

# Information for patients having a colonoscopy

Day surgery unit



01935 475 122  
[yeovilhospital.nhs.uk](http://yeovilhospital.nhs.uk)

This leaflet has been prepared to enable you to make an informed decision when you are asked to give consent to the procedure/investigation. If you find you have any questions or concerns, please contact the Day Surgery Unit on 01935 384339 or you can speak to the nurse or endoscopist on the day.

A colonoscopy is an examination of the large bowel (colon). It is carried out with an instrument called a colonoscope. This is a narrow, flexible tube with a light and a camera in its tip.

You have been sent a bowel preparation. It is important that you follow the instructions in the leaflet exactly, as the success of the examination depends on you doing so. The endoscopist can only view the bowel properly if it is completely cleared. Failure may mean we have to repeat the procedure at a later date.

**If you have had a heart attack, serious injury, or had change in your kidney function in the last six weeks please can you telephone the department before taking your bowel preparation.**

### **Diet before the examination**

- Use the low residue diet advice given in the back of this booklet for 5 days prior to your appointment
- Follow the instructions given with the bowel cleansing solution depending on whether you have a morning or afternoon appointment
- **Drink plenty of clear fluids** eg. water, black tea and coffee or fruit juices. Avoid red wine and blackcurrant juice
- It is important not to eat after starting your bowel preparation as this can obscure the view the endoscopist has of your bowel and something important could be missed
- If you have been told you are having a gastroscopy (examination of the stomach) at the same time as your colonoscopy, please STOP having fluids to drink four hours before your appointment time

## Tips on bowel preparation

- It is a good idea to apply a barrier cream, eg. Vaseline, to your anal area, as repeated bowel actions can make you sore
- If you find the preparation distasteful, have some juice ready to follow
- Bowel actions usually start within half an hour of the first dose, so it is advisable to stay close to a toilet
- Stop drinking temporarily if you feel sick or uncomfortable; keep moving about and you should feel better
- Bowel actions become clear after 2-3 hours. ALWAYS take the next dose

## Diabetes medication

If you have diabetes and are on insulin, you need to contact the Diabetes Nurse Specialist on 01935 384517 for advice.

If you tablet-controlled diabetes and take metformin, this needs to be stopped the day before the colonoscopy procedure.

On the day of your colonoscopy, do not take any tablets for your diabetes.

## If you take tablets for your diabetes

The necessary changes to your food intake may upset your diabetes control. You may on the day before the test be at risk of having low blood sugar or “hypo”, so make sure that the sugary drinks are taken as advised below.

## The following clear fluids may be taken freely during the day (avoid blackcurrant juice):

Water

Black tea/coffee

Sugar-free or diet cola, lemonade or squash

Sugar-free jelly

It is important that you continue to take carbohydrates as part of your diet in order to prevent “hypo”. You will need approximately 20g of carbohydrate as sugary drinks every two to three hours. See next page for examples.

## Sugary fluids Approx volume (mls) = 20g

Lucozade 100 ml

Fruit juice 200 ml

Coke or Pepsi 200 ml

Lemonade 300 ml

Or

5 glucose tablets or black tea/coffee with

2 tsp sugar = 10g carbohydrate

- Test your blood sugar four hourly if it drops to 4mmol or below take a sugary drink or five glucose tablets.
- Bring in all your medication with you.
- The nursing staff will monitor your blood glucose.
- After the colonoscopy you will be given food and drink. If you take diabetes medicine once a day only take half your usual dose. If you take diabetes medicine twice a day omit the am dose and only take your evening dose with your evening meal.

## Other medication

- If you are taking iron tablets, stop these five days before the examination. If you are taking any medication for constipation, please stop taking this for two to three days before the examination
- If you are taking medication to stop your blood clotting eg. warfarin, clopidogrel, dabigatran, please contact the Endoscopy office on 01935 384 793. It will be necessary to have your blood clotting time checked before the procedure and it may be necessary to suspend your medication until after your examination
- If you are taking Frusemide or Bendroflumethiazide you must stop this the day you start your bowel preparation

Please bring a list of your medication with you. If you are having chemotherapy, please inform us on receipt of this letter.

## What to bring with you

Something to read is useful as you could be with us for at least three hours. You will have a cubicle for changing and a locker will be provided for your clothes. Please leave valuables at home. It is a good idea to bring a dressing gown and slippers as you may make several trips to the toilet.

Please do not wear any type of false nails or nail varnish, as it interferes with vital signs monitoring.

## What happens when I arrive

Your details will be taken and checked by our receptionist. A nurse will show you to your cubicle and ask you to put on one of our gowns. When you are ready, a nurse will take your blood pressure and ask you some questions about your health. You can then relax in your cubicle until it's time for your procedure.

## Consent

The nurse will give you a consent form when you arrive. Please read this carefully. A doctor or nurse will come and explain the procedure and answer any questions you may have.

At Yeovil Hospital we do teach endoscopy trainees, who work under the supervision of a senior clinician. Please let us know if you have any questions about this.

## Risks

Colonoscopy, biopsies (taking small tissue samples) and polypectomy (removal of polyps which are growths in the bowel, of which some types may become cancerous) are generally safe and complications are rare; however, they can occur and these include:

- Bleeding from a biopsy or polypectomy site
- A perforation or tear in the gut wall, this may require an operation to repair
- An allergic reaction to the sedative/other medication given during the procedure

## How long does it take

The duration of the procedure varies but is usually about 30 minutes, however, it can take up to an hour in some cases. We also look after emergencies and these take priority on our lists. The person who accompanies you can stay if they wish or we can contact them later when you are ready to go home. To reduce any discomfort you may experience during the procedure, you have a choice of two forms of pain control:

## Entonox (Gas and Air)

There are some medical conditions which may not be compatible with Entonox. Please telephone the Day Surgery Unit to confirm if Entonox is suitable for you.

You will still have a needle/plastic cannula placed in a vein as we may give you medication to reduce bowel spasm (not sedating).

Entonox is used for the relief of pain. It is self administered through a mouthpiece which is regulated to release Entonox only when you breath in. If you choose to have Entonox, you will be fit to drive within 30 minutes and will not need some one to stay with you overnight.

or

## Sedation

This will be given via a needle in your arm. The sedation will relax you and make you drowsy but you will not be unconscious. You will hear what is said to you and be able to respond to any instructions given to you.

You will be made comfortable on your left side and a nurse will attach monitors for recording your pulse and blood pressure.

You will also be given oxygen and a nurse will sit with you throughout the examination.

If we give you a sedative you **MUST** be accompanied home by a responsible adult and someone has to be with you for the first 12

hours. The effects of the sedative can last up to 24 hours so you should not drive, operate machinery or drink alcohol during that time. Your car insurance will not cover you in this time period.

## The examination

The tube is inserted into your back passage, guided along the bowel whilst air or carbon dioxide (which causes less discomfort) is introduced to make the lining visible. This may give you the sensation that you want to go to the toilet - relax however, as your lower bowel should be empty.

The endoscopist may take a biopsy (tissue sample) of the bowel lining for investigation. If the endoscopist finds excessive tissue, such as a small polyp, that can be effectively treated at the time, they will do so unless you have indicated otherwise.

## Comfort

You may not feel any discomfort at all, but the following may occur:

- A bloated feeling from air inserted during the procedure
- You may feel you want to go to the toilet when the tube is passed and you may pass some of the air we insert, this is normal

You may get discomfort when the scope goes around tight bends in your colon, this is from slight stretching of the colon. If you find it too uncomfortable let us know and we can change the pressure.

## After the procedure

The sedative may make you a little sleepy for a while. As soon as you feel ready, you will be offered a cup of tea or coffee. We advise that you arrange alternative care for young children or elderly relatives for 24 hours after having sedation.

The endoscopist can inform you of the test results on the day of the examination. If you have had sedation you may wish the nurse to repeat this information to your relative or carer, as you are likely to forget.

You may experience some mild stomach cramps from the air which was introduced. This will soon go.

You are unlikely to experience problems other than mild bloating after your colonoscopy, but if you suffer severe abdominal pain, vomiting, fever, chills or rectal bleeding of more than half a cup, contact your doctor. If any polyps are removed or any biopsies taken, you may notice a small amount of blood when you next pass a motion. You may wish to limit your activity for a day or two.

You are advised not to travel by air within two weeks of your colonoscopy, particularly if you have had polyps removed, because of a slightly increased risk of subsequent bowel perforation in a low pressure aircraft cabin.

The results of any tissue samples will be available at a follow up appointment or at your GP surgery about 2 weeks after the examination. If a follow up appointment is necessary, it will be sent to you.

## Frequently Asked Questions:

### Should I take my usual medication?

Most types of medication should be taken as normal but diabetic treatment may need to be temporarily changed (see page three of this leaflet). Aspirin can be continued, but if you take any other medication to stop the blood clotting, please ask us. We can advise you when to restart any medication when you come for your test. If in any doubt, do ask.

### Is it better to have sedation or Entonox (gas and air)?

Colonoscopy should not be painful but can be uncomfortable. Either sedation or Entonox will make the procedure more comfortable. After sedation you should not drive, operate machinery for 24 hours, or drink any alcohol. You should have someone with you overnight. The effects of entonox wear off in 30 minutes. So you have a choice, and can discuss this on the day of your test.

### How long will the examination take?

The average time for a routine colonoscopy is about 30 minutes but can take up to an hour if you are having biopsies or polyps removed.

### When can I go back to work?

This depends whether you have had sedation or Entonox during your procedure. We advise that you refrain from work for 24 hours if you have had sedation. You must not operate machinery and your car insurance will not cover you to drive during this time. If you have had Entonox (gas and air) you may return to work when you feel safe to do so.

### Will I be told any results after the procedure?

The Endoscopist will speak to you after the procedure and explain any results to you. We will discuss the follow-up plan of care. We will give you a copy of your endoscopy report and a patient care report to explain any findings and give you advice for the next 24 hours.

## Low Residue Diet

Please follow this diet for five days before your appointment. It is important to adhere to this diet to improve the bowel cleansing.

### Foods allowed:

#### **Fruit and vegetables**

Potatoes - boiled (no skins), mash, roast, chips

Well cooked cauliflower florets (no stalks), carrots, turnips or swede

Soft tinned fruit (without pips), pears or peaches

#### **Bread and cereals**

White bread

White pasta and white rice

Rice Krispies, Cornflakes, Readybrek, Special K

#### **Cakes and biscuits**

Plain sponge cake, plain scone (no fruit) or cheese scone

Rich Tea, Marie or Morning Coffee biscuits

Cream Crackers or Cornish Wafers

#### **Meat and fish**

Tender lean meat, poultry, ham, liver or kidney

White fish, haddock, trout, salmon, tuna in brine, shellfish or prawns

Plain Quorn or tofu

#### **Dairy produce**

Eggs, cheese, milk, natural yoghurt, flavoured yoghurt

## **Foods to avoid:**

### **Fruit and vegetables**

All dried fruits

All vegetables (except those listed opposite)

Bean and pulses (including baked beans)

All salads

### **Bread and cereals**

Wholemeal and granary bread

All nuts

Bran and high-fibre cereals, porridge

Brown rice and whole wheat pasta

### **Cakes and biscuits**

High fibre crispbreads (Ryvita)

Digestives, Hobnobs, biscuits containing fruit, nuts or coconut

Pastries, pies, pasties or sausage rolls

### **Meat and fish**

Tough, fibrous meat, beef or ham burgers, sausages or faggots

Oily tinned fish, herrings, kippers, mackerel, sardines, pilchards and anchovies

### **Dairy produce**

Whole fruit yoghurt or muesli yoghurt

### **Preserves and spreads**

Jam or marmalade with skins or pips

Peanut butter

Chutney and pickles

## Important contact numbers:

Day Surgery Unit  
01935 384339  
between 8am and 7pm

After 7pm, call the Senior Sister on Duty  
(Clinical Site Manager)  
01935 384 525

**If you would like this leaflet in another format or in a different language, please ask a member of staff.**

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