

Endoscopy

Patient information leaflet – Information for patients having a colonoscopy

What is a colonoscopy?

This is a procedure which allows the endoscopist to look directly at the whole of the inside of the large bowel (the colon). The procedure may either be carried out by giving a pain killer and sedation intravenously (with Entonox as an additional supplement as required) or using Entonox gas only.

Why would a colonoscopy be done?

A colonoscopy may be carried out for preventative, diagnostic, or therapeutic reasons and sometimes for all three at once. It helps identify, monitor, or treat a range of bowel conditions and symptoms.

Preventative reasons to have a colonoscopy

A colonoscopy is often performed as a screening test to help detect early signs of bowel cancer or other colon conditions before symptoms appear. You may be recommended for screening if you have:

- A family history of colorectal cancer or bowel polyps
- A personal history of inflammatory bowel disease

Early detection through colonoscopy can significantly improve treatment outcomes and reduce the risk of developing colorectal cancer.



Diagnostic reasons to have a colonoscopy

You may be referred for a colonoscopy if you are experiencing unexplained bowel symptoms, such as:

- Abdominal pain or discomfort
- Rectal bleeding or blood in your stool
- Unexplained weight loss
- Persistent diarrhoea or constipation
- Changes in your usual bowel habits

The procedure allows your consultant to examine your bowel and identify probable causes, such as diverticulitis, Crohn's disease or ulcerative colitis.

Therapeutic reasons to have a colonoscopy

A colonoscopy can also be used to carry out minimally invasive treatment at the same time as diagnosis. Guided by the colonoscope, your consultant can:

- Remove polyps.
- Seal wounds
- Remove blockages.
- Take a biopsy (tissue sample) for further analysis.
- Inject medication / Apply Coagulation therapy.

What are the potential risks and complications of a colonoscopy?

Colonoscopy procedures are generally safe, with serious complications being very rare. However, as with all medical procedures, there are some risks to be aware of. Common, minor potential colonoscopy complications include:

- Bloating and/or stomach cramps after the procedure
- Mild rectal bleeding, particularly if a biopsy or polyp removal was performed
- Feeling sick (nausea) afterwards
- Minor bacterial infections of the colon



Rare, more serious complications include:

- Injury to the colon, such as a tear or perforation
- Allergic reactions or adverse effects to the sedative
- Post-polypectomy electrocoagulation syndrome (PPCS) – a very rare condition that can cause tenderness, pain, and fever, and is treatable with antibiotics.

Although complications are uncommon, colonoscopies are extremely valuable for diagnosing and treating serious conditions, including colorectal cancer and other bowel diseases. Your endoscopy nurses / endoscopist will discuss any risks specific to your situation and answer any questions you may have.

As this is a training hospital there may be a trainee undertaking your procedure, but they will be closely supervised, with a senior colleague present in the room. Please let a member of staff know if you have any concerns regarding this on the day of your procedure.

Are there any alternatives to colonoscopy?

A colonoscopy is the best way of looking at the lining of the bowel. However, CT colonography is a possible alternative test. CTC or virtual colonography is a specialised type of test which involves the use of X-rays to view the large bowel, but this does not allow us to take samples or perform treatment, therefore, you may still need to have a colonoscopy. If you wish to discuss this further, please contact your GP/referrer.

Preparing for the test

Proper colonoscopy preparation is essential to ensure your colon is completely empty, allowing the endoscopist to clearly examine the lining of your large intestine. Before your procedure, your referrer or endoscopy team will give you detailed instructions, which typically include:

- Following a low-fibre diet or fasting for a certain period before the procedure
- Taking a strong laxative to clear your bowels.
- Stopping certain medications, such as blood thinners, if advised.

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- Having a shower or bath on the day of your procedure.
- Wearing loose, comfortable clothing and arranging for someone to drive you home.
- You may choose to have sedation - if so, you must be accompanied by a responsible adult to take you home and stay with you for at least twelve hours afterwards. (This is discussed further in the leaflet).

If you are diabetic, you may need advice relating to medication or diet and you should have an information leaflet regarding this enclosed - if not please ring the endoscopy booking department and we will send you one. On very rare occasions, you may need to be brought in the day before your procedure for preparation - please contact your hospital consultant's secretary.

How long does a colonoscopy take?

Most colonoscopy procedures take between 30 and 45 minutes to complete, although the time can be longer if additional surgical interventions are performed during the colonoscopy, such as taking biopsies or removing polyps. Typically, it takes around 15 minutes for the colonoscope to reach the end of the colon, and another 15 minutes to withdraw it, with extra time added for examining specific areas and performing any additional procedures.

Colonoscopies are usually carried out as outpatient procedures, meaning you can go home the same day. Including pre-procedure preparation and post-procedure recovery, most patients spend around 2 to 3 hours in the hospital. Your referrer/endoscopist and nursing team will explain the process, so you know what to expect.

On admission to the endoscopy unit

After admission by the reception staff, a member of the nursing team will prepare you for the procedure. Before you go into the procedure room the nurse will explain the test to you and ask you to sign a consent form. If you have any further questions at this stage, please ask the endoscopist. Your pulse, oxygen levels and blood pressure will also be checked, and you will be asked some questions about your



medical history. Please bring with you a list of any medication you are taking - including any inhalers or sprays.

The nurse is very aware that you may be worried or anxious, so please do not be afraid to ask questions. We try very hard to keep to appointment times, but please be patient if you are kept waiting as on occasions, we do have emergency patients to deal with. You will be given an estimated time for collection, and it is important that your escort attends with you, so they know what time to return.

Please note that your appointment time is your arrival at the unit and not the time of the procedure.

If sedation is chosen, a small plastic tube will be inserted into a vein in your arm - usually in the back of your hand. You may also be given a painkiller through this. Most people feel a little sleepy and relaxed throughout the procedure and are aware of what is happening - but afterwards it is unlikely that you will remember much about it. Entonox gas may be used as a supplement if required.

Some people prefer to have the procedure done with Entonox gas alone, this means that after half an hour the gas is cleared from the body and you may drive yourself home and you do not need anybody to look after you afterwards.

If you do not have anyone to look after you, you can opt for using **Entonox** only.

During the test

To be able to monitor your blood pressure, heart rate and breathing, the nurse will place a probe on your finger and sometimes an inflatable cuff on your arm. Oxygen is usually administered during the procedure if you prefer sedation. You will be asked to lie on your left side with your knees bent. The endoscopist will then examine your back passage with a gloved finger to make sure it is safe to pass the tube.



Once the colonoscopy procedure begins, the following steps usually take place.

Stages of a colonoscopy	What you may feel (if awake)
The colonoscope is gently inserted into your anus.	You might feel some pressure, but it shouldn't be painful.
Carbon dioxide is pumped into your colon to expand it for better visibility.	A feeling of fullness or bloating is common.
The colonoscope is moved through your colon so the doctor can examine all areas.	You may feel mild cramping or an urge to pass gas.
Additional instruments may be used to remove polyps, take biopsies, or perform minor treatments.	These steps are usually painless and completed through the colonoscope

Colonoscopy recovery

Most colonoscopy procedures are performed on an outpatient basis, so you can usually go home after a few hours. After the procedure, you will rest in a recovery room until the effects of the sedative have worn off and you feel comfortable standing and walking.

As sedation can make you drowsy for up to 24 hours, you should arrange for someone to drive you home and stay with you overnight if needed. Mild bloating, cramping, or stomach discomfort is common for a few hours after the procedure. Over-the-counter pain relief, such as paracetamol or ibuprofen, can help if needed. If a biopsy was taken or polyps were removed, you may notice some mild rectal bleeding for a couple of days.

Most patients return to normal activities within a day or two, but your medical team will provide specific guidance and advice on monitoring your recovery. You will receive a copy of your procedure report before discharge and a copy will also be sent to your GP. If we take tissue samples, the results will take about 4-6 weeks to come back unless it is fast tracked (10 days) and these results will also be sent to your GP. You will need someone to accompany you to and from the unit and stay with you for at least twelve hours afterwards following sedation.



If you have had sedation, you will then be advised NOT to:

- Drive or use public transport (the drugs may remain in the system for up to 24 hours as you will not be insured for this time (if you drive))
- Go back to work
- Operate any machinery
- Drink alcohol
- Look after children
- Have a bath unsupervised
- Sign any legal documents.

All the above applies for twenty-four hours after the procedure as the drugs remain in the system for this time.

If you have **Entonox** only, you may attend on your own and make your own way home and you do not need anyone to look after you afterwards.

Things to remember

- Keep drinking sips of clear fluids until you arrive in the department to make sure you do not become dehydrated.
- If you are on **Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Edoxaban or Apixaban**, please contact your referring doctor or Endoscopy Unit for advice about stopping these.
- **Aspirin** however can be safely continued.
- Do not bring any valuables to the unit.
- Please telephone 01432 257811 if you cannot keep this appointment - missed appointments waste time and money and if you cannot come, someone else who is waiting can take your slot.
- You must have a responsible adult at home to care for you after the procedure for at least 12 hours if you choose to have sedation. If you do not have anyone to look after you, it may prevent us from doing the procedure - unless you choose the Entonox option, in which case this is not necessary.

Please note, if you choose not to follow this information, the hospital cannot be held responsible for any adverse effects.



If you experience any severe side effects in the 48 hours following the procedure, please contact either the endoscopy unit during working hours 0800h - 1730h on 01432 355444 ext :1508 or your own GP.

Out-of-hours you may contact either your own GP, 111 (The NHS non-emergency number 24 hours a day, 365 days a year and free calls from landlines or mobile phones), or in an emergency the Accident and Emergency department at the hospital on 01432 372908 or 01432 372909.

Thank you for choosing the endoscopy department

Your experience matters

We aim to provide the care that we would want for ourselves, our families and friends. If you think something could have been done differently, please speak to the department or ward staff. You can contact them by calling the hospital switchboard and asking for the relevant department. Further information about our service is available on our website:

- **Phone (hospital switchboard):** 01432 355444
- [**Wye Valley NHS Trust**](#)

This leaflet is available in alternative formats. If you need this please contact the Patient Experience Team using the telephone number or email below.

After using our services we may ask for your opinion about your experience. Your feedback helps us to make things better for all our patients.
You can also contact the Patient Experience Team by:

- **Phone:** 01432 372986 (please leave an answerphone message)
- **Email:** PALS@wvt.nhs.uk

