

Colonoscopy explained: Performed at the Royal Berkshire Hospital and West Berkshire Community Hospital

Information and consent form

Please bring this booklet with you

Introduction

- You have been advised by your GP or hospital doctor to have a procedure known as a colonoscopy.
- This is an investigation of your large bowel (colon).
- This booklet has been written to enable you to make an informed decision regarding investigation.
- The consent form in the back of this booklet is a legal document; please read it carefully. Once you have read and understood all the information including the possibility of complications and you agree to undergo the investigation, please sign and date the consent form which is attached at back.
- If there is anything you do not understand or wish to discuss further but still wish to attend, please bring the unsigned form with you and you can sign it after you have spoken to a health care professional about your concerns.
- If you are unable to keep your appointment please call 0118 322 7459 and our staff will give your appointment to someone else. They will also be able to arrange another date and time for you.
- Any patients who fail to attend their appointment will not automatically be offered another appointment.
- 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 building of Royal Berkshire Hospital (RBH), the entrance of Endoscopy 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, with parking for 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 procedure. This will happen sometime later and although there may be other patients in the unit who will arrive after you but are taken in before you, this is for medical reasons or because they are seeing a different endoscopist.

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?

The procedure is called a colonoscopy. This is an examination of your large bowel (colon). It will be performed by or under the supervision of a trained endoscopist, who will endeavour to make the procedure as comfortable as possible for you.

There are two options that we can offer to help you with this procedure:

1. Intravenous sedation: a combination of intravenous sedation and analgesia (pain relief).
2. Entonox: a medicinal gas mixture

Some patients prefer not to have any medication at all or pain relief.

Why do I need to have a colonoscopy?

You have been advised to undergo this examination of your large bowel to identify the cause of your symptoms to help with treatment, and if necessary, to decide on further investigation.

A colonoscopy is used to investigate a variety of symptoms:

- Haemorrhoids (piles)
- Bleeding from the back passage
- Persistent diarrhoea
- Polyps
- Abdominal pain
- Follow-up inspection of previous disease
- Change in bowel habit
- Assessing the clinical importance of an abnormality seen on an X-ray

Is there an alternative procedure to colonoscopy?

A barium enema examination is the main alternative procedure to colonoscopy. It has the disadvantage that samples of the bowel cannot be taken during the procedure if an abnormality is found. If this is the case a subsequent endoscopic examination may be required.

What is a colonoscopy?

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

The instrument used in this procedure is called a colonoscope and is flexible. Within each scope there are illumination channels which enable light to be directed onto the lining of your bowel and which relay pictures back onto a monitor. This enables the endoscopist to determine whether or not disease or inflammation is present.

How do I prepare for the procedure?

- 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.
- It is essential that you follow the bowel preparation instructions in order. These are included and the bowel laxative should be started the day before the procedure.
- If you have not received the bowel preparation, please ring the booking office on 0118 322 7459.
- 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.
- Please avoid eating seeds (muesli and seeded bread) for a few days before your procedure, sesame seeds, cereals, high fibre and nuts should be stopped at least 5 days before your appointment.

If you are given sedation, you will not be permitted to drive home or use public transport alone so you must arrange for a family member or friend to collect you from the unit and stay with you for at least 8 hours. The nurse will need to be given their telephone number so that she/he can contact them when you are ready for discharge.

What about my medication?

Routine medication

- If you are taking iron (ferrous sulphate), this medication should be stopped 7 days before the procedure.
- If you are taking stool bulking agents (e.g. Fybogel, 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.
- If you are taking the contraceptive pill be aware that the laxatives given to clear the colon prevents the absorption of the pill and you will need to use other forms of contraception.

Diabetics

If you have diabetes please read the advice at the back of this booklet.

Anticoagulants and Antiplatelet (drugs that affect the blood)

Please telephone the Endoscopy Unit on 0118 322 7458/5249 if you are taking anticoagulants such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.

Blood thinning tablets may have to be stopped for a period of time before a colonoscopy due to the risk of bleeding.

Your visit

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 3-5 hours. The unit also looks after emergencies and these can take priority over our outpatient lists.

What happens when I arrive?

On arrival, please report 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 you will be asked a number of 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 undress and put on a hospital gown, your dressing-gown and slippers.

Intravenous sedation

The sedation and a pain relief will be administered into a vein in your hand or arm, which will make you lightly drowsy and relaxed but not unconscious, this means that, although drowsy, you will still hear what is said to you and therefore 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, if you decide to have sedation you must not drive, this includes riding a motorcycle or bicycle, 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 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, then your procedure will be cancelled.

You must not work at heights (including climbing ladders).

You must not operate machinery or electrical items (including a cooker or kettle).

What is Entonox and what is it used for?

Entonox is a medicinal gas mixture and is used to relieve pain and discomfort during the colonoscopy procedure.

Please inform the nurse when you are being admitted for an endoscopic procedure if you are taking any of the following medications:

- You are taking Methotrexate for treating arthritis, IBD or cancer. Taking Entonox with Methotrexate can affect your blood cell count.
- You are taking medicines to treat anxiety or help you sleep, such as Diazepam or Lorazepam. These drugs 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.
- Severely bloated stomach.
- 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. The mouthpiece 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.

Driving and using machines

If you have Entonox on its own for pain relief it is important that you feel capable before considering whether to drive. You must wait at least 30 minutes after use before driving or using any machines.

The nurse that will be discharging you from the Endoscopy Unit will advise you whether it is safe for you 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, which may affect your blood cell count.
- Effects on nerve function including sensations of numbness and weakness.
- Difficulty when breathing.

What happens during the examination

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.

If you are being sedated, the nurse will administer oxygen via two very small tubes inserted into your nostrils.

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 be uncomfortable for a short period of time but the sedation and analgesia will minimise any discomfort.

Gas is gently passed into the bowel during the investigation to ease the passage of the colonoscope.

During the procedure, samples may be taken from the lining of your bowel for analysis in our laboratories. These will be retained. Any photography will be recorded in your notes.

Risks

Colonoscopy is classified as an invasive procedure because it has complications. These are very rare, but it is important that we tell you about them so you can consider this information to make your decision about consenting to treatment.

The doctor who has requested the procedure will have considered whether the risks outweigh the benefits of having the procedure carried out.

The risks can be associated with the colonoscopy itself and with administration of the sedation.

Risks of the endoscopic procedure

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

- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.
- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations when this is performed). Typically minor, such bleeding may stop on its own or if it does not, can be controlled by cauterization (sealed by heat) or injection treatment.

Risks of sedation

Sedation can occasionally cause problems with breathing, heart rate or blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by the 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 health problems (for example, people with significant breathing difficulties due to respiratory disease) may be assessed by a doctor before having the procedure.

What is a polyp?

A polyp is a protrusion (lump) from the lining of the bowel. Some polyps are attached to the intestinal 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.

Polyp removal (polypectomy)

A polyp may be removed in one of three ways:

- For large polyps a wire loop snare is placed around the polyp. A high frequency current is then passed through the wire, which heats and removes the polyp.
- 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. These hold the polyp while the wire loop snare is used to remove the polyp.

When having a careful look through the bowel, there are certain folds where small polyps might hide. Due to this, there is a small chance that we might miss any potential polyps: this risk is 1 in 5 polyps that are less than 1cm in size.

After the procedure

- You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate will be recorded. Should you have underlying breathing difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing. Once you have recovered from the initial effects of the sedation (which normally take 30-60 minutes), you will be moved to a comfortable chair and offered a hot drink and biscuits.
- Before you leave the unit, the nurse or endoscopist will discuss the findings and any medication or further investigations required. She or he will also inform you if you require further appointments.
- The sedation may temporarily affect your memory, so we recommend you have a member of your family or friend with you when you are given the results, although there will be a short written report given to you.
- Because you have had sedation, the drug remains in your blood system for about 24 hours and you may feel drowsy later on, with intermittent lapses of memory.
- Please note due to the 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 you are having sedation and you do not have anyone to accompany you home, then your procedure will be cancelled.
- The nursing staff will phone the person collecting you when you are ready to go home.

- You may return to work the next day if you feel well enough.

Side effects

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 (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 Endoscopy Unit during office hours (9.00am to 6.00pm) on telephone number 0118 322 7458.
- You can also ring your GP's out of hour's number or ring NHS 111 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 7469, 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 7459.

Checklist

Things to remember before your procedure

- Q Read the booklet carefully.
- Q If you would like any of this information translated into another language or in large print format or you need an interpreter at your appointment, please let us know.
- Q Note appointment date in your diary.
- Q Wear loose fitting clothing.
- Q Bring a dressing gown and slippers if you can.
- Q Follow the bowel preparation. If you have not received your bowel preparation, please contact the Endoscopy Department.
- Q Drink plenty of fluids.
- Q If you are having sedation, you **MUST** have someone to take you home and have made arrangements to be supervised for 8 hours once home, or your procedure will be cancelled.
- Q Bring your medications with you.
- Q Please telephone the Endoscopy Unit, at least 7 days before your procedure, on 0118 322 7458/5249 if you are taking Anticoagulants and Antiplatelets (Drugs that affect the blood) such as Warfarin, Clopidogrel, Dabigatran, Rivaroxaban, Apixaban, Edoxaban, Prasugrel, Ticagrelor and Dipyridamole.
- Q Bring this booklet and consent form with you to the Endoscopy Unit.

Dietary instructions for colonoscopy preparation

Fluids allowed

Twenty-four hours before your examination you should take clear fluids only (no food).

Clear fluids include:

Tea (no milk), black coffee, water, strained fruit juice, strained tomato juice, fruit squash, soda water, tonic water, lemonade, Oxo, Bovril, Marmite (mixed into weak drinks with hot water), clear soups and broths, consommé. You may eat clear jellies. You may suck clear boiled sweets and clear mints. You may add sugar or glucose to your drinks.

Fluids not allowed

Drinks or soups thickened with flour or other thickening agents.

Advice for people with diabetes undergoing a lower endoscopy

Before your lower endoscopy you will be given instructions for preparing the bowel. Remember, you are allowed clear fluid which include sugary drinks (see list above).

If your diabetes is treated with tablets:

Do not take your diabetes tablets on the day of the test. Take your next dose of tablets when you are allowed to eat again.

If your diabetes is treated with a combination of insulin and tablets such as Metformin follow advice for tablets as before and insulin in following paragraph on insulin.

If your diabetes is treated with injections of either Exenatide (Byetta), Liraglutide (Victoza), Lixisenatide (Lyxumia) or Bydureon: dulaglutide **do not take the injection 24 hours prior to the examination**. Resume once you are eating normally again.

If your diabetes is treated with insulin:

During the period of bowel preparation when you are having low residue / low fibre diet **take two-thirds of your regular insulin** whatever your insulin regime.

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

During the 24 hours before your examination you will be taking clear fluids only. Stop fluid intake two hours before the procedure.

For once daily insulin only e.g. Lantus (Glargine), abasaglar, Levermir (Determir), Tresiba (Degludec), Toujeo (New insulin glargine), Insuman Basal, or Insulatard and Humulin I: if your insulin is due on the morning of the test **take two-thirds of your insulin dose**. Take the normal dose the following morning after your test and once you are eating.

For twice daily long acting or intermediate acting insulin such as Lantus (Glargine), Levemir, Insulatard, Humulin I or Insuman Basal: **take two-thirds of your normal dose in the morning**. Take the normal dose after the test when it is next due once you resume your normal diet.

For twice daily mixture insulin e.g. Humulin M3, Humalog mix 25, Humalog Mix 50, Novomix 30, Insuman Comb 15, Insuman Comb 25, Insuman Comb 50: **take one-third of the normal dose in the morning**. Resume your regular dose in the evening once you are eating normally.

For four or more injections a day: omit the quick acting insulin (Novorapid, Humalog, Apidra, Humalog 200(new), Humulin S, Actrapid or Hypurine neutral, Insuman Rapid) **while you are on clear fluids only. Take two-thirds of the long acting insulin in the morning** if it is due and resume the normal evening dose as soon you are able to have a meal after your procedure.

For people with Type 1 diabetes who normally take long acting insulin at night: take 20% less of the regular dose the night before the examination.

For people with Type 1 diabetes on Insulin Pump therapy (Continuous Subcutaneous Insulin): This can be discussed with a member of the Diabetes Specialist Team, but as a general rule **use a temporary basal rate reduction of 10% from 06.00 on the morning of the test.**

Remember to monitor blood glucose levels four hourly 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.

This booklet has been reproduced from information from the British Society of Gastroenterology.

This document can be made available in other languages and formats upon request.

P2P3594COLEX
Endoscopy Unit
Royal Berkshire NHS Foundation Trust, May 2019
Review due: May 2021

Gastroenterology Support Fund

The Gastroenterology Support Fund has been set up with the purpose of providing equipment to carry out gastrointestinal investigation and treatment which 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 donations are greatly needed and appreciated.

How to donate

You can donate to the Gastroenterology Support Fund U200 in a number of ways (please ensure you quote the fund code U200 when making a donation):

- Cheques: Please make your cheques payable to the 'Royal Berks Charity Gastro Fund U200' and post to:

Royal Berks Charity
South Block Annexe
Royal Berkshire Hospital
London Road
Reading RG1 5AN

Please include your address details so we can acknowledge receipt of your donation and, if applicable, we can send you a Gift Aid form to further boost your donation if you are a UK taxpayer.

- Cash: If you wish to donate by cash, please bring your donation directly to the Charity Office or leave with Main Reception along with your contact details. The Charity Office is located upstairs in South Block Annexe.

For safety reasons, please do not send cash in the post.

- Credit and debit card: We accept donations through all major credit and debit cards. Please call us on 0118 322 8860 and quote Gastroenterology Support Fund U200.
- Online: To donate please visit www.royalberkshirecharity.co.uk and click on the 'Donate' button. In the message box please quote Gastroenterology Support Fund U200.

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)