

Colonoscopy for bowel cancer screening

This booklet tells you about having a colonoscopy. 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.

Please bring this booklet with you.

Introduction

- You have been advised by your Screening Centre to have a procedure known as a colonoscopy.
- This leaflet aims to give you enough information to enable you to make an informed decision before agreeing to the investigation.
- If you are unable to keep your appointment please inform us 0118 322 7346 as this will enable the staff to give your appointment to someone else and they will be able to arrange another date and time for you.
- There is limited free drop off / collection parking and two disabled spaces outside the Endoscopy Unit. Public parking can be found in the main multi-storey car park on levels 0, 1, 2 and 3. Payment is 'on exit' with pay point machines on level 0 and 2.
- Please note that there is no access to the Endoscopy Unit through the main hospital, the entrance is in Craven Road. The Unit is situated at the top of Craven Road, past the main entrance and maternity block.
- At West Berkshire Community Hospital (WBCH): Pay and Display car parking is available at the hospital, as well as designated spaces for disabled parking, motor cycles and bicycles. There is also a drop-off point and a taxi rank near the main entrance.
- Please arrive at the time stated in our letter so you can be assessed by the nurse and if necessary have a blood test taken pre-procedure.
- Please note your appointment time is your arrival time on the Unit, not the time of your test. Your test will happen sometime later and although there may be other patients in the Unit who will arrive after you but are taken in for their test before you, this is for medical reasons or because they are seeing a different endoscopist (doctor).

For our information: collection details

Please write your relative's or friend's name and telephone number below:

Name: _____

Telephone number: _____

What is a colonoscopy?

This is an examination of the lining of your bowel, also called the large intestine or colon. This is done using a colonoscope, which is a flexible tube about the thickness of a (little) finger. Within each endoscope, there are illuminating channels that allow light to be directed onto the lining of your bowel and relays pictures back to a monitor. It is passed through the anus (back passage) and carefully moved around the large bowel. This will be performed by or under the supervision of a trained endoscopist, and helps the endoscopist to determine whether or not disease is present. This procedure is normally performed with sedation or an injection of painkillers but you can choose not to have sedation if you wish. This is medication to make you relaxed and sometimes sleepy but does not put you to sleep. Entonox gas is usually offered as well as an alternative painkiller. The nurses will explain this to you in more detail.

This examination is a very accurate way of looking at the lining of your large bowel (colon) to check whether there is any disease present. This examination also allows us to take tissue samples (biopsy) for assessment by the pathology department.

Why do I need to have a colonoscopy?

You have been advised to undergo an examination of your large bowel following the Faecal Immunochemical Test (also known as F.I.T. test) or as part of a surveillance programme. A colonoscopy is used to investigate a variety of symptoms:

- Haemorrhoids (piles)
- Persistent diarrhoea
- Pain in the lower abdomen
- Change in bowel habit
- Bleeding from the back passage
- Polyps
- Follow-up inspection of previous disease such as Crohn's or colitis
- Assessing an abnormality seen on an X-ray/ scan
- A strong family history of bowel cancer

Is there an alternative test to a colonoscopy?

Colonoscopy is not always appropriate or possible for some people with certain health problems. Computed tomographic colonography (CTC, sometimes called "virtual colonoscopy") is an alternative test to a colonoscopy. This is a way of checking your bowel for polyps or cancer without putting a colonoscope inside your bowel. However, polyps and tissue samples cannot be taken during a CTC. If we find any polyps during a CTC, we will talk to you about the possible benefits and risks of having another appointment to have them removed.

Having the polyps removed is not an option for some people, as the risks of the procedure for them would outweigh the benefits.

Preparing for the colonoscopy

- It is essential that you follow the bowel preparation instructions to make sure the endoscopist has a clear view of your colon, it must be completely empty. The bowel laxative should be started the day before the procedure.
- If you have not received the bowel preparation pack in the post, please ring the Bowel Cancer Screening office on 0118 322 7346.
- It is also important to increase your intake of clear fluids on the day before your procedure. You may drink water up to 2 hours before your procedure. The list of clear fluids is given on the special diet and bowel preparation instructions.
- We advise that you wear loose fitting clothing, as this should be more comfortable for you during and after the procedure. Please bring a dressing gown and slippers if you can.
- You will also receive a separate leaflet explaining how to prepare for your colonoscopy with a restricted diet and bowel preparation instructions.

What about my medication?

Routine medication

- If you are taking **iron** (ferrous sulphate), **stop this 7 days before the procedure**.
- If you are taking **stool bulking agents** (e.g. Fibogel, Regulan, Proctofibe), Loperamide (Imodium), Lomotil or Codeine Phosphate, **you must stop these 5 days before your appointment**.
- **All your other routine medication should be taken as normal**. Ideally, take medications one hour before you start taking the laxative or start again after your procedure.
- If you are taking the contraceptive pill, please be aware that laxatives prevent the absorption of the pill and you will need to use other forms of contraception.

Anticoagulants and Antiplatelet (drugs that affect the blood):

- If you take Aspirin or Dipyridamole, please continue.
- If you take anticoagulants, such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole and **have not received instructions to stop these** or if you have any kidney problems or are unsure, **please call the Bowel Cancer Screening office 7 days before your colonoscopy** on 0118 322 7346, Monday to Friday, from 8am-4pm. **When telephoning the office, 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 withheld, so please ensure that the number you give to us, will receive our calls.**
- **If you have diabetes**, please read the section called 'Advice for people with diabetes undergoing a colonoscopy' at the end of this booklet.

How long will I be in the Endoscopy Unit?

This largely depends on how quickly you recover from the sedation and how busy the unit is. You should expect to be in the unit for approximately 3 to 5 hours.

What happens when I arrive?

- On arrival, please go to the main desk where the receptionist will check your personal details.
- You will be greeted by a nurse and escorted to the assessment area. Here we will ask you some questions about your medical history and have your pulse and blood pressure taken.
- The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have.
- You will be asked to sign an electronic or paper consent form.
- We will ask you to undress and put on a hospital gown, dignity shorts, your dressing gown and slippers.
- **Please note your appointment time is your arrival time on the unit, not the time of your test. Your test will happen sometime later. There may be other patients in the Unit who may arrive after you, but are taken in for their test before you. This is for medical reasons or they are seeing a different endoscopist.**
- **If you decide to have sedation, you should not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure, you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi. If you are having sedation and you do not have anyone to accompany you home, your procedure will be cancelled.**

Intravenous sedation

- The sedation and a pain relief will be given via a vein in your hand or arm. This will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation. This means that, although drowsy, you will still hear what is said to you so will be able to follow simple instructions during the investigation. Sedation sometimes has an amnesic effect – this means you may not remember the procedure.
- While you are sedated, we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason, you will be connected by a finger probe to a pulse oximeter, which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded at intervals.
- **Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure and you will need someone to accompany you home.**

Entonox

- Entonox is a medicinal gas mixture used to relieve pain and discomfort during the procedure.
- Please inform the nurse when you are being admitted for an endoscopic procedure if you are taking any of the following medications:
 - Methotrexate for treating arthritis, Inflammatory Bowel Disease or cancer. Methotrexate can affect your blood cell count.
 - Medicines to treat anxiety or help you sleep, such as diazepam or lorazepam. These medications may increase the effect of Entonox.

- If you have had any of the following experiences, please tell us before using Entonox:
 - Collapsed lung.
 - Decompression sickness or recent deep diving (within past 48 hours).
 - Lung disease or any breathing difficulties.
 - Injuries to face and jaw.
 - Head injuries.
 - Recent eye or ear surgery (not cataract surgery).
 - Known or suspected increased pressure on the brain.

How is Entonox used?

- In the Endoscopy Unit, Entonox is given to you by the medical team looking after you during the procedure. The team will ensure that Entonox is suitable and safe for you to use. You will be given a mouthpiece that is connected to the demand valve system, which only delivers Entonox to you as you breathe in.
- Entonox will begin to take effect immediately when you start to breathe in the gas. The effects of Entonox will quickly wear off once you stop breathing the gas. You will be able to control how much Entonox you use, depending on the amount of pain that you experience.

Entonox and driving/using machinery

- If you have Entonox only (and not sedation as well), it is important you feel capable of driving before considering whether to do so. **You must wait at least 30 minutes after using Entonox before driving or using any machinery.**
- The nurse discharging you from the Endoscopy Unit will advise you on safety to drive.

Possible side effects

Entonox may cause side effects, although not everybody will get them.

Common side effects that may occur:

- Dizziness.
- Light-headedness.
- Sickness.
- Tingling.
- Disorientation.

Less common side effects that may occur if you use Entonox are:

- Problems with the ear to increased pressure inside the ear.
- Tiredness.
- Bowel enlargement due to trapped gas.

Rare side effects that may occur if you use Entonox are:

- Interference with the way your body uses Vitamin B12, may affect your blood cell count.
- Effects on nerve function including sensations of numbness and weakness.
- Difficulty when breathing.

The procedure

- You will be escorted into the procedure room, where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.
- The nurse looking after you will ask you to lie on your left side. They will then place the oxygen monitoring probe on your finger.
- The sedative drugs will be administered into a cannula (tube) in your vein.
- The colonoscopy involves manoeuvring the colonoscope around the entire length of your large bowel. There are some bends in the bowel and negotiating these may cause discomfort for a short period of time but the sedation and analgesia will minimise any discomfort.
- Carbon dioxide is gently passed into the bowel to ease the passage of the colonoscope.

Biopsy

During the procedure, samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained. This procedure is painless and you will probably not be aware of it being done. The results of the biopsies will have to be sent away so their results will not be available straight away. Any photographs will be recorded in your notes.

Polyps

A polyp is a protrusion (lump) from the lining of the bowel. Some polyps are attached to the bowel wall by a stalk, and look like a mushroom; whereas, others are flat without a stalk. Polyps when found are generally removed or sampled by the endoscopist as they may grow and later cause problems. Flat polyps are generally a little more difficult to remove.

- A polyp may be removed (a polypectomy) in one of two ways, both use an electrical current known as diathermy.
- For large polyps, a snare (wire loop) is placed around the polyp, a high frequency current is then applied and the polyp is removed.
- Flat polyps (without any stalk) can be removed by a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.
- For smaller polyps, biopsy forceps (cupped forceps) are used.
- When having a careful look through the bowel there are certain folds where small polyps might hide. Therefore, there is a small chance that we might miss any potential polyps.

What are the risks of the procedure?

A colonoscopy is classified as an invasive procedure and it has complications. These complications are very rare, but it is important that we tell you about them so you can consider this information before you make your decision about consenting to treatment. The risks are associated with the colonoscopy itself and with administration of the sedation.

Risks of the endoscopic examination:

The main risks of any endoscopic procedure are of mechanical damage, such as:

- **Perforation** (risk approximately 1 for every 1,700 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the tear. The risk of perforation is higher with polyp removal. **There is an increased risk of bleeding or perforation if you are flying within two weeks of polyp removal. If you have any flights planned for this time, please inform the Specialist Screening Practitioner, the nurse or the doctor.**
- **Bleeding** may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations if this is performed). Typically minor bleeding may stop on its own or, if it does not, it can be controlled by cauterisation (sealed by heat) or injection treatment. There is a 1 in 2,400 chance a transfusion may be required after a heavy bleed.
- The chance of **missing a cancer or a polyp** is 3 in 100.

Risks of sedation:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly. Very occasionally, some patients become restless and agitated; in these instances we may need to stop the procedure.
- Older patients and those who have significant pre-existing health problems, for example, people with significant breathing difficulties due to a breathing condition, may be assessed by a doctor before being treated.

After the procedure

- You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded and if you have diabetes, your blood glucose will be monitored. If you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can give you additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30-60 minutes), you will be offered a snack and moved into a comfortable chair.
- Before you leave the unit, the Specialist Screening Practitioner, the nurse or doctor will explain the findings and any medication or further investigations required. You will also receive a written report and aftercare advice.
- If you have had sedation you may feel fully alert following the investigation; however, the drug remains in your blood system for about 24 hours and you can intermittently feel drowsy with lapses of memory.
- **If you decide to have sedation, you are not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours. Following the procedure, you must have someone to accompany you home and stay with you for up to 8 hours. You are not allowed home alone in a taxi.**
- If the person collecting you leaves the department, the nursing staff can telephone them when you are ready to go home.
- You may return to work the next day if you feel well enough.

- The Specialist Screening Practitioner will offer to call you the day after your colonoscopy to check how you are recovering from the procedure.

Side effects to look out for

- If you experience any of the following problems, please contact your GP immediately, informing them you have had a colonoscopy:
 - Severe abdominal pain (not cramp caused by wind)
 - A sudden passing of a large amount of bleeding from your back passage (more than half a cupful). A very small amount of blood – take no action.
 - A firm and swollen abdomen
 - High temperature or feeling feverish
 - Vomiting
- If you are unable to contact or speak to your own doctor, contact the Bowel Cancer Screening Office (Mon-Fri 8 am – 4 pm) on 0118 322 7346.
- You can also ring your GP's out of hour's number or ring NHS 111 and they can advise if you need to seek immediate medical care or not.
- Alternatively, for out of office hours and weekends, ring Sidmouth Ward on 0118 322 7468, as per the advice leaflet you will be given upon discharge.

Summary of important information

- Colonoscopy is a safe procedure and a very good way to investigate your symptoms. Risks and complications are rare and the benefits outweigh the risks. However, it is your decision whether you wish to go ahead with the procedure or not and you are free to change your mind at any time.
- It is everyone's aim for you to be seen as soon as possible. However, the unit can be busy and your investigation may be delayed. If emergencies occur, these patients will obviously be given priority over the less urgent cases.
- Please do not bring valuables to the hospital. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.
- If you are unable to keep your appointment, please notify us as soon as possible on 0118 322 7346.

Contacting us

If you have any questions or need any advice, please do not hesitate to contact the Bowel Cancer Screening Office on 0118 322 7346. If you are deaf or have a speech / hearing impairment, you can e-mail us at: rbb-tr.berkshire.bowelscreening@nhs.net

Royal Berks Charity Gastroenterology Support Fund U200

The Gastroenterology Support Fund was set up with the purpose of providing gastrointestinal services that may not otherwise be available through NHS resources. The Gastroenterology Department carries out many hundreds of complex diagnostic test procedures each year and is one of the most technically advanced departments in the UK. Nevertheless, much of the equipment and some of the staffing are funded through non-NHS money raised by donations and charitable resources. In Endoscopy, this funding supports specialist nurse training. In order to expand these facilities and to remain up to date with the technological advances that are continually occurring, further are greatly needed and appreciated.



Donate today to the Royal Berks Charity Gastroenterology Support Fund and help make a difference.

Checklist

Things to remember before your procedure

- Read the booklet carefully.
- If you would like any of this information translated into another language or in large print format, or if you need an interpreter at your appointment, please let us know.
- Note appointment date in your diary.
- Wear loose fitting clothing and bring dressing gown and slippers, if possible.
- Follow the bowel preparation instructions and if you have not received the preparation please ring the Bowel Cancer Screening office on 0118 322 7346.
- Drink plenty of fluids.
- If you are having sedation, you **MUST** have someone to take you home and have arranged to be supervised for 8 hours once home or your procedure will be cancelled. You will not be allowed home alone in a taxi.
- Bring your medications or repeat prescription with you.
- If you are or taking Warfarin please ring the Bowel Cancer Screening office 7 days before your test on 0118 322 7346. For all other anticoagulants and antiplatelet medications, follow the advice given in the booklet.
- Bring this booklet and consent form with you to the Endoscopy Unit.

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

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

Bowel Cancer Screening, January 2023

Next review due: January 2025

Compassionate

Aspirational

Resourceful

Excellent

Advice for people with diabetes undergoing a colonoscopy

The day before the procedure:

- **If not on insulin:**

- Leave out all tablets and GLP-1 agonist (*Exenatide, Liraglutide, Lixisenatide, Bydureon: dulaglutide*)

- **If on insulin:**

- Reduce the dose of long / intermediate acting insulin by 20% (divide by 5) (*Lantus, Levemir, Degludec, Humulin I, Insulatard*)
- Reduce the dose of rapid acting insulin by 50% (half) (*Humalog, Novorapid, Apidra, Humulin S, Actrapid*)
- Reduce the dose of mixed insulin by 50% (half) (*Novomix 30, Humalog 25, Humulin M3*)

On the day of the procedure:

- **If not on insulin:**

- Omit (leave out) morning dose of all tablets

- **If on insulin:**

- Reduce dose of morning long acting/ intermediate dose by 20% (*Lantus, Levemir, Degludec, Humulin I, Insulatard*)
- Reduce the dose of your morning pre-mixed dose by half (*Novomix 30, Humalog 25, Humulin M3*)
- Omit (leave out) your rapid acting insulin until you're able to eat. (*Humalog, Novorapid, Apidra, Humulin S, Actrapid*)

Remember, you are allowed clear sugary drinks if your blood glucose levels are low i.e. below 5 mmol/L.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin):

Please discuss what to do before your procedure with a member of the Diabetes Specialist Team. As a general rule, use a temporary basal rate reduction of 10% (divide by 10) from 6.00am on the morning of the test.

Remember to monitor your blood glucose levels every four hours if you are on insulin. If your blood glucose level falls below 4mmol/L, take 4-5 glucose tablets or 150mls of a glucose drink. Remember to inform a member of staff in the Endoscopy Unit if your blood glucose level is low.

Paper consent form to be used when electronic consent not available

Patient details



Consent form

Patient agreement to endoscopic investigation or treatment

Name of procedure(s) *(include a brief explanation if the medical term is not clear)*

Colonoscopy.

Inspection of the lower gastrointestinal tract with a flexible endoscope (with or without biopsy, photography, removal or polyps, injection treatment).

Biopsy samples will be retained.

Statement of patient

You have the right to change your mind at any time, including after you have signed this form.

I have read and understood the information in the attached booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I would like to have: sedation

no sedation, Entonox

please tick box

Signed

Date

Name (print in capitals)

If you would like to ask further questions please do not sign the form now. Bring it with you and you can sign it after you have talked to the healthcare professional

Confirmation of consent *(to be completed by a health professional when the patient is admitted for the procedure).*

I have confirmed that the patient/parent understands what the procedure involves including the benefits and any risks.

I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.

Signed

Date

Name (print in capitals)

Job title

If your patient requires further information please complete last page



Patient details

Consent form

Patient agreement to endoscopic investigation or treatment

Statement of health professional *(to be filled in by a health professional with appropriate knowledge of proposed procedure, as specified in the consent policy)*

In response to a request for further information I have explained the procedure to the patient. In particular, I have explained:

The intended benefits

1. To diagnose and treat a possible cause of your symptoms.
2. To review the findings of any previous endoscopy.

Serious or frequently occurring risks

Endoscopy risks: Perforation, bleeding.

Sedation risks: Adverse reaction to sedation agents.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any extra procedures which may become necessary and any particular concerns of those involved.

Signed

Date

Name (print in capitals)

Job title

Statement of interpreter *(where appropriate)*

I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe she/he/they can understand.

Signed

Date

Name (print in capitals)