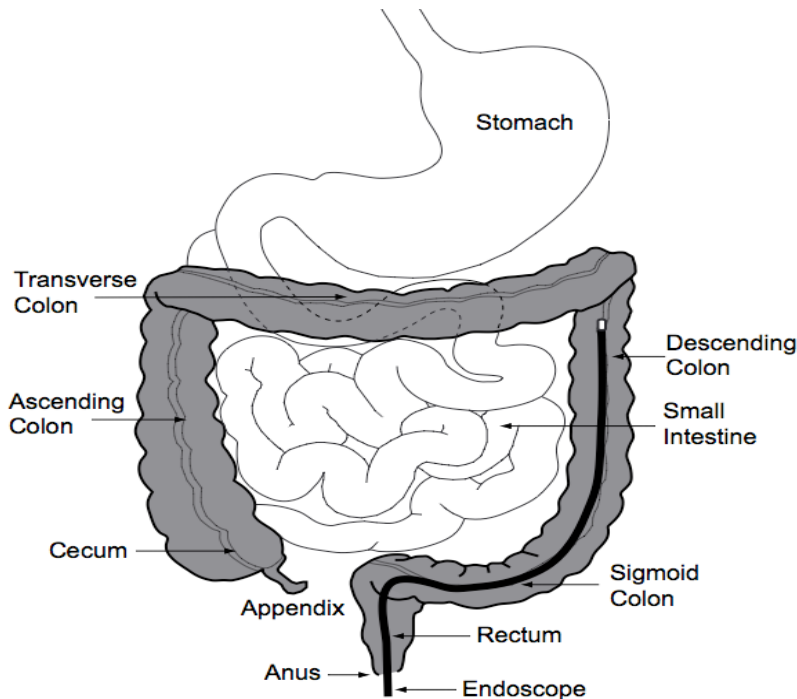
- You should expect to be on the unit up to four hours, but this depends on how quickly you recover and how busy the unit is.
- Please note that the unit also looks after emergencies, and these can take priority over our planned outpatient lists.

What will happen when I arrive?

- When you arrive at the elective care centre, please go to the endoscopy reception on the third floor and 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 clinical support worker. They will ask you a few 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. They will discuss the colonoscopy with you and answer any other questions you may have.
- You will then have an assessment by an endoscopy nurse who will ask you some questions about any surgery or illnesses you have had, to confirm that you are fit to have the colonoscopy.
- You will have your blood pressure, pulse, breathing rate and oxygen levels taken.
- If you have diabetes, you will have your blood glucose level checked.
- If you are taking warfarin, you will have your clotting level checked.
- If you are happy to proceed with the colonoscopy, you will be asked to sign your consent form which confirms that you understand what has been explained to you and this must include a description the examination and the risks involved in the procedure.
- If you are having sedation, a small cannula (small plastic tube) may 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 this may be done when you are taken into the procedure room.
- The nurse will escort you to a changing cubicle and you will be asked to remove your lower garments and put on a hospital gown and shorts. You will be asked to wait in this area until you are called by clinical staff. 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/procedure room where the endoscopist and the nursing team 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. You may 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 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.



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 until you are recovered.
- 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 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 test?

- 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 department for the results of any biopsies taken.
- These will be available from your referrer and 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 the accident and emergency department.

Specific instructions Only for Patients with Diabetes

- **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.

- **Patients with type 2 diabetes treated with tablets**

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 medication until after the colonoscopy.

- **Two days before** the procedure

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.

- **The day before** your 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 or drink but may continue taking clear fluids only until two hours before you attend for your appointment. **Do not** take your morning dosage of diabetes medication 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 will be allowed home once your blood sugar control is in a safe range.

Treatment of low blood sugar

If hypoglycaemia (blood sugar below five) 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.

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

- **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 levels 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 (low blood sugar)

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, 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.

See tables over page for low residue diets and meal examples.

Low residue (low fibre) diet sheetTo be used **two days** 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 mls 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 mls	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
or telephone the customer services department on 0151 529 3287.

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 – for support and information you can trust.

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 الطباعة الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والإلكترونية.

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 پنهاندار بهو نه خوشانهی له لایمن تراستهوه په سمند کراون، نه گمر داوا بکرنیت له فورماته کانی تر دا بریتی له زمانه کانی تر، نیزی رید (هاسان خویندنه وه)، چاپی گموره، شریتی دهنگ، هیلی موون و نه لیکترونیکی هیه.

所有经信托基金批准的患者信息均可以其它格式提供，包括其它语言、易读阅读软件、大字
体、音频、盲文、穆恩体 (Moon) 盲文和电子格式，敬请索取。

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.