Acute Services Division







Information about Having a Colonoscopy



Why do I need a colonoscopy?

You need a colonoscopy because you have had a positive result (blood in your bowel motions) through the bowel screening programme.

What is a colonoscopy?

A colonoscopy is a test to look at the lining of the bowel with a flexible, tube-like telescope. It has a camera attached to it and is known as a colonoscope.

The colonoscope is passed through the back passage and round the bowel. It allows the doctor or nurse specialist to see changes that may have been causing the bleeding. Samples (biopsies) of any changes may be taken.

What must I do before my colonoscopy?

We will ask you to take some strong laxatives. The laxatives clear out the bowel so we can get a clear view of the bowel lining. The laxatives will be sent through the post with your appointment letter.

It is important that you follow the instructions carefully and take all the laxative. The laxatives will make you go to the toilet a lot with diarrhoea until it runs clear. It is wise to stay close to a toilet once you have taken the laxative and avoid travelling or going to work.

What about my other tablets or medicines?

It is important for us to know:

- what tablets you are taking,
- what your past medical history involves; for example, do you have any heart or breathing problems,
- have you got any allergies or have had any allergic reactions to an anaesthetic or medication in the past?

We will ask you to give us permission to ask your doctor for this information. This will allow us to make special arrangements for you.

Special advice will be given to you if you have diabetes or take Warfarin tablets.

If you are taking Iron pills these will have to be stopped a week before your test.

Please ask the nurse at pre-assessment about changes to your medication. The nurse will ask you about your tablets when they telephone you.

Will I feel anything during the colonoscopy?

We will offer you an injection to sedate you which involves inserting a small tube into a vein. This should make you feel relaxed. The sedation can sometimes stop you remembering the test a few hours afterwards.

During the test, we will put air into your bowel to get a good view of the lining of the bowel. You may feel some windy type pains like stomach cramps.

You may also get the feeling that you want to go to the toilet. As the bowel is empty, there is no danger of this happening. You may also pass wind.

Don't be embarrassed.

This is common because we are putting air into your bowel. The doctor or nurse specialist may want to take a biopsy (a small piece of tissue) for examination in the laboratory or remove a polyp.

Polyps are small growths, rather like warts, which will need examined in more detail.

These are done painlessly with tiny instruments passed through the flexible telescope.

What happens after the test?

You will need about an hour to rest before going home. You may feel a little bloated and may feel some wind pains but this usually settles quite quickly once you pass wind.

You can eat and drink as normal after the test and you may restart any medicines that you have missed.

If you have sedation, you must have a responsible adult to take you home and stay with you for 24 hours.

When you are fully awake the doctor or nurse specialist looking after you will discuss the findings of the test. We may follow this up with a telephone call, as sometimes people cannot remember what was said due to the effects of the sedative.

If any biopsies or polyps were removed we may ask you to attend a further outpatient appointment a week or so later to discuss the results.

Are there any risks or complications?

Colonoscopy is generally a very safe procedure. However, as it is an invasive procedure which involves giving a sedative, it carries a small risk of complications. The main risks include:

- Bleeding from the biopsy site or the site where a polyp was removed.
- Small tear or damage to the lining of the bowel.

It must be stressed that these complications are very rare (about 1 in 1,000 cases). However, in severe cases, it may be necessary to carry out an operation to correct the problem.

Other complications include:

- A reaction to the sedative medication
- Disturbance to your heart rate and breathing.

In a few cases, the colonoscopy is not successfully completed and this may mean you require another test. The specialist nurse or doctor will discuss this with you should this happen.

What happens if I do not want to go ahead with the test?

The decision to go ahead with the test is entirely yours and you may wish to discuss this with your family.

We would, however, encourage people who have blood in their bowel motions to have a colonoscopy.

Whilst very few people actually have bowel cancers, we have found that a larger number of people have had polyps or other minor diseases of their bowels.

If you decide you do not want to have a colonoscopy, we will write to your GP to let them know.

9 out of 10 people beat bowel cancer when it's found early, so please attend the colonoscopy appointment.

Note down questions you would like to ask the nurse:

Healthy tips to prevent bowel cancer

Most people suffer from problems with their bowels at times. Sometimes a change in diet can be all that is needed.

Try some of the tips below for yourself:

- 1. Eat 5 portions of fruit and vegetables a day.
- 2. Eat lots of fibre, eg wholemeal bread, cereal, beans.
- 3. Don't eat too much red meat.
- 4. Be more physically active. Take half an hour exercise five times a week. It may surprise you to know that it can help to get your bowels moving properly.
- 5. Drink within sensible limits. Have a couple of alcohol free days each week to help your liver recover.
- 6. Stop smoking.
- 7. Be aware of changes in your bowel movements. Don't be embarrassed to go and see your doctor if you have any worries about your bowel habits.
- 8. Please attend your colonoscopy appointment as 9 out of 10 people beat bowel cancer when it's found early.



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