Colonoscopy with Extended Bowel Preparation

Name: ________________________________

Who to contact and how: ________________________________

Notes: ____________________________________________

____________________________________

Diana, Princess of Wales
Scartho Road
Grimsby
DN33 2BA
03033 306999
www.nlgnhs.uk

Scunthorpe General Hospital
Cliff Gardens
Scunthorpe
DN15 7BH
03033 306999
www.nlgnhs.uk

Goole & District Hospital
Woodland Avenue
Goole
DN14 6RX
03033 306999
www.nlgnhs.uk

For more information about our Trust and the services we provide please visit our website: www.nlgnhs.uk
What is a Colonoscopy?

A colonoscopy is a test that allows the doctor to look directly at the lining of the large bowel (also called the colon or large intestine), from the rectum (back passage) through the large bowel to the lower end of the small bowel (also called the small intestine).

During the procedure a thin flexible ‘fibre-optic’ tube called a colonoscope is passed through the anus (opening to the back passage) into the large bowel. The end of the colonoscope contains a light and conveys images to a viewing screen allowing the doctor a clear view of the bowel lining. As well as looking at the lining, biopsies (small pieces of tissue samples- for examination under microscope) can be taken and polyps (small protruding growths) can be removed.

The test is usually carried out to investigate bowel symptoms such as bleeding from the anus, changes in bowel movements, abdominal pain or abnormalities revealed by other investigations, such as barium enema.
Preparing Yourself for the Procedure

Why do you need to prepare for a colonoscopy?

A colonoscopy is required to look at the lining of your bowel. For the procedure to be successful your bowel needs to be empty, this is so that the doctor or specialist nurse can pass the endoscope and see the lining of your bowel clearly. To achieve this you will need to alter your diet and take specific preparations before the procedure.

What is Extended Bowel Preparation

Extended bowel preparation requires a longer period of bowel preparation. You have been asked to take extended bowel preparation to help improve the success of your colonoscopy. This may be because you have had previous procedures where the bowel preparation has not been successful in completely cleansing the bowel or because you suffer from conditions such as chronic constipation which may mean that your bowel will require the longer preparation to clear the bowel completely.

Please make sure you follow these instructions carefully. If your bowel is not cleared, it will not be possible to see your entire bowel adequately and the preparation and colonoscopy may have to be repeated.

Seven Days Prior to the Procedure

Medication:

• If taking iron tablets stop these until after the procedure
• If you are a diabetic on tablets or insulin or if you take any medication to thin your blood know as anticoagulants or antiplatelets such as aspirin, warfarin, clopidegrel, rivoraxaban or apixiban please contact the endoscopy unit so that we can discuss these with you
• Oral contraceptives may be flushed out during the process of taking preparation. Therefore additional precautions must be used whilst taking the preparation and for the 7 days post procedure

Food and Drink

You should aim to drink 2 litres (6-8 glasses) of clear fluid per day, this can include water / flavoured water, black tea or coffee, fruit squash (not juice or blackcurrant squash) or herbal fruit teas.

Low Residue Diet

This is a type of diet that is easier for your gut to digest, and helps to prepare your bowel for the procedure. You should start this diet 7 days before your colonoscopy. The following table provides a list of foods that you can eat and foods you should avoid whilst preparing for your colonoscopy.
### Information for patients

For more information about our Trust and the services we provide please visit our website: [www.nlg.nhs.uk](http://www.nlg.nhs.uk)

Further information can be found in the low residue diet sheet provided with your bowel preparation.

### Five Days Prior to the Procedure

Stop taking any constipating agents i.e. Lomotil, Codeine Phosphate, etc which you may be prescribed but continue with all other medications including any laxatives until your appointment.

You should start the **MOVICOL** preparation you have been prescribed as advised by the endoscopist or the pre-assessment nurse.

### Three Days Prior to the Procedure

You may have been prescribed further medication called Bisocodyl, which is a tablet that should be taken twice a day. Please start these as prescribed. If you are unsure contact the department/endoscopy pre assessment team.

### The Day before Your Examination

Please refer to the enclosed bowel preparation instruction booklet. If you are unsure of any of the instructions please contact the Endoscopy Pre-assessment nurses and inform them you are taking extended preparation.

**REMEMBER TO STOP EATING BUT DRINK PLENTY OF CLEAR FLUIDS.** You can continue drinking up until an hour before you are due to arrive at the hospital.

<table>
<thead>
<tr>
<th><strong>DO EAT</strong></th>
<th><strong>DO NOT EAT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Well cooked, lean beef, lamb, pork, chicken or turkey</td>
<td>Fruit</td>
</tr>
<tr>
<td>White Fish (do not fry)</td>
<td>Pulses or lentils</td>
</tr>
<tr>
<td>White rice or white pasta</td>
<td>Vegetables</td>
</tr>
<tr>
<td>White bread or rolls</td>
<td>Nuts / seeds</td>
</tr>
<tr>
<td>Rich Tea or other plain biscuits, plain jelly and boiled sweets</td>
<td>Wholemeal bread</td>
</tr>
<tr>
<td>Boiled, poached or scrambled eggs</td>
<td>Brown rice</td>
</tr>
<tr>
<td>Butter / margarine / cheese</td>
<td>High fibre breakfast cereals</td>
</tr>
<tr>
<td>Baked, boiled or mashed potatoes <strong>without</strong> the skins</td>
<td></td>
</tr>
<tr>
<td>Soya and tofu</td>
<td></td>
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</tbody>
</table>

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Information for patients

If at any stage you vomit the preparation mixture, or if you have any other concerns regarding this procedure please telephone the Endoscopy Department.

**Diabetics**

It is important when following the instructions to make up your carbohydrate allowance, you should consider replacing these sweetened drinks (this should keep your blood sugar stable).

Throughout the preparation it is advisable to measure your blood sugar before each mealtime or check your urine 2 hours after each mealtime.

Examples of sweetened drinks to substitute EACH HOUR are:

- 50mls or 2 floz Lucozade®
- 2 teaspoons sugar in tea / coffee / water
- 100 mls or 4 floz sweetened Lemonade
- 3 Glucose tablets

If you are unhappy or in any doubt about the results of your blood sugars, or have any questions, please contact the Endoscopy Department.

**What happens on admission?**

On the day of admission a nurse will complete an admission document and check your personal details. They will check your pulse, blood pressure and oxygen levels. They will explain the procedure to you, inform you of the potential risks and complications of colonoscopy, and also answer any questions you may have. The doctor or endoscopy technician / nurse will then ask you to sign the consent form for the procedure once you have read it carefully and understood it in full.

You will be asked to change into a hospital gown and dressing gown. Dentures, spectacles and contact lenses can be removed later on; the nurses will tell you when. Could you please bring a dressing gown and slippers with you when you attend the Unit.

**Please leave all valuables, including all jewellery (except wedding bands) at home.**

Please be aware that your appointment time is not the time you will receive your treatment. Additional clinical assessments must be made to ensure that you are able to proceed with the examination.

Please note that relatives bringing you to your appointment will not be able to stay with you. They can either wait downstairs in the reception area or leave a telephone number where we can contact them. We will then contact them as soon as you are ready to be discharged, this could be 3 - 5 hours and your escort must return to the Unit to collect you.
What happens during the Colonoscopy?

You will be taken to an examination room for the procedure. The nurses will help you lie down in the correct position on a procedure bed, resting on your left side with your knees bent. A nurse will stay with you throughout the test.

You can choose either sedation or Entonox.

Entonox is a mixture of 50% oxygen and 50% nitrous oxide, or ‘gas and air’ as it is also known. It is used for a variety of procedure and conditions to relieve pain and discomfort. Entonox is inhaled through a disposable mouth piece. You hold the mouth piece between your teeth and close your lips around it to ensure a good seal. You have complete control over how often you use the Entonox during the procedure. You will start using Entonox 2-3 minutes before your test starts. To get the best effect you need to take low breathes, slightly deeper than normal. The effects of the Entonox wear off after 30 minutes, and you will be allowed home and may be able to drive. However this will depend on how YOU feel.

If you choose to have sedation:

A sedative drug will be injected via a cannula which will be placed in your hand or arm. Sedation is not a full anaesthetic and does not put you to sleep but it will make you feel relaxed. You may also be given analgesia (pain relieving drugs) via the cannula to ensure any pain or discomfort you might feel during the procedure is minimised.

Please note if you have sedation someone will need to collect you after the procedure, you will not be able to drive or go home alone. You should arrange for someone to stay with you for 24 hours following the procedure.

A small fine soft tube will be placed under a nostril to give you a little extra oxygen to breathe and a small device will be attached to your finger to monitor your pulse rate and oxygen levels during the test.

The test will be carried out as follows:

1. The colonoscope is lubricated with some jelly and gently passed through the anus into the large bowel. Air may then be passed through it to distend (open) the bowel to allow a clear view of the lining

2. If the Endoscopist finds any change in any tissue a tiny piece may be removed (biopsy) using instruments passed through the colonoscope. If any polyps are found, these may also be removed (Polypectomy). Any samples of tissues removed, including polyps, are sent to the laboratory for specialist examination

3. If any bleeding in the colon is discovered, the Endoscopist will use either a laser, heated probe or inject certain medications through the colonoscope to stop the bleeding. The procedure can last from 20 minutes up to an hour depending upon the procedures performed
What happens after the Colonoscopy?

After the test you can expect to rest for a while in the recovery area on the Endoscopy Unit. The nursing staff will check your pulse, blood pressure and oxygen levels, and generally assess how you have recovered from the test. If you feel unwell at all please let the staff know. You may feel a little bloated and experience wind pains, due to the air passed into the colon during the test, please don’t feel embarrassed if you need to pass wind, this will help relieve the discomfort quite quickly. If you are in pain, please inform the Endoscopy staff as soon as possible.

You will be given something to eat and drink after coming round from the sedation; or almost immediately following Entonox. The nurse will speak to you about your colonoscopy, discuss the findings, and will issue you a copy of your discharge letter.

Discharge Advice (Sedation)
Following your colonoscopy you will be allowed home the same day it is essential that someone comes to collect you and you have someone stay with you overnight. Once home, it is important to rest quietly for the remainder of the day. Sedation lasts longer than you think. Furthermore you should avoid the following activities for at least 24 hours after the procedure:

- Going to work
- Driving
- Operating machinery
- Drinking alcohol
- Signing any legally binding documents
- Carrying out any activities involving heights
- Caring for young children (sole responsibility)

Discharge Advice (Entonox)
You will be able to drive, or use public transport as long as 30 minutes has passed, and that you feel well.

General Discharge Information
You may find that if you had biopsies or polyps removed, you pass small traces of blood from your back passage following the procedure. This should not persist or increase in amount. If this occurs or you start to feel unwell or develop severe abdominal pain, you must contact the Unit, your GP or the GP Emergency Centre (phone number on the next page) as soon as possible.
Information for patients

Risks

It is very important that you are aware of the potential risks and complications of colonoscopy before giving your consent to the procedure. These include:

Internal Bleeding (Haemorrhage)

This may occur at the site of a biopsy or where a polyp has been removed. The bleeding is usually resolved without any treatment but in a minority of cases may be serious. The risk of internal bleeding is approximately 1 in 2000 rising to 1 in 67 if a polypectomy is carried out. The likelihood of serious bleeding is generally associated with the removal of larger polyps.

Perforation

Damage to the lining of the large bowel (perforation) may result in the leakage of intestinal contents into the abdominal cavity.

The risk of bowel perforation is approximately 1 in 1000 rising to 1 in 250 if a polypectomy is carried out. This can be a potentially serious complication, and may need to be surgically repaired.

The majority of patients are well enough to go home the same day as having a colonoscopy, but occasionally patients may be required to stay in hospital longer for observation or further treatment.

Alternatives

Barium Enema

If you have blood in your stools, some hospitals in the UK recommend a test called a Barium Enema. For this test your bowel is filled with a dye that shows any cancer, polyps or weaknesses in your bowel (diverticulitis) on an X-ray. The test is done in hospital by specially trained doctors called radiologists. Some people have a Barium Enema, then a Colonoscopy. For example, if your Barium Enema showed up a polyp, you might have a colonoscopy to have the polyp removed.

CT Colonography

A test called CT Colonography can be done and is available at Grimsby and Scunthorpe Hospital. You will be asked to change into a hospital gown and dressing gown. Dentures, spectacles and contact lenses can be removed later on; the nurses will tell you when.
Information for patients

Contact Details for Further Information
Contact Details for Booking Your Appointment and Pre-assessment at Diana Princess of Wales Hospital
Endoscopy Booking Office between the hours of 8am until 6pm Monday until Friday on: Tel. 03033 304685 or 03033 303537
Endoscopy Pre-assessment Nurse: Tel. 03033 303078

For Diana Princess of Wales Hospital
Telephone the Unit reception direct on 03033 303611 between the hours of 8am until 6pm Monday until Saturday.
Or telephone Diana Princess of Wales Hospital Grimsby on: 03033 306999 and ask for the Endoscopy Unit.

Contact Details for Booking Your Appointment and Pre-assessment at Scunthorpe General Hospital
Endoscopy Booking Office between the hours of 8am until 6pm Monday until Friday on: Tel. 03033 302221 or 03033 302094
Endoscopy Pre-assessment Team: Tel. 03033 302221

For Scunthorpe General Hospital
Telephone the Unit direct on 03033 302221 between the hours of 8am until 6pm Monday until Friday.
Or telephone Scunthorpe General Hospital on: 03033 306999 and ask for the Endoscopy Unit.

Any Comments, Compliments, Concerns or Complaints
If you have any other concerns please talk to your nurse, therapist or doctor. Our Patient Advice and Liaison Service (PALS) are available on 03033 306518 (Grimsby, Scunthorpe and Goole). You can also contact nlg-tr.PALS@nhs.net
As a Trust we value equality of access to our information and services, therefore alternative formats available on request at nlg-tr.interpreters@nhs.net

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