

You have been advised to have colonoscopy to help find the cause of your symptoms. This leaflet has been prepared from talking to patients who have had the test. It may not answer all your questions so if you have any worries please do not hesitate to ask. The staff who are doing the test will be available to answer any queries. Not every hospital does things in exactly the same way.

## What is a colonoscopy?

Colonoscopy is a test which allows the doctor to look directly at the lining of the large bowel (the colon). In order to do the test, a colonoscope is carefully passed through the anus into the large bowel. The colonoscope is a long flexible tube, about the thickness of your index finger, with a bright light at the end. Looking down the tube, the doctor usually gets a clear view of the lining of the bowel and can check whether or not any disease is present.

Sometimes the doctor takes a biopsy - a sample of the lining for examination in the laboratory. A small piece of tissue is removed painlessly through the colonoscope, using tiny forceps. It is also possible to remove polyps during the colonoscopy. Polyps are abnormal projections of tissue, rather like warts, which the doctor will want to examine in more detail.

## What should I expect?

**The preparation:** To allow a clear view, the colon

must be completely empty of waste material. If it is not, certain areas may be obscured and the tests may have to be repeated. The hospital where you are having the test will give you detailed instructions about cleaning the colon. Soreness around the anus will be reduced if you apply some barrier cream such as Vaseline before taking any laxative the doctor may prescribe.

When you come to the department, a doctor will explain the test to you and will usually ask you to sign a consent form. This is to ensure that you understand the test and implications. Please tell the nurse or doctor if you have any allergies or bad reactions to drugs or other tests.

They will also want to know about any previous endoscopies you may have had. If you have any worries or questions at this stage, don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries. You will be asked to take off your trousers or skirt and put on a hospital gown. You may also be asked to remove any jewellery or metal objects in case a special piece of equipment called a diathermy is used.

**You must call at Pharmacy Department, Mon - Fri between 8.30am and 5.00pm to collect bowel cleansing product.** This should be done as soon as possible, as it has to be made up two days before admission and taken the day before admission.

Stop Iron tablets, codeine phosphate, Lomotil and Imodium tablets if you are taking any of these **one week** before the test. Stop Plavix and aspirin 5 days before the test. Do not stop any other medicines or tablets. For 3 days before the test avoid fruit, vegetables, salads, porridge, bran and brown bread.

During the test, in the examination room you will be comfortable on a couch, resting on your left side, with knee slightly bent. A nurse will stay with you throughout the test. The doctor may give you a sedative injection to make you sleepy and relaxed. When the tube has been gently inserted through the anus into the large bowel, air will be passed through it to distend the colon and give a clearer view of the lining. This may give you some wind-like pains but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty there is no danger of this happening. You may pass some wind but, although this can be embarrassing, please remember that the staff do understand what is causing this. It usually takes up to thirty minutes for the colon to be examined, but the test sometimes lasts longer. X-ray equipment may be used. When the examination is finished, the tube is removed quickly and easily.

## After the test

You will be left to rest in the unit for at least thirty minutes. You may feel a little bloated with wind pains but they usually settle quite quickly.

## Going home

When you are going home after the test, it is essential that someone comes to pick you up. Once home, it is important to rest quietly for the remainder of the day.

Sedation lasts longer than you think so you should not:

- Drive a car
- Operate machinery
- Drink alcohol.

The effects of the test and injection should have worn off by the next day when most patients are able to resume normal activities.

## When do I know the result?

In many cases the doctor will be able to tell you the results of the test as soon as you awake. However, if a sample (biopsy) has been taken or polyps have been removed for examination, the results may take several days.

It is a good idea to have someone with you when you speak to the doctor after the test. Because of the sedation, many people find they forget everything that has been said to them.

Details of the results and any necessary treatment should be discussed with your general practitioner or hospital specialist - whoever recommended you to have the test.



### Special situations

- 1) Diabetic on Insulin. Your procedure will be performed in the morning if possible. **Do not take** your insulin in the morning on the day of the procedure and take only half your normal dose the previous evening. Please contact your GP if you have any queries.
- 2) Medications. If you are on medications for epilepsy, high blood pressure etc., please take these medications in the morning as usual.
- 3) Iron (Galfer etc.) preparations should be stopped 7 days before procedure.
- 4) Please inform the Appointments Secretary a few days before the procedure if you are pregnant or on blood thinning tablets (Warfarin) or if you have an artificial heart valve.

### Consent form

This is a sample of the consent form you will be asked to sign on the day of your procedure

#### WARNING

All endoscopic procedures carry a small risk of damage to the lining of the large bowel, which may need to be repaired by means of surgical operation. The risk of perforation or bleeding is increased if it is necessary to treat polyps with hot biopsy forceps or a polypectomy snare.

#### ENDOSCOPY CONSENT FORM:

I.....  
 of.....  
 .....  
 hereby consent (or hereby consent to the submission of my child/ward)  
 .....  
 to undergo endoscopy, the nature and purpose of which have been explained to me by  
 Dr .....

I have understood the information that has been given/told to me about the procedure. I have been given the opportunity to ask questions. I also give consent for any necessary biopsies, photographs or x-rays to be taken.

Date: .....

Signed:.....  
(Patient)

I confirm that I have explained to the patient, the nature and purpose of the endoscopic procedure.

Date: .....

Signed:.....  
(Medical Practitioner)

email: [info@northerntrust.hscni.net](mailto:info@northerntrust.hscni.net)

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## Colonoscopy

### A guide to the test

