

ENDOSCOPY DEPARTMENT

Patient Information



The Information Standard

Certified Member

Information

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

If you wish to obtain a list of the sources used to develop this information leaflet please call 0800 7838058 or e-mail patient.info@dchft.nhs.uk

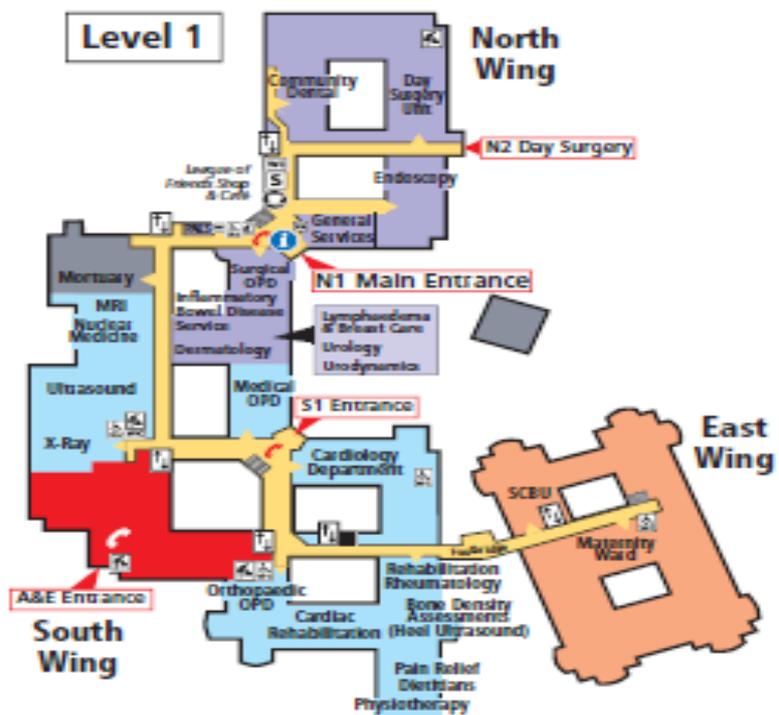
Author: Clare Longshaw
Role: Band 6 RN
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COLONOSCOPY

With Moviprep

CONSENT TO EXAMINATION AND TREATMENT

Endoscopy Unit
North Wing Entrance 1
Dorset County Hospital
Williams Avenue
Dorchester DT1 2JY



The car parking is pay & display. You will need to pay for the first 2 hours a permit will be issued thereafter. When you enter the hospital grounds, follow the signs for North Wing Entrance 1. The Endoscopy Unit will be signposted as you enter the main entrance.

GENERAL INFORMATION

TELEPHONE NUMBERS FOR ENDOSCOPY DEPARTMENT

RECEPTION (general enquiries only) 01305 255225

APPOINTMENTS (appointment enquiries only) 01305 255701

CLINICAL ADVICE (any medical enquiries) 01305 253152

If you call the Clinical Advice line and your call goes to answer phone please leave the following details.

Please leave a message with your:

Name and telephone number

The procedure you are having

Date and time of appointment

Your reference number (hospital number) or our reference number (NHS number).

Your query

Someone will return your call as soon as possible to discuss your telephone message with you.

If you are using hospital transport and your appointment is after 2pm please contact the appointments line to rearrange an earlier appointment.

COLONOSCOPY - PLANNING YOUR CARE

If you are taking any of the following medications or have the medical conditions listed here, please contact the Clinical Advice line above to help us plan appropriate care and management of your condition during your visit with us:

DO YOU HAVE:	YES
If you have a long term condition such as Epilepsy, Parkinson's, Chronic pain and Steroid Deficiency eg Addisons (Adrenal deficiency).	Call clinical advice line
Diabetes?	Call appointments to ensure early appointment, see diabetic leaflet
Recent Heart Attack Cardiac Pacemaker or ICD Fitted?	Call clinical advice line
Blood thinners such as Clopidogrel, Prasugrel, Ticagrelor, Dabigatran, Warfarin, Rivaroxaban, Apixaban, Edoxaban (except Aspirin & Dyrpidamole)	Call clinical advice line
Iron tablets	Stop taking these 7 days before the procedure.
Anti-hypertensives to lower your blood pressure	Call clinical advice line, as you may need to stop these.
Diuretics (water tablets)	
NSAID's (non steroidal anti-inflammatory drugs), such as Ibuprofen or Meloxicam	

Do not take any other laxatives on the day before your procedure, except the medication provided for this test.

Please continue to take medication for Inflammatory Bowel Disease (IBD) (ulcerative colitis or Crohn's disease - if you are unsure please contact your IBD nurse for advice).

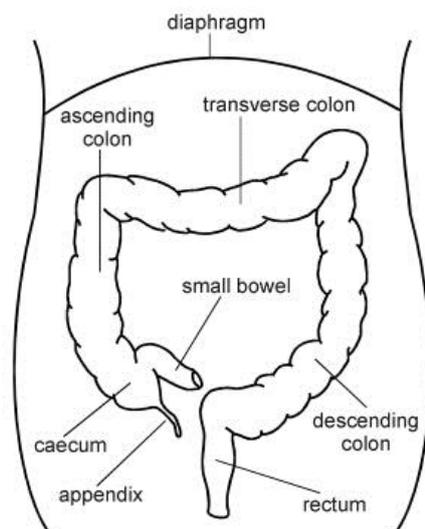
Take all other medications as normal but please read information on page three in case further arrangements are needed.

Please note: Contraceptive Pill

If you are using the contraceptive pill, a loose bowel may make this ineffective. It is thus recommended that other contraceptive measures, e.g. condom/cervical cap are also used for a period of 14 days following the examination. **Do not stop using the Pill.**

What is a Colonoscopy?

A Colonoscopy is a look into the large bowel. The large bowel is the last part of your digestive system. The diagram shows your large bowel (also called your colon).



COLON- LARGE BOWEL

The instrument used to do the examination is called a Colonoscope. It is a flexible tube with a bright light and a tiny camera at the tip. The camera transmits pictures of the inside of the bowel to a video screen. It is inserted via the rectum and manoeuvred around the colon by the Endoscopist.

The procedure usually takes 20-30 minutes, although you should expect to be in the hospital for about 2-4 hours.

Unfortunately due to the nature of the investigations and individual needs of each patient it is not always possible to run to time. The staff will endeavour to keep you informed of any delays.

Why do I need a Colonoscopy?

The purpose of a Colonoscopy is to see if there are any abnormalities in the bowel. The pictures will show any areas of inflammation or any polyps (fleshy growths). Many examinations show a normal healthy bowel.

How will it help me?

During a Colonoscopy the lining of the bowel can be clearly seen. It is an excellent way to get a diagnosis of your complaint or to reassure you that all is well.

The Colonoscope has a hollow tube inside that can be used to take samples of tissue, called biopsies. These can be examined in the laboratory under a microscope.

If any polyps are seen they can normally be removed through the Colonoscope and these can be examined in the laboratory.

How safe is a Colonoscopy?

It is common to get some abdominal discomfort during the procedure but this usually settles quickly. Complications following Colonoscopy are rare, but as with almost all medical procedures there are some risks of which we must make you aware.

Risks from Sedation: Sedation medication can affect the breathing but in order to minimise any risk your dose is individually assessed and your oxygen level monitored throughout the procedure.

If you are asthmatic or have any breathing difficulties, please inform the nurse on your arrival and bring your inhalers with you.

It is rare, but an allergic reaction to medications can occur and will need medical treatment.

Risks from bleeding: This is another rare complication that usually does not need any further treatment. A small amount of bleeding is not unusual and should not cause alarm especially following biopsy or removal of a polyp. Bleeding may occur up to several days after the procedure.

Heavier bleeding may require further treatment in hospital. Please contact NHS Direct on 111 or attend the emergency department.

Risks from perforation: This is a tear in the bowel lining. This is a serious but rare complication that will involve you having to stay in hospital and may need surgical treatment. If you have severe pain then please contact NHS Direct on 111 or attend the emergency department.

Miss rates: It cannot be guaranteed that we will spot everything that there is to be seen, although it is unlikely that we would miss anything significant.

Failure Rate: Your comfort and safety are our priority; we will stop at any time if we cannot ensure this, or if there is a problem with equipment, which is rare; Alternative tests may be arranged.

Is there an alternative to a Colonoscopy?

Yes. An X-ray examination, such as Barium enema or a CT Colonogram, may show the cause of your symptoms. However it cannot treat any problems that might be found.

Remember if you are unsure about this examination please seek more information from your referring doctor.

How do I prepare for my colonoscopy?

It is important that the bowel is empty of faeces for the procedure to be successfully performed.

In order to do this you need to follow the instructions on the Moviprep leaflet enclosed, starting the day before your appointment. Please read this carefully.

This is very important; failure to follow the instructions will result in your colonoscopy being unsuccessful or cancelled.

You will need to take all the Moviprep powders that we have sent you. **This medication does cause diarrhoea (you may wish to use Vaseline and soft wipes to prevent a sore bottom)** and consequently dehydration. You should drink at least 3 litres of clear fluids a day whilst taking these medications and up until one hour before your examination.

Symptoms of dehydration include:

- dizziness or light-headedness (particularly on standing up)
- thirst
- a reduced urine production

Please bring with you:

- A list of your medications, Inhalers and GTN spray (if used).
- A dressing gown and slippers for your comfort and dignity.

What happens when I get to the Endoscopy Unit?

When you come to the Endoscopy Unit please give your name to the receptionist.

A nurse will take you through to a private office. You will be asked some questions about the arrangements you have made to get home and about your health. The nurse will check your breathing, pulse and blood pressure, if you take Warfarin your INR will be checked, and if you are diabetic your blood sugars will be checked. Please tell the nurse if you are allergic to any medicines.

You can ask any questions that you have or tell the nurse of any worries. It is not unusual to feel anxious about having a Colonoscopy. The nurses and Endoscopists understand this and will do their best to reassure you.

Once the nurse has finished taking your details you will be asked to sit back in the waiting area. When the Endoscopist is ready to see you a nurse will come and take you through to get changed into a hospital gown and offer dignity shorts ready for the test.

Signing the Consent Form

The Endoscopist or a Senior Endoscopy Nurse will meet and talk to you about the procedure. It is important before signing that you understand what is likely to happen. You will be given time to ask any questions that you may feel necessary to make up your mind.

What are the key things to remember?

It's your decision and you can choose whether or not to consent to what's being proposed. Ask as many questions as you like, and remember to tell the team about anything that concerns you or about any medication, allergies or past history which might affect your general health.

Your colonoscopy procedure

This test is usually carried out with both a sedative injection (Midazolam) and opiate analgesia injection (Fentanyl) or inhaled analgesia called Entonox®.

Sedation if you decide to have the sedative and opiate analgesia injection, you will need to have a responsible adult to come into the Endoscopy Unit to collect you, drive you home and look after you for 24 hours. This is for your own safety as the sedative injection can make you feel drowsy for up to 24 hours after the procedure.

If you have not made these arrangements we will not be able to proceed with the investigation.

Entonox® is a mixture of Nitrous Oxide Gas and Oxygen that is inhaled through a mouthpiece. It is an odourless, colourless gas which can provide excellent, short-term pain relief that works quickly and wears off almost as quickly. You will not need to be accompanied home and could drive yourself home afterwards.

Please tell the nurse if you:

- have recently used Entonox® for a procedure
- currently have, or have recently had an ear infection, or an operation on your ears
- have, or have recently had eye surgery
- have recently had a head injury, which required you to be in hospital.
- have recently been scuba diving.
- have recently suffered from a condition causing acute breathing problems (a chest injury, for example, or a collapsed lung).
- have emphysema, or chronic breathing problems, such as chronic bronchitis or moderate to severe asthma.

If you have any of the above conditions then Entonox® will not be suitable.

The Colonoscopy

You will be taken to a treatment room for the procedure and introduced to the staff. You will be asked to lie on your left side on a trolley. You will be covered with a blanket.

If you have chosen Entonox® the nurse will show you how to breathe through the mouth piece. It will make you feel relaxed, but can give you a dry mouth.

If you have chosen the sedation and pain relief the Endoscopist or Nurse will insert a flexible plastic tube called a cannula into your arm or hand. These two drugs together make most people feel drowsy and relaxed. Some extra oxygen will be given to you through a small tube placed in your nose.

It may also be necessary to administer Buscopan which is a medication that reduces bowel spasms during the procedure.

Your pulse, breathing and blood pressure will be monitored throughout the procedure.

You should feel comfortable for most of the procedure but it is not unusual to experience short periods of discomfort as the Colonoscope goes round a bend in your bowel.

Your bowel will be inflated with a little air, so that good views are seen. This can sometimes be uncomfortable. Please tell the nurse if you have any discomfort.

You can watch the procedure on the screen if you feel awake enough.

How do I get the results?

When the procedure is over you will be taken back to the recovery area on a trolley to recover.

During this time the nursing staff will continue to monitor your pulse and blood pressure.

It's not unusual to have some 'windy' discomfort in your abdomen; this should soon start to disperse. You may feel a bit light-headed. The nurses in the recovery area will be making regular checks on you to see that all is well. It doesn't take long before you feel more awake and are ready for a drink.

Once you are ready for discharge the nurse will take you to a private room and will talk to you (and responsible adult, if you have had sedation) about any results. You will also be given the opportunity to ask any questions. Biopsies need time to be processed and the result will be made available to the referring doctor/GP, along with a copy of the report. If biopsies are taken you will be advised to visit/phone your G.P. after two to three weeks for the result, unless advised otherwise at the time of the procedure.

Are there any restrictions afterwards?

A nurse will prepare your discharge information to take home with you. This information includes instruction on how you need to take care of yourself until the sedation has worn off.

If needed you will be given a leaflet that will explain any specific findings in more detail.

Going home following Sedation

REMEMBER:

If you have chosen the sedative injection you **must** have someone to come into the Endoscopy Unit to collect you, drive you home and look after you for 24 hours.

Travelling on public transport (train or bus) is inappropriate. You can travel by taxi but must have a responsible adult with you.

For the 24 hours after the procedure you **must not**:

- Drink any alcohol
- Drive a car
- Operate machinery
- Sign any legally binding documents
- Be responsible for small children
- Lock the bathroom door

You can go back to your normal eating. We do advise, however, to start with something light.

It may take a few days for your bowels to get back to normal.

Patients' Property

You are advised not to bring expensive items of jewellery or clothing with you when you visit the Endoscopy Unit.

You will be given a patient property bag to place your clothes in if changing for your procedure.

You will be asked to keep your property with you at all times.

The Endoscopy Unit and Dorset County Hospital NHS Foundation Trust cannot accept responsibility for the safeguarding of your property.

Information Booklet for Colonoscopy

We wish to seek your views on how helpful you found the information provided in this booklet. Please would you kindly take a few minutes to complete the following form, and write any comments you wish to make below. Thank you – your time is much appreciated.

Did you find this booklet helpful? Yes No

Did it contain the type of Information you wanted? Yes No

Would you have liked more Information? Yes No

If yes, please tell us.....

Is there anything else you Would like to know? Yes No

If yes, please tell us.....

Did you experience any unexpected discomfort following this procedure that required you to visit your GP?.....

Your Comments.....

Please cut along the dotted line and return this sheet to:

Endoscopy Unit
Dorset County Hospital Williams Avenue
Dorchester
Dorset, DT1 2JY