

What happens after the investigation?

The specialist who performed the colonoscopy will explain the outcome of your investigation to you. You will be told after your colonoscopy if any tissue samples were removed. If tissue samples were removed, you may notice traces of blood coming from your back passage. Slight bleeding like this is not uncommon and may last for a few days. You should report any symptoms of prolonged or heavy bleeding (such as cramping, stomach pains and heavy bleeding from your back passage) to the colonoscopy unit or your doctor (GP).

Because it takes a while for the sedative to wear off, you will need someone to take you home from the hospital. You should also have someone with you for 12 hours afterwards. It is a good idea to have someone with you when the specialist explains the results of the colonoscopy, as you will still be feeling the effects of the sedative.

You should make sure that you do not drive, use machinery or drink alcohol for at least 24 hours. The sedative takes some time to get through your system and may have some effects on your reactions and judgement. You should also avoid making important decisions until 24 hours after your colonoscopy.

When do I get the results?

The doctor will usually give you the results after the test. However, if you have had biopsies taken or polyps removed, these have to go to the laboratory for further examination. In this instance your results will be ready for your next outpatient clinic appointment or forwarded to your general practitioner. **If your symptoms worsen despite a normal colonoscopy it is important to discuss this with your GP who can refer you for further assessment as appropriate.**

Summary

To help you decide whether or not you want to have a colonoscopy, the main benefits and disadvantages of the investigation are outlined below.

- A colonoscopy can detect a cancer at an early stage, improving your chances of successful treatment.
- Removing polyps, usually during a colonoscopy, can reduce your chances of developing bowel cancer in the future.
- You may find that the bowel preparation you take the day before colonoscopy is unpleasant.
- The effects of the sedative can make it difficult for you to do things the day after the investigation.
- There are some risks associated with having a colonoscopy.
- There is the possibility that significant pathology may be missed even with a complete colonoscopy.

IF YOU HAVE ANY OUTSTANDING QUESTIONS PLEASE ASK DOCTOR ON DAY OF PROCEDURE

You may pass some wind but please do not feel embarrassed – it is only the air that is being passed. Some people find having a colonoscopy uncomfortable, but most people do not report that it is painful. The sedative you are given is likely to make you feel drowsy and you may not remember very much about the investigation. The examination may take 15-30 minutes. Sometimes a small tissue sample, called a biopsy, will be taken. Most polyps can also be removed painlessly, using a wire loop passed down the colonoscope tube. These tissue samples will be checked for any abnormal cells that might indicate cancer.

Can I take sedation for the test?

Sedation is normally given for this procedure but you can choose not to have any. If you have sedation, for 24 hours following the colonoscopy:

- You must have someone to escort you home and stay with you overnight.
- You must not drive, sign legal documents or drink alcohol

What are the alternatives to having a colonoscopy?

A barium enema may sometimes be performed. This means putting white x-ray fluid into your bowel through a tube placed in your back passage, and then by inflating your bowel with air, it allows pictures to be taken. Sedation is not used for this procedure and it is not as effective as colonoscopy and cannot allow treatment (such as biopsies or removal of polyps) to be undertaken at this time. Therefore you may have to undergo a colonoscopy at a later date. Occasionally it may not be possible to visualise your entire colon at colonoscopy and barium enema may be necessary.

How reliable is the colonoscopy investigation?

Although a colonoscopy is not a perfect procedure, it is over 90% accurate for detecting bowel cancer. There is a small chance that the specialist will not see the cancer or polyp (about five in every 100 people having colonoscopy). This means that either the cancer could not be seen because the bowel was not completely empty or, on rare occasions, the specialist missed the polyp or cancer. There is also a small chance that the specialist was not able to pass the colonoscope along the whole length of the bowel (about five in every 100 people). This can happen because of a blockage or difficulty in negotiating the colonoscope around the bowel.

Are there side effects or complications from having a colonoscopy?

For most people a colonoscopy is a straightforward procedure, but in rare cases there may be complications which include the following:

- Not being able to see all of the bowel. This can sometimes happen if your bowel is not completely empty or the colonoscope could not reach the end of your large bowel (you may be asked to have another colonoscopy or a barium enema).
- Heavy bleeding that needs further investigation or medical advice. Polyps or tissue samples that are removed during a colonoscopy may cause heavy bleeding. It is estimated that this could happen in around one in every 150 colonoscopies.
- A perforated bowel. The colonoscope can cause a hole (perforation) in the wall of your bowel. The chances of this happening are about one in 1,500. If this happens, you may need an operation.
- Breathing or heart problems. You may have a reaction to the sedative that may make you have temporary breathing or heart problems. Serious problems are rare as you are carefully monitored during the investigation.

Some of these complications may need further treatment, or even an operation. In extremely rare cases, the procedure can lead to death. Current evidence suggests that this may happen in around one out of every 10,000 procedures.

INFORMATION FOR INPATIENT COLONOSCOPY

What is the aim of this leaflet?

This leaflet gives you information about how a colonoscopy is carried out, and explains the benefits and risks of having the investigation. It aims to help you make an informed choice about having a colonoscopy.

What is a colonoscopy?

A colonoscopy is an examination of the lining of the bowel wall. A thin flexible tube called a colonoscope is passed into your rectum (back passage) and guided around your large bowel after your bowel has been cleaned out with a bowel preparation. At the end of the colonoscope there is a small camera with a light attached which allows the specialist to see the inside of your bowel on a TV screen.

Why have I been offered a colonoscopy?

You have been offered a colonoscopy as your clinical presentation is suggestive of possibility abnormality in the bowel. The main aims of colonoscopy are to detect possible cancer or bowel polyps and to identify bowel inflammation,

What are the benefits of having a colonoscopy carried out?

This procedure allows the doctor to see the colon directly and also to do some procedures which includes taking small tissue samples from the bowel. A colonoscopy is the most effective way to diagnose bowel cancer. A colonoscopy can also detect bowel polyps. Polyps are clumps of cells. They are not cancer, but can sometimes change into cancer over a number of years. Polyps can usually be removed during the colonoscopy, reducing your risk of developing bowel cancer in the future.

What do I have to do before the colonoscopy investigation?

Before a colonoscopy, you will have to completely empty your bowel to allow the specialist to see the lining of your bowel clearly. You will receive a list of dietary restrictions and a bowel preparation medicine (a strong laxative) before the colonoscopy. You should take the strong laxative the day before the colonoscopy as instructed and it will cause diarrhoea. After taking the laxative, it is wise to stay close to a toilet and avoid travelling or going to work.

It is important that you follow the instructions very carefully to fully empty your bowel.

Otherwise the specialist may not be able to clearly see your bowel lining during the colonoscopy and you will need to have the test again. You will also need to arrange for someone to take you home after your colonoscopy, as you will be given a sedative and may be drowsy.

What should I expect?

On arrival at the Endoscopy Unit, a nurse will then take you to the changing rooms where you will be asked to put on a hospital gown. (Please bring your own dressing gown and slippers).

If you have any questions or worries at this point having read this information sheet, please do not be afraid to raise them. **Please tell the doctor or nurse if you have had any other endoscopy examinations or any allergies or bad reactions to medication.**

Before the test a small needle will be inserted into the back of your hand to enable us to give you sedation and painkillers. You will be made as comfortable as possible on a trolley, lying on your left side with your knees bent up. After sedation, the tube will be gently inserted into your back passage. When the colonoscopy is carried out, some air is pumped into your bowel to allow the specialist to see the lining of your bowel wall clearly. This may give you a bloating or cramping feeling in your abdomen. You may get the sensation of wanting to go to the toilet, but as your bowel is empty there is no danger of this happening.