

West Hertfordshire Teaching Hospitals NHS Trust

Bowel Cancer Screening Centre

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NHS Trust



A guide to...

Having a Colonoscopy with the Bowel Cancer Screening Programme

Patient Information

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals.nhs.uk



Large
Print



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It is recommended that you do not travel abroad within two weeks of your procedure for safety reasons. This could invalidate your travel insurance. Please call us if you would like to discuss.

When will I get the results of the procedure?

If there is anything significant found the doctor will discuss this with you after your test. If samples are taken they are sent to the lab for testing. The Specialist nurse will call you within 10 days with the results and explain any follow up needed.

Are there any risks?

Standard colonoscopy

In one in every 2,000 cases a small hole in the colon can be caused (perforation) or bleeding can occur after a biopsy.

Colonoscopy with polyp removal

A bleed might occur in one out of every 150 cases and one in every 500 cases a perforation may occur.

Colonoscopy with endoscopic mucosal resection (large polyp removal)

A bleed will occur in 1 in 20 patients and a perforation in 1 in 150 patients.

If a complication does occur, observation in hospital is necessary and surgery may be needed. Very rarely a bleed can start any time up to two weeks after the test, please contact us if this occurs.

What is a Colonoscopy?

Colonoscopy is an investigation that allows us to look directly at your large bowel. A flexible tube with a tiny camera inside is inserted into your bottom and passed around your bowel. By this means we will be able to look for any abnormalities that may be present. If necessary, small tissue samples (biopsy) can be taken during the examination for laboratory analysis. Polyps, which are abnormal growths of tissue from the lining of the bowel wall, can also be removed.

Although a colonoscopy is a very sensitive test, no procedure is 100% accurate and there is a small chance that abnormalities can be missed, this may occur two times in every 100 cases.

Preparation

To allow a clear view, the colon must be completely free of waste material. You will be issued with a laxative solution to drink the day before your examination. It is very important that you follow the instructions on the bowel preparation and low fibre diet leaflets issued to you.

The specialist nurse will give you advice if you are taking any of the following:

- Iron tablets (to be stopped five days prior to procedure)
- Blood thinning tablets
- Diabetes medication

Please take all other medication as you would usually and keep well hydrated.

What will happen?

When you arrive the nurse will explain the procedure and answer any questions you may have. Please note the arrival time is not the time you will have the procedure. You will be asked to sign a consent form, giving us your permission to have the procedure performed. A cannula will be inserted to allow administration of intravenous medications.

You will be taken into the investigation room where some safety questions will be asked. You will then be asked to lie on your left hand side in a comfortable position on the trolley. The endoscopist will check your back passage with a gloved finger and then the endoscope will be inserted.

You may experience some abdominal cramping and pressure from the carbon dioxide that is introduced into your bowel throughout the procedure. This is quite normal and the gas is absorbed very quickly reducing discomfort. You may also get the sensation of wanting to go to the toilet, but as the bowel is already empty there is little risk of this happening. During the procedure you may be asked to move into different positions i.e. lie on your back or right side.

Two kinds of sedation are available

- Conscious sedation with pain relief: This is not intended to make you go to sleep like an anaesthetic but will help you feel more relaxed and reduce pain. Midazolam and Fentanyl are given through a small cannula placed in your arm.
- Gas and air: This is a gas (Entonox) that you breathe in through a mouthpiece. It works well to relax you and reduce discomfort when you need it. It is out of your system much more quickly meaning your recovery will be faster.

What happens if I decide not to have a colonoscopy?

We will not be able to confirm the cause of the abnormal test kit and there may be an abnormality that needs urgent treatment. If you decide not to have a colonoscopy you should consider this carefully and discuss it with your specialist nurse. Please also discuss your decision with your GP.

If it is decided that you are not well enough to have the procedure, please be aware of any symptoms and report them to your GP.

Who can I contact if I have any questions?

Please do not hesitate to telephone the Bowel Cancer Screening Department:

Tel: 01442 287691 (Monday to Friday, 8.00am – 6.00pm).

Complications

If you experience significant bleeding, severe abdominal pain or a change in vision after your procedure please call 01442 287691 during working hours and ask to speak with the bowel cancer screening nurse. If the bleeding is severe, do not delay. Please attend Watford General Hospital, Accident and Emergency Department and take a copy of your Endoscopy report with you. Do not drive. Call an ambulance if necessary.

If you choose conscious sedation

It is essential that you arrange for a responsible person to escort you home after the test. Failure to make these arrangements may result in the investigation being cancelled.

Because of the lingering effects of the drugs used it is important that;

- **for 24 hours you do not drive , return to work, operate machinery, sign any legal documents or drink alcohol.**
- **for 12 hours after you are discharged home you must have someone with you.**

If you chose gas and air

You can drive home and do not need anyone to stay with you. You will be able to return to your normal activities.