

Patient information

Inpatient Colonoscopy

Gastroenterology Department

Your consultant or doctor has advised you to have a colonoscopy.

What is a colonoscopy?

A colonoscopy is a test to examine the lining of your large bowel through your anus (back passage) and rectum. It involves passing a very long thin tube through the bowel. The tube has a tiny camera that allows the doctor to examine your bowel.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners in training to perform endoscopy may perform your test under supervision by a skilled endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in anyway.

What are benefits of a colonoscopy?

This test is the most accurate way we have of looking at the large bowel (colon) to find out if there is any disease present. It also allows for a sample of tissue (biopsy) to be taken for examination by the pathology department and removal of polyps (which are like little cherries) that can grow on the bowel wall.

What are the risks of a colonoscopy?

❖ Peritonitis.

It is possible to damage the large bowel lining making a hole. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). An operation is nearly always required to repair the hole. The risk of this happening is approximately 1 in every 1000 examinations.

❖ Bleeding.

If a polyp is found, it needs to be removed since many polyps are of the type that can turn into cancer if left untreated for a long period of time. Removing them when still benign (non cancerous) removes this risk. A polyp is usually removed by using a small electric current to burn through the base and separate it from the bowel wall.

The risks of removing the polyp include bleeding. This can often be stopped straight away but may occasionally be more serious or even occur a few days later. Depending on the size of the polyp, the risk is one in 500 polyps removed. The other risk from removing a polyp is of making a hole in the bowel wall, which would then require surgery.

Are there any alternatives to this procedure?

This is the best test to examine the large bowel (colon). We use alternative tests such as barium enema or CT scans for some patients but these are not always as useful as a direct examination of the bowel which also has the advantage that samples can be taken at the same time.

What will happen if I don't have this procedure done?

Doing nothing may result in your signs and symptoms getting worse over time and may result in you needing an operation. It may also mean that you will not be getting the treatment you need.

What sedation will I be given?

Intravenous sedation will be given to you. This involves an injection given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious. The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the test via a nasal tube.

If you are worried about any of these risks, please speak to your Consultant or a member of their team on the ward.

Getting ready for your colonoscopy

You will need to have a bowel preparation before this test can be done and this will include fluids only for 24 hours before the procedure and two sachets of a preparation to ensure your bowel is clear.

To get ready for the examination you will be asked to undress and wear a gown and dignity pants. You may bring a dressing gown and slippers if you wish.

Please do not bring in large amounts of cash or valuables, as the Trust cannot be held responsible for them.

When you come for your colonoscopy, it is important to tell the doctor or nurse about any medicines you are taking and whether you need to take antibiotics for your heart and in particular about any allergies or bad reactions you may have had.

Your colonoscopy

You will sign a consent form before you are taken into the endoscopy room and a full explanation of the test will be given.

- You will be taken to the endoscopy room, where you will be made comfortable lying on your left side with your knees drawn up.
- A needle will be placed in your arm and you will be given a sedative injection to make you drowsy.

- You will be given oxygen through your nose via a nasal tube.
- When you are comfortable, the telescope is passed into your anus and the examination commenced. The doctor views your bowel on a television monitor.

After your colonoscopy

After the test has finished, you will be taken back to the ward and your blood pressure and pulse may be monitored. You may notice some windy pains due to the air that has been put into the bowel at the time of the examination, which is done to allow the doctor/nurse to get a clear view of your bowel. This should disperse once you are up and about walking around.

When you are fully awake, you will be allowed to eat and drink. You may have some spotting of blood if you have had any polyps or large pieces of tissue samples removed.

Serious post procedure symptoms

If you experience any severe pain in your neck, chest or abdomen or if you are bleeding heavily you must tell the ward staff.

Results

Sometimes after the test, the doctor or nurse can let you know what the results are. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a week or two. In this case the result will be sent to your family doctor (GP) or be available to discuss with you during your next clinic appointment.

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.

Further Information

**If you have any questions or queries, please contact:
The Gastroenterology Unit between 10.00am and 3.00pm
Monday to Friday)
Tel: 0151 706 2720
Text phone number: 18001 0151 706 2720**

**Clinic appointment enquiries
Tel: 0151 706 5555
Text phone number: 18001 0151 706 5555**

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