



Colonic dilatation

This leaflet tells you about having a dilatation (widening) of the colon or rectum (large bowel). It explains what is involved and what the possible risks are. If you have any questions or concerns, please do not hesitate to speak to a doctor or nurse caring for you in the Endoscopy Unit.

What is a colonic dilatation?

When there is a narrowing in the colon or rectum it may be difficult to pass bowel motions and may cause pain, bloating and vomiting. Your doctor has advised that you may need a dilatation of the narrowing in your colon or rectum (back passage). This will be carried out during an investigation called a sigmoidoscopy or colonoscopy. Please read the sigmoidoscopy or colonoscopy leaflet we have also given you.

Dilatation of the colon or rectum can be an uncomfortable procedure, sometimes painful, and is normally performed with sedation and pain relief or entonox (gas and air) to make it more comfortable for you.

What happens during a colonic dilatation?

A colonic dilatation is a procedure to widen a narrowing in your large bowel using a special catheter (long, thin tube) with a balloon attached. The balloon is passed through the endoscope (colonoscope) into the bowel to the narrowed part of the large bowel and the balloon is inflated to stretch the area.

How can a colonic dilatation help me?

Dilatation should stretch the narrowing of your large bowel, making it easier for you to pass bowel motions (have a poo). More than one dilatations may be needed over several appointments, depending on how much stretching your large bowel needs.

Are there any risks in having this procedure?

Serious risks and complications of having a colorectal dilatation are very rare. However, as with any procedure, some risks or complications may occur (1 or 2 in every 100 cases overall).

There is a small risk of a perforation (tear) of your large bowel (around 1 in 300 cases). Small perforations can heal with fasting and antibiotics. Larger tears may require an operation to repair them.

A small amount of bleeding may occur, but more significant bleeding is very rare. Infection or fever may occur.

Some colonic dilatations may be done under X-ray guidance. The endoscopist (doctor) performing the procedure will discuss the risk factors relevant to your condition with you before starting and will be happy to answer any questions you may have.

If you are pregnant, or think you may be pregnant, you must tell the X-ray staff so that appropriate protection or advice can be given.

Are there any alternatives?

The main alternative to colorectal dilatation is surgery to remove the narrowing part of the bowel. Colorectal dilatation is less invasive than surgery and is the preferred option for treating a benign (non-cancerous) narrowing of the large bowel.

What do I need to do to prepare for the procedure?

If you are taking any medication containing iron, such as ferrous sulphate or multi-vitamins containing iron, **please stop these 7 days before your procedure.**

Anticoagulants and Antiplatelet (blood thinning medication):

- If you are taking Aspirin you may continue.
- If you are taking Dipyridamole, **please stop 7 days prior to procedure.**
- If you take Clopidogrel, Presugel or Ticagrelor and **do not have any stents in your heart, please stop 7 days before the procedure.**
- If you have coronary artery stents, or are unsure, please **do not stop** taking your anticoagulant. Please call the Endoscopy Unit nursing team Monday to Friday on 0778 322 7458 for advice.
- If you are taking Rivaroxaban, Dabigatran, Apixaban or Edoxaban, **please stop these medications at least 3 days before the procedure.** If you have any kidney problems or unsure, please call the Endoscopy nursing team on 0118 322 7459 or 5249.
- If you are taking Warfarin, please call the Endoscopy nursing team on 0118 322 7459 or 0118 322 5249 as these may need to be paused temporarily before the examination.

When telephoning the unit, please have to hand, the procedure you are having, the name of blood thinning medication you take, why you take it and the best contact number to reach you. Please be aware that calls from the hospital will be shown as withheld, so please ensure that the number you give to us, will receive our calls.

All other routine medication can be taken as normal.

You can go home the same day after your colorectal dilatation. You will need to arrange for a responsible adult to take you home and to stay with you overnight.

You must stop solid food for 6 hours before the procedure. You can drink sips of water up to 2 hours before your procedure.

If you have diabetes, please phone the Endoscopy Unit for specific advice on 0118 322 7459/ 5249 or read the Trust leaflet called 'Advice for people with diabetes undergoing a gastroscopy and/or colonoscopy'.

On admission you will be informed of the approximate time of your procedure. However, this may change due to unforeseen circumstances.

You will be given an enema immediately prior to the procedure to clear your lower bowel. Before the procedure you will be asked to change into a hospital gown.

The procedure

When it is time for the procedure, you will be taken into the procedure room where the staff will introduce themselves and a safety checklist will be performed:

- The endoscopist is a doctor specially trained to perform the colorectal dilatation.
- Radiographers are trained health professionals who move and control the radiographic equipment (X-ray etc.) during the procedure.
- A nurse will check your details. If you are allergic to anything (such as medicine, skin cleansing preparations, latex, plasters), please tell the nurse.
- The endoscopist will explain what will happen, answering any questions you may have.
- A cannula (needle) will be inserted into a vein in your hand or arm for the sedative and painkillers. You will be drowsy and relaxed not unconscious during the procedure.
- The nursing staff will attach a pulse oximeter on your finger to monitor your heart rate and breathing. A cuff will be placed on your arm to monitor your blood pressure and you will be given oxygen via a tube under your nose.

When you are comfortable, a colonoscope (camera) will be passed into the bowel via your bottom and advanced to the narrowed area. A wire is then passed through the colonoscope and across the narrowed area. A thin balloon is then passed over the wire and through the narrowed part of your bowel. The balloon is inflated to stretch the narrowing. In some cases, the procedure is carried out under X-ray guidance.

If you are finding the procedure more uncomfortable than you would like, please let the nurse know and you may be given more medication to make you feel comfortable.

Every patient is different but the procedure usually takes between 30 and 60 minutes to complete.

What happens when the procedure is finished?

You will be taken to the recovery room or your ward, where you will need to rest for at least four hours. You will have your pulse, blood pressure and, if necessary, your temperature taken to ensure there have been no complications.

You can eat or drink one hour after the procedure or until the nurse or endoscopist is happy with your recovery. If you are comfortable and there are no obvious complications, you will first be given fluids and then allowed to eat and drink normally again.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Endoscopy Unit on: 0118 322 7459 or 0118 322 5249.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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