

Having a Colonoscopy

If you have any questions prior to your procedure please ring 0207-460-5605

Before you arrive

If you are taking Iron Tablets – you need to stop these for 10 days before the procedure

If you are taking any blood thinning tablets (clopidogrel, warfarin) please consult your doctor or ring the Endoscopy department for advice

If you are diabetic please let us know.

It is essential that you follow the bowel preparation and eating and drinking instructions your Consultant will give you.

Unless you have been advised otherwise you should take your usual medicines normally (with a few sips of water)

Consent

The Consultant must by law obtain your consent to treatment beforehand. He will explain all the risks involved, benefits and alternatives before asking you to sign a consent form.

What is a Colonoscopy?

A colonoscopy is a procedure that allows the Consultant to look inside the large bowel (rectum and colon). It's done using a narrow, flexible, telescopic camera called a colonoscope. Your Consultant will pass the colonoscope into your bowel through your back passage (rectum).

Colonoscopy can help to find out what is causing symptoms such as:

Bleeding from your rectum, anaemia, persistent diarrhoea or a change in your bowel habit,

It's also used to check for certain bowel conditions such as:

Inflammation (ulcerative colitis or Crohn's disease), early signs of bowel cancer, polyps

If necessary, biopsies (small samples of tissue) may be taken during the examination and sent to the laboratory for further investigation.

During the procedure, your Consultant may also remove any polyps (small growths of tissue) found on your bowel wall.

What are the alternatives to a Colonoscopy?

A colonoscopy is the most sensitive test for detecting polyps. However, depending on your symptoms, it may be possible to diagnose your bowel condition using a different imaging test.

One alternative to colonoscopy is a barium enema X-ray. However, unlike colonoscopy, polyps can't be removed during the test. It also cannot detect tiny areas where there is bleeding, which may lead to anaemia.

CT (computed tomography) scans can sometimes provide the same information as a barium enema. Both a barium enema and a CT scan require the same preparation as a colonoscopy.

Preparing for your Colonoscopy

Colonoscopy is usually done as a day case so you will not need to stay overnight in the hospital. However because you will receive sedative drugs during the procedure, you need to arrange for someone to collect you and take you home afterwards.

For the procedure, your bowel will need to be completely empty so that your Consultant can see the bowel wall clearly. It's important that you follow the instructions on the bowel preparation and diet sheet that you have been given.

Please read the bowel preparation information leaflet a few days before your appointment. You should contact us for advice if you have any of the conditions described in the leaflet, as we may need to prescribe a different laxative for you to take.

Before going into the examination room you will be asked to change into a hospital gown. You will have to take off all your jewellery, so it's a good idea to leave it at home

About your procedure

Your Consultant will discuss the procedure in detail with you and you'll be asked to sign a consent form. This is to make sure that you understand the risks and benefits of having the test.

In the examination room, you will be asked to lie on your left side, with your knees slightly bent. You'll be connected to a monitor, which will record your blood pressure and pulse throughout the procedure. Oxygen will be given to you through your nose and a small sensor will be placed on your finger to monitor this.

The nurse or Consultant will insert a small plastic tube (cannula) into a vein on the back of your hand. The sedative will be given through this and you should start to feel relaxed and drowsy almost immediately.

The Consultant will gently insert the colonoscope into your rectum and up into the large bowel (colon). During the procedure you may be asked to change your position – for example turning from your side onto your back. This helps your Consultant examine different areas of the bowel more easily.

If necessary, your Consultant will take a biopsy (a small sample of tissue) or remove small polyps. This is done using special instruments passed inside the colonoscope and is quick and painless, although you may feel a slight pinch. The samples will be sent to a laboratory for testing to determine the type of cells and if they are benign or malignant (cancerous).

The procedure itself usually takes between 20 and 40 minutes, after this you may spend up to an hour in the recovery bay. Before you go home you will be offered refreshments.

After your procedure

After the procedure you will rest for about an hour.

As you will have had sedation during the test, a relative or friend must accompany you home. You'll need to organise to go by car with someone else driving, as you shouldn't use public transport. You'll also need to arrange for someone to stay with you overnight. Please make sure that you will have access to a telephone when you return home. If you haven't been able to make these arrangements, you should speak to the Endoscopy unit nursing staff.

Getting your results

In many cases, the results are available immediately after the examination. However, biopsy results may take five to seven days. You can talk to your Consultant about the results and any necessary treatment at your next appointment.

Are there any risk associated with a Colonoscopy?

For most people a colonoscopy is a straightforward procedure, but in rare cases there may be complications. These can include the following:

Not being able to see all of the bowel. This can sometimes happen if your bowel is not completely empty or the colonoscope could not reach the end of your large bowel (you may be asked to have another colonoscopy or a barium enema).

Heavy bleeding that needs further investigation or medical advice. Polyps or tissue samples that are removed during a colonoscopy may cause heavy bleeding. It is estimated that this could happen in around one in every 150 colonoscopies.

A perforated bowel. The colonoscope can cause a hole (perforation) in the wall of your bowel. The chances of this happening are about one in 1,500. If this happens, you may need an operation.

Some of these complications may need further treatment, or even an operation.

Contact

If you have any questions or need further information, please contact the

Endoscopy unit:

Tel: 020 7460 5605

The unit is open from 8.00am to 6.00pm, Monday to Friday.

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