
Having a colonoscopy

Endoscopy Suite

Patient Information



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Introduction

Your doctor has recommended that you have a colonoscopy to examine your colon. The colonoscopy is a procedure which may be used to help make a diagnosis or to see if treatment is working. If you prefer not to have this procedure, we advise you to discuss this with your doctor. There are other ways of examining your colon, such as a CT scan, but these may not provide the same information.

This leaflet describes the examination and explains what you can expect. If you have any questions or concerns after reading this leaflet, please contact us (details on page 8).

Please talk to us about any worries and ask any questions you may have. If you would like to change your appointment time or date, please contact the unit as soon as possible.

Your procedure time in Endoscopy can vary, as some procedures may take longer than expected and emergency procedures will take priority.

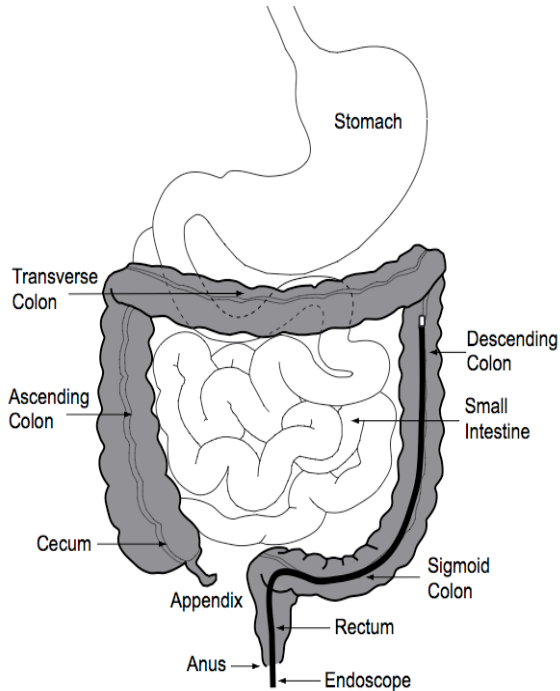
What is a colonoscopy?

A colonoscopy is a procedure which allows the doctor to look directly at the lining of your large bowel (colon). A long flexible tube, about the thickness of your index finger, with a bright light at its tip (colonoscope) is carefully passed through the anus to the caecum and the end of your small intestine – see diagram on page 2.

A digital video camera on the colonoscope (tube) transmits pictures of the inside of your colon to a monitor, so that the doctor can look for any abnormalities. The doctor may take a biopsy (sample) of the lining of the colon, which is a painless procedure. Afterwards, the sample can be looked at under a microscope.

It is also possible to remove polyps during the colonoscopy procedure. Polyps are abnormal growths of tissue, which can

sometimes bleed or become cancerous. If polyps are removed, they will be sent for further tests.



What preparation will I need for my colonoscopy?

Your bowel must be completely empty of waste material (faeces) for the doctor to be able to see clearly, otherwise, the procedure may have to be repeated, at a later date. It is important that you follow the dietary and medication instructions provided in The Royal Marsden leaflet, *Bowel preparation for colonoscopy*.

Day of colonoscopy

Unless you are told otherwise, you can continue to drink clear fluids up to **three hours** before your appointment at the hospital.

What should I bring?

If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material. Please do not bring any valuables with you.

When you arrive

When you arrive at The Royal Marsden, please report to Endoscopy Reception (ground floor Granard House Wing, Chelsea). If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street.

Your escort/relative can wait in the reception area or have refreshments from the 'Grab and Go' café located by the Wallace Wing entrance.

During your admission to the endoscopy unit, a nurse will ask you several questions about your health and what medication you are taking. The nurse will also take your observations including blood pressure and pulse and will ask you to change into a gown.

The doctor and anaesthetist will see you before the procedure. This is an opportunity for you to ask questions and to talk about your procedure before you sign the consent form. It is important that you understand what is going to happen.

Your colonoscopy procedure

Your colonoscopy will be carried out in the endoscopy procedure room. You will lie on a trolley, on your left side. A nurse will stay with you throughout the procedure, explaining what is happening, monitoring your blood pressure and pulse, checking your level of comfort and assisting the doctor. During the procedure, you will be given oxygen through nasal prongs that fit just inside your nostrils. The procedure may feel unpleasant and can be uncomfortable. We will offer you a sedative or Entonox (a mixture of gas and air), which is given through a face mask. It will make you feel more relaxed and the procedure will be more comfortable for you.

Alternatively, if you prefer, you can have a sedative which is given through a small needle placed in a vein on the back of your hand. This is not a general anaesthetic but will make you feel relaxed. Some patients sleep but you can watch the procedure on the monitor/screen if you wish. We may also give you some pain relief during the procedure.

The doctor will carefully pass the colonoscope through your anus into your rectum and further into your colon. You may experience some abdominal cramping and pressure from the air which is introduced into your colon at the same time, to help the doctor get a clearer view of your bowel. This feeling is normal and will pass quickly. You may feel like you want to go to the toilet, but as the bowel is empty, this will not happen.

You may also need to pass wind and although this may be embarrassing for you, our staff understand what is causing this to happen.

We will try to keep you as comfortable as possible. During the procedure, we may ask you to change your position and the nurse will assist you. At various times during your procedure, the nurse may need to press on your abdomen for a few moments. This is to help the colonoscope pass around awkward bends in your bowel. The nurse will inform you before doing this.

The doctor may take tissue samples (biopsies), photographs or a video of your bowel, even if it all looks normal. This procedure can take up to one hour. At the end of the procedure, the air that was introduced, will be sucked out.

What are the benefits and risks?

The procedure will help us to investigate your symptoms and it may allow us to give you treatment if necessary. Colonoscopy is generally safe, but like all procedures, it has some risks. You should discuss these risks with your doctor.

These are the more common risks:

- Wind and discomfort.
- There is a small risk of tearing the bowel (perforation) during the colonoscopy. The risk of this is about one in 1000 procedures. If you should develop a perforation, you will need to have an operation to repair it. The doctor will arrange for you to have the surgery, usually on the same day.
- If a polyp is removed, this increases the risk of developing a perforation to about one in 500 procedures (twice as likely), though the risk is greater with certain types of polyp.
- Bleeding can happen and is usually controlled during the procedure. The need for surgery is uncommon.
- Bleeding after removal of a polyp is rare, though it can happen at any time up to two weeks after the procedure.

What happens afterwards?

- If you have had intravenous sedation (IV drip) you will need to rest in the recovery area until you are fully awake (usually one hour). Your blood pressure and pulse will be monitored. An adult must be available to escort you home, as sedation slows down your reflexes and affects your judgement.
- If you have used Entonox, you should be able to leave after 30 minutes as its sedative effects wear off quickly.
- If you have not had sedation, you can leave as soon as you feel ready, after your paperwork is completed.
- You may eat and drink as normal. The nurse will give you a drink and a sandwich following the procedure.

When will I know the results?

In many cases, your doctor will be able to tell you the results of the procedure as soon as you are awake. If you have had sedation, it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation can make you forget what has been discussed.

We will give you a copy of your colonoscopy report before you leave the endoscopy suite, and another copy will be sent to your GP or specialist who referred you. However, if a biopsy was taken for examination under the microscope, these results may take five days to process. A copy of the biopsy results will be sent to your GP or specialist who referred you.

In some cases, the doctor will ask you to return for another endoscopy procedure a few weeks later. An appointment for your next colonoscopy will be made and given to you before you leave the endoscopy suite.

You may need to be monitored (surveillance) either in one, three or five years time. We will contact you eight weeks before you are due to have your colonoscopy procedure to offer you an appointment.

All appointments for surveillance procedures are made after being reviewed, following national guidelines. The national guidelines are reviewed regularly and recommendations for surveillance can change; we will inform you of any changes to your appointment approximately eight weeks beforehand.

Going home after your colonoscopy

If you have had sedation it is essential for an escort to accompany you home and stay with you for at least six hours.

Please note: your procedure will be cancelled if you do not have an escort as we cannot arrange for an escort to take you home.

Sedation causes drowsiness, and even if you feel that you are wide awake, your reactions could still be affected. You may find it difficult to concentrate on what you are doing and you may forget things that you have been told.

For at least 24 hours after your procedure, we advise you not to:

- drive or ride a bicycle
- operate machinery
- look after young children alone
- take sedatives

- drink alcohol
- sign legal papers.

We will give you some written information to remind you of this before you leave the endoscopy suite.

Your medication

We will talk to you about your medication before you go home. It may change, or stay the same, but we will discuss it with you after the procedure.

How you may feel after your colonoscopy

You may feel bloated if some air remains in your bowel. This should pass naturally. In order to relieve this feeling of discomfort, it helps to walk around. Warm drinks and peppermints may also help you to pass wind. If you are feeling pain, you may find it helpful to take a painkiller, such as paracetamol.

Complications

You should seek medical help immediately if you develop any of the following symptoms:

- Severe abdominal pain
- Worsening abdominal swelling
- Shortness of breath
- Chest or shoulder pain
- Profuse bleeding from your bottom or black tarry motions (faeces)
- Fever (above 38°C) and/or chills.

Contact details in an emergency

Telephone your GP surgery or out of hours service (your GP 24 hours number), or else phone or go to your nearest A&E (Accident and Emergency) and then inform the Endoscopy Department at The Royal Marsden.

The Endoscopy Unit **020 7811 8328** or **020 7811 8320**
(8am – 5pm, Monday to Friday)

Outside of working hours, you can call the main switchboard number on **020 7352 8171** and ask to speak to the Clinical Site Practitioner at Chelsea.

Contact details (routine)

For routine advice, please contact the Endoscopy Unit between 8am and 5pm (Monday to Friday):

Telephone: **020 7811 8328** or **020 7811 8320**

If we are unable to take your call, please leave a message. Answerphone messages will be collected twice daily, Monday to Friday and a member of the Endoscopy Unit will return your call.

The Royal Marsden Macmillan Hotline: 020 8915 6899

You can ring the Hotline 24 hours a day, 7 days a week.

Call us straight away if you are feeling unwell or are worried about the side effects of cancer treatments.

This service provides specialist advice and support to all Royal Marsden patients, as well as to their carers, and both hospital and community-based doctors and nurses caring for Royal Marsden patients.

For further information, please visit The Royal Marsden website:
www.royalmarsden.nhs.uk/your-care/support-services/royal-marsden-macmillan-hotline

Sources of information and support

For further information about colonoscopy or if you would like to see a video of a colonoscopy procedure, please see the NHS website:

www.nhs.uk/conditions/colonoscopy/

If you would like this information leaflet in a different format, please contact the Patient Advice and Liaison Service on **0800 783 7176** or talk to the clinical staff responsible for your care.

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

Notes and questions

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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