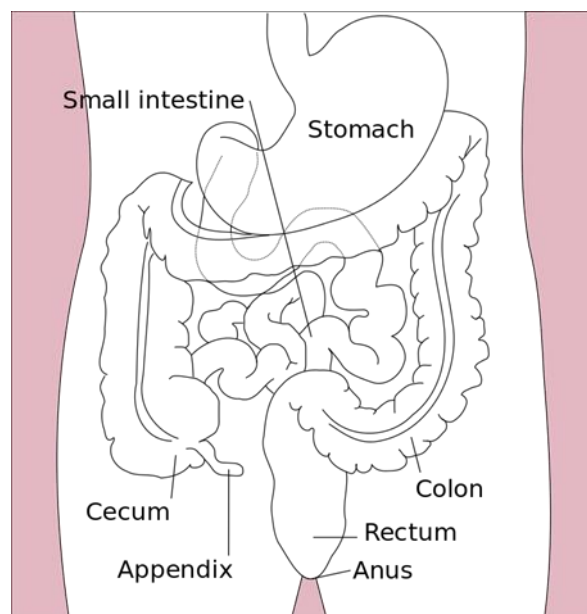




## Colorectal Department Colorectal Clinic

**A guide to what will happen now that your doctor has referred you to the Colorectal (Bowel) Team**



### **Have you got bowel symptoms?**

Your doctor (GP) believes that you may have a problem with your bowel. They have referred you to the hospital to have an appointment with the colorectal (bowel) team on an urgent basis.

We know that bowels can be an embarrassing subject and difficult to talk about. We want you to feel as comfortable as possible talking about your bowels. Please use whatever words you find easiest to describe what has been happening. If you can talk freely about your problems, this helps us to find out more information which helps us to assess your symptoms.

Most people with bowel symptoms do not have cancer, but it is important to have your symptoms checked out. The cause is usually something minor like piles, irritable bowel syndrome or diverticular disease.

This booklet will explain how the colorectal clinics work and what to expect when we see you. It also has some information about the types of tests we might arrange for you.

## **What will happen at the appointment?**

Your appointment will be with one of our Colorectal Consultant Surgeons, our Colorectal Consultant Nurse or a Specialist Registrar.

**If you are unable to attend, or would like to change your appointment, please ring (01305) 254109 as soon as possible.**

During the appointment you will be asked questions about your health, your symptoms and your personal circumstances. You may be examined, including a rectal examination, and in some cases a rigid sigmoidoscopy. A rigid sigmoidoscopy is when a tube is inserted into the back passage to examine the rectum more clearly. You do not need to prepare your bowel for this examination. The colorectal specialist will discuss with you which test they recommend you have to investigate your symptoms. You will then be contacted by telephone to confirm a date before being sent an appointment for this test. Most tests take place within two weeks. It is helpful if you can tell us of any holidays you may have planned, or dates when you are not able to come to hospital for tests.

## **What tests am I likely to need?**

Different tests give us different information about you and your bowels. The most common tests are:

- Flexible Sigmoidoscopy
- Colonoscopy
- Gastroscopy
- CT Colonography
- CT scan
- Ultrasound scan
- Blood tests
- Stool tests

Descriptions of these different tests are listed in the glossary at the back of this booklet. If blood tests are needed, you will be given a blood test form. We will ask you to make an appointment with the nurse at your GP surgery and take the form with you.

You can also have your blood test taken at Dorset County Hospital outpatient department from 8.30am to 2pm, Monday to Friday, or at Weymouth Community Hospital from 8.15am to 2pm on a Monday and Wednesday.

Most people are booked for one or more of these tests. The colorectal specialist will explain the test to you and answer any questions that you may have. You will be sent more information about the test including any risks and benefits in the post.

## **What if I choose not to have the tests that are recommended?**

You will have an opportunity to discuss this with the colorectal specialist at your appointment. There may be alternatives that you are happy to have. If you do not want to have any tests that we recommend you will be discharged.

## **What happens after I have had my investigation or test?**

There will be three possible situations that could occur after you have had your test:

- In some cases we will be able to tell you your results at the time of your test. We will be able to offer you treatment straight away or refer you on for treatment
- For some people more tests may be needed and we will arrange these for you
- If you have had a scan, you will be contacted either by telephone or letter with the results.

In all cases we will write to you to confirm your results and give you advice. Your GP will also receive a copy of all the results from your tests.

## **Useful tips**

It is helpful if you think about your symptoms carefully before your appointment.

### **Your symptoms:**

- What has been happening with your bowels?
- How long have the symptoms been going on?
- Are they continuous or do they come and go?
- Is there any pattern, eg same time of day, before or after meals?
- If you have pain, where is it? What is it like? How long does it last for?

### **Change in your lifestyle:**

- Have you changed your diet or exercise?
- Have you recently felt stressed?
- Have you been overseas lately?
- Have your friends, family or colleagues had similar problems?
- Are you on any new medication?

### **Your medical history:**

- Have you had any bowel or digestive problems in the past?
- Have you had any operations?
- Do you have any heart problems?
- Do you take any blood thinning medicines?
- Are you diabetic? If so, do you take tablets or insulin?

### **Family medical history:**








- Have any of your family members had cancer, especially bowel cancer?
- Have any of your family members had a bowel disorder eg Crohn's disease or colitis?

### **Your personal circumstances:**

- Do you live alone?
- How mobile are you/do you need help getting around?
- What support do you have around you?

You may find the Bristol Stool Chart below helpful to describe how your bowels are working:

## Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. <b>Entirely Liquid</b>

*(Used with permission from Dr John C Bullas BSc MSc PhD)*

### I have not had my test results; what happens next?

We will write to you to explain your test results. It can take up to four weeks for some test results to be available.

If you have not heard after this time, please call the hospital and ask to speak to one of the colorectal secretaries.

### About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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Williams Avenue, Dorchester, Dorset DT1 2JY  
[www.dchft.nhs.uk](http://www.dchft.nhs.uk)

## Glossary of Terms

**Colonoscopy** – a thin flexible telescope with a camera on the end that is inserted into the bowel via the back passage. The whole of the large bowel is examined (colon and rectum). You will be sent some strong laxative powders with instructions to take the day before this test. You will be offered Entonox (gas and air) or a sedative injection to keep you comfortable during this test.

**Computerised Axial Tomogram or CT Scan** – a special scan where a doughnut-shaped x-ray machine takes x-ray pictures of you while you lie on a table. You will be given a special dye injection and asked to drink some fluid when you come in for this test. This helps the areas that we want to examine show up better on the scan.

**CT Colonography** – CT colonography is known in full as computerised tomography colonography. It is a test that uses a CT scanner to produce pictures of the inside of the bowel. This is sometimes called a virtual colonoscopy. CT colonography is often used in people who are too frail to have a colonoscopy, or if there are other reasons why a colonoscopy would not be suitable.

**Flexible Sigmoidoscopy** – a thin flexible telescope with a camera on the end is inserted into the bowel via the back passage. The lower third part of the large bowel is examined. You will be sent some laxative tablets with instructions to take the day before this test.

**Gastroscopy** – a gastroscopy is a test where a thin flexible telescope with a camera on the end looks into the upper part of your gut. It is about as thick as a little finger. The endoscope is passed through the mouth, into the oesophagus (gullet) and down towards the stomach and small intestine.

**Stool Tests** – you may be asked to collect some stool (poo) for testing. This might be to check for infection, blood or inflammation in your bowel. You will be given a blue pot and a form for this which can be taken to your GP surgery.

**Ultrasound Scan** – a scan that uses sound waves to examine your insides. This is similar to the type of scan that pregnant women have.