

My Planned Care Patient Information Platform

Gastroenterology – Colonoscopy

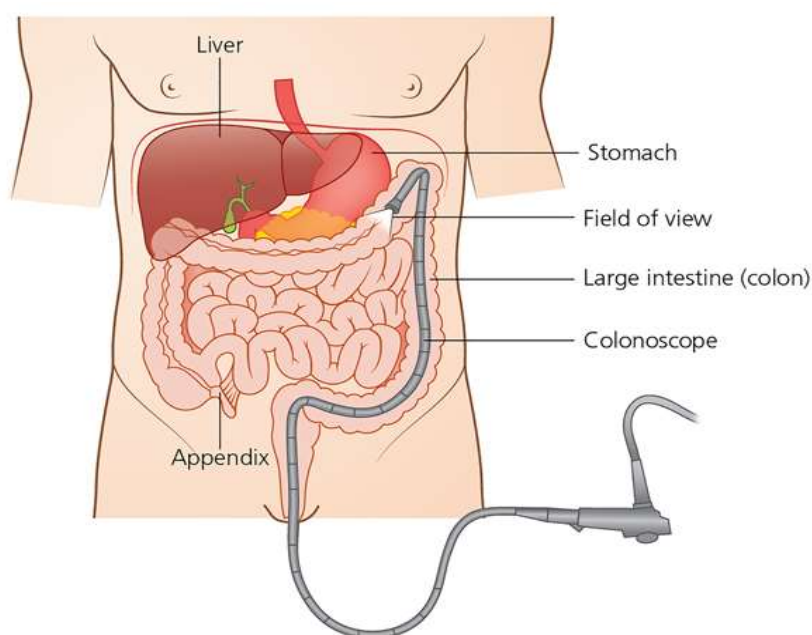
Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you can support yourself while waiting to attend the hospital.

What is a Colonoscopy?

A colonoscopy is a painless procedure that uses a camera to examine the lining of your whole large bowel (colon). It is performed using an instrument called a colonoscope, which is a long, thin, flexible tube with a light and a camera at one end. The colonoscope is passed through the rectum to your colon and the camera sends images of the inside of your bowel to a television screen.

During the investigation, the specialist endoscopist may need to take small samples of tissues cells called biopsies, from the lining of your large bowel for further analysis. Photographs may also be taken for your medical records.





Why do I need a colonoscopy of the colon?

Your GP (General Practitioner) may refer you for a colonoscopy if you are experiencing certain symptoms. The aim is to try and find the cause of your symptoms, help with treatment and, if necessary, to decide on further investigations.

You may need a colonoscopy for any of the reasons or if you have any of the following unexplained symptoms listed below:

A strong family history of bowel cancer	Bleeding from the back passage	To find the cause of anaemia	Abdominal pain
To review a known bowel condition (e.g., inflammatory bowel disease, colonic polyps)			
A change in your usual bowel habit to constipation or diarrhoea			
To assess or treat an abnormality seen on other tests such as barium enema or CT scan		As part of the national bowel cancer screening programme	

A colonoscopy is usually carried out in hospital.

What are the benefits?

The main benefit of getting a colonoscopy is that it **helps detect early signs of cancer** (precancerous polyps—abnormal growths in the colon or rectum), which can then be removed before they turn into cancer.

Are there any alternative treatments?

- **Endoscopy:** An endoscopy is a painless procedure that uses a camera to examine the large bowel (colon). A long, thin tube with a small camera inside, called an endoscope, is passed through the mouth and throat into the oesophagus.
- **A sigmoidoscopy:** This is similar to a colonoscopy but only looks at the lower part of the bowel. If your doctor or nurse cannot diagnose your symptoms after this test, you may still need a colonoscopy.
- **Faecal occult blood test (FOB)(Your GP may also refer to this as a FIT Test):** This tests for hidden blood in your stool, but you may still need a colonoscopy if this test is positive.





What happens before the Colonoscopy?

What tests will the GP do?

If your GP suspects that you may have a bowel problem, they will refer you for a **Faecal occult blood test (FOB) or FIT Test**. This tests for hidden blood in your stool and if this is positive (shows blood in your stool), your GP will refer you to hospital for a colonoscopy.

You will then get a hospital appointment for an outpatient clinic where a specialist will undertake the colonoscopy.

It is important that your GP sends in ALL diagnostic test results that have been performed in primary care or other health centres. This will ensure that your referral is managed appropriately and in a timely manner.

Preparing for a colonoscopy

- Blood tests are sometimes required – your GP will advise you and arrange these for you prior to your hospital procedure.

It is important that your GP sends in ALL diagnostic test results that have been performed in primary care or other health centres. This will ensure that your referral is managed appropriately and in a timely manner.

- Medications can be given by vein if needed
- Please arrange for a ride home. You may feel drowsy after the procedure due to medications
- Some medications may need to be temporarily stopped, please confirm with your GP. However, if you are taking any regular medication for stomach, bowel, heart, lung, kidney or other medical conditions, please continue these as normal, you may take your medications with a glass of water on the day of your examination. If you normally take any iron tablets, stop taking them 7 days prior to your procedure.
- If you are taking iron tablets, then stop these 7 days before the procedure.





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- To allow a thorough examination and get good views of your colon, it is essential that the colon is empty.
 - You will need to eat a restricted diet for 2 days before your appointment and take a laxative (bowel prep) to clear out the bowel.
 - Therefore, no food or drink is allowed for six hours before the procedure.
- For 2 days before a colonoscopy, you should only eat plain foods such as:

plain chicken not in a sauce	White rice, pasta or bread	clear soup
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- The day before your colonoscopy you will need to take the bowel preparation (strong sachets of laxatives) according to the detailed instructions provided. You will find the necessary information on your letter from the hospital.
 - Most people:
 - need to drink a few sachets
 - need to drink the sachets at different points throughout the day
 - get diarrhoea a few hours after taking the first sachet

Stay at home and be near a toilet after you have started drinking the laxatives.

An empty stomach also allows for the best view and safest exam. **If you feel that the bowel preparation has not worked, please inform the nurse so that additional preparation may be given if necessary.**

What can I expect during a colonoscopy?

Your doctor will administer a local anaesthetic or give you a sedative to help you relax. You will then lie on your side, and a doctor will pass the colonoscope through your rectum and various part of your colon.

You may experience some discomfort during the procedure, and it may be necessary to change position or for gentle pressure to be applied to your abdomen to allow the procedure to be completed more comfortably. The colonoscope does not interfere with your breathing. Most patients consider the test only slightly uncomfortable, and many patients fall asleep during the procedure.





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It is important that you are comfortable during the procedure to ensure that the endoscopist can perform the procedure successfully. Some people opt to have a sedative to make them drowsy and relaxed for the procedure. Alternatively, you could have gas during the procedure which will help to ease any pain or discomfort and has a calming effect.

This means you will still be awake but will be drowsy and have reduced awareness about what is happening. We know some people can feel anxious or worried when they are told they need a colonoscopy, but it is important to have this test if you are referred.

Bowel Cancer UK have launched a Colonoscopy Confidence campaign to explain what colonoscopy is. Visit [Going for a colonoscopy | Bowel Cancer UK](#) to view their **Colonoscopy Confidence resources**.

It should take 30 to 45 minutes to have your colonoscopy. However, you might be at the hospital for around 2 hours from getting there to going home.

What happens after a colonoscopy?

You will be observed closely until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel temporarily bloated due to the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

Your doctor generally can tell you your test results on the day of the procedure; however, the results of some tests might take several days.

What are the risks of having a colonoscopy?

Bleeding:

Bleeding complications after an colonoscopy is increased if the procedure involves removing a piece of tissue for testing (biopsy) or treating a digestive system problem

Perforation:

This is a tear through the wall of the bowel that may allow leakage of intestinal fluids.

Nausea, vomiting, bloating or rectal irritation caused by the procedure or by the preparatory bowel cleansing process.





Guidance for patients whilst waiting for a colonoscopy

While you are waiting for your colonoscopy, ensure you maintain a healthy diet, reduce alcohol and consider stopping smoking. Try and avoid being too constipated by taking laxatives regularly if needed. This will also help to ensure that your bowel is fully emptied when you take the bowel preparation before the procedure.

Avoid any food that make your bowel symptoms worse. If you are being investigated for diarrhoea, ensure that you are drinking plenty of fluids to remain hydrated. Once your colonoscopy is scheduled, the hospital will send you detailed instructions about how to prepare your bowel for a colonoscopy after you have had any necessary blood tests.

It is extremely important that your bowel is completely empty before a colonoscopy to allow adequate inspection of the lining of your colon.

Reducing the risk of infection

You can reduce your risk of infection by following the post procure hospital advice provided the hospital. You should allow yourself at least 24 hours to rest and recover following your colonoscopy before undertaking any strenuous exercises or activities.

General health and wellbeing information

If you are waiting for a repair of an abdominal wall hernia, it is highly recommended to keep a healthy weight. This would improve your surgery outcome and improve your recovery.

For more general health advice or guidance on how you can support yourself while waiting to attend the hospital for your treatment, please refer to the “General Health Advice” document on Trust’s section of My Planned Care website:

[Surrey and Sussex Healthcare NHS Trust – My Planned Care NHS](#)

What should I do if my health is deteriorating?

If your condition worsens or you have a hernia and develop or experience any of the symptoms listed below; you should go to your nearest A&E straight away:

Sudden, severe pain	Vomiting
Difficulty passing stools or wind	Excessive or continuous diarrhoea





Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

Cancelling your appointment or surgery

We understand that some patients may choose to have their appointment and treatment elsewhere, and we advocate patient choice on where you access treatment. However, we do ask that if you no longer require an appointment with us, you notify us at the soonest possible opportunity so that we can remove you from the waiting list. This can be done via telephone or online. **To change or cancel your surgery admission date, please telephone the contact number on your admission letter between 09:00 -16:00 hours Monday to Friday.**

Contact Us:

To change or cancel your routine outpatient appointments or for further information, please refer to the contact details below:

Call:	Email:	Website:
Surrey & Sussex Healthcare NHS Trust ☎ 01737 231958	sash.pals@nhs.net For My Planned Care enquiries	Surreyandsussex.nhs.uk

