

Information for patients and carers

Having a Colonoscopy

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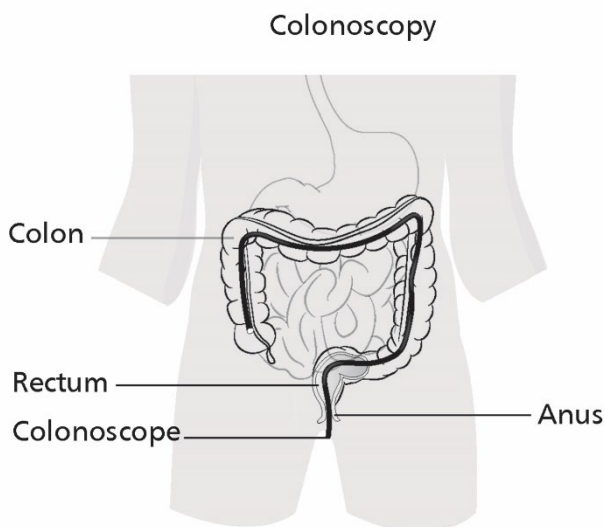
Colonoscopy

This leaflet has been produced to answer questions you may have about a colonoscopy and what to expect during your procedure. If you have any other questions, please ask a member of the nursing team.

What is a colonoscopy?

The examination is performed using an endoscope - this is a long flexible instrument about the thickness of your index finger which has a bright light and camera at the end. The scope is passed carefully through the anus, and a gas is inflated into the large bowel (colon). The scope is moved around the colon so the bowel lining can be looked at.

During the procedure small samples of tissue may be taken – these are called biopsies. Biopsies are taken by using tiny forceps which are passed through the scope – these biopsies are removed painlessly. If polyps are found, these are usually removed. It is important that the bowel is empty so that we have a clear view of the lining of the bowel.



Why do I need a colonoscopy?

The examination allows us to look directly at the colon to check whether any disease is present and it helps us to find the cause of your symptoms.

What are the risks of having a colonoscopy?

The main risk of this procedure is making a small tear (perforation) to the lining of the bowel (1 in every 1000 procedures). An operation may be required to repair the perforation. The risk of perforation increases if polyps are removed.

Bleeding may occur at the biopsy or polyp site during removal (1 in every 100-200 procedures). The bleeding is usually minor and should stop quickly. If it continues to bleed, treatment may be needed. This is done by cauterisation (using heat to seal off the blood vessels) or by injection.

Complications can also arise from sedation or medications used in the procedure such as allergies or drug reactions.

Rarer complications do exist, and the team will discuss these on the day with you if you have any specific concerns. Many of these are very rare and include air or gas embolus and splenic injury.

A trained nurse will monitor you throughout the procedure to ensure that any problems are quickly recognised and treated.

What are the alternatives to having a colonoscopy?

In some individual cases, alternatives to colonoscopy may include:

CT scan - This is a special type of X-ray that can give more details than normal X-rays. However, it cannot be used to take biopsies or remove polyps, so you may still need a colonoscopy.

CT scans are generally considered to be less accurate than a colonoscopy and involves exposure to radiation.

Doing nothing - if you have significant other illnesses and mild symptoms you may decide with the teams treating you not to proceed. They will discuss risk and benefit with you and develop a monitoring and symptoms control plan.

What do I need to do before I have a colonoscopy?

- If you are diabetic, please read the enclosed leaflet
- If you are taking iron tablets you must stop taking these 7 days before your test
- If you are taking Warfarin, Clopidogrel, Sinthrome (Acenocoumarol), Rivaroxaban, Dabigatran, Apixaban, Edoxaban, Prasugrel or Ticagrelor please ring **01772 521644** for further information
- Take the bowel preparation as directed so that the bowel is as empty as possible
- Please follow the dietary advice on the leaflet enclosed with the bowel preparation. It is important to only have clear fluids once you have started taking the preparation. This could be tea/coffee made **without milk**, or cup-a-soup sieved to remove the bits
- Read the information leaflet regarding bowel preparation and follow the dietary advice
- You may drink clear fluids up to 2 hours before your appointment time
- If you would like sedation you will need to arrange for a responsible adult to collect you from the endoscopy unit and stay with you for 24 hours
- Bring an up-to-date list of medications and allergies
- If you are taking any medicines containing codeine or loperamide please consult your GP or referrer to consider stopping these 3 days before your procedure

- Remove nail polish and false nails
- Bring a dressing gown and slippers
- Do not bring valuables or jewellery into the unit. We cannot be held responsible for any loss or damage.
- Please let us know in advance of your appointment date, if you need an interpreter (including sign language) on the day of the colonoscopy. **A family member cannot translate for you**
- Hospital transport cannot be responsible for taking you home without an escort

What happens when I arrive on the unit?

- When you arrive, please book in at reception
- You may experience a wait before being called by one of the nurses
- A nurse will take you into an admission room to explain the procedure to you, complete the paperwork and give you the opportunity to ask any questions
- You will be asked to sign the consent form that shows you understand the procedure and the risks involved
- If you have asked for sedation, the nurse will insert a small cannula into a vein in your hand or arm. The sedation will be given through this when you are in the procedure room
- The nurse will show you to a changing area where you will change into some disposable shorts and your dressing gown and slippers
- You will wait here until the endoscopist is ready to carry out your procedure

Will I find the procedure uncomfortable?

There may be periods of discomfort as the scope is introduced and moves around curves in your bowel. Usually, this eases once the curve has been passed. If you are finding the procedure more uncomfortable than you would like, please let the nurse know so that you may be given more sedation or pain relief.

To make the procedure easier you may be asked to change position (roll onto your back or onto your right side) or some pressure may be applied to your tummy. If you find the pressure too uncomfortable, please inform the nurse looking after you and the procedure can be stopped. Any discomfort should ease when the scope is being removed slowly, and any wind is passed.

What pain relief or sedation is available?

- **Sedation** and a pain relief drug can be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed but will not make you unconscious. You will be in a state called 'conscious sedation' which means that you will still hear what is said to you and will be able to follow simple instructions during the procedure. Sedation makes it possible that you will remember the procedure. When the procedure has ended, you will be taken to the recovery area for about one hour
- **Entonox** is the gas and air that is commonly used by women during childbirth. It is analgesia that can make you feel lightheaded and will not affect your memory of the procedure. You will be instructed how to use the Entonox by the nurse in the procedure room.

What happens during the procedure?

For your comfort and reassurance, a trained nurse will be with you throughout the procedure. In the procedure room you will be made comfortable on a trolley lying on your left side with your knees bent towards your chest.

A blood pressure cuff will be placed around your arm and a monitor will be placed on your finger to measure your pulse and oxygen levels.

If you have requested sedation this will be given before the procedure starts.

As part of the procedure the endoscopist will start by completing a rectal examination using a finger.

The endoscopist will gently insert the scope through your anus into your colon. During the procedure a gas is put into your bowel to give a clear view of its lining. This may give you some wind-like pains, but these should not last long.

You may feel like you need to go to the toilet, but because of the bowel preparation your bowel will be empty so you will only pass some wind.

The scope will be gently removed at the end of the procedure.

What happens after the procedure?

When the procedure has finished you will be taken to the recovery area until the effects of the sedation or Entonox have diminished.

After getting dressed you will be offered refreshments and given discharge information before leaving the endoscopy unit.

Going home

Please remember that if you have had sedation, a responsible adult must collect you from the unit and stay with you for the next 24 hours. If this is not possible, please contact the reception staff before your appointment date and let us know.

When you arrive home it is advisable to recover quietly for the rest of the day. You will be able to eat and drink normally, but you must not drive, drink alcohol, operate machinery or sign legal documents for 24 hours.

Frequently asked questions

How many people will be in the procedure room?

The endoscopist along with one or two trained nurses and a healthcare assistant will be in the room. There may also be a medical student and a student nurse if they are on placement in the endoscopy unit. There may be a consultant supervising the endoscopist.

How long will I be in the unit?

You can expect to be on the unit for up to 4 hours from your appointment time. The procedure can take from 30 minutes to 90 minutes. If you have sedation, you will be in recovery for 60 minutes after the procedure. If you have had any large polyps removed, then you may need to be monitored in recovery a little longer.

What is a polyp?

Polyps are fleshy growths on the inside of the bowel, they may be on a stalk (a little like a mushroom) or flat against the bowel wall. Polyps may become malignant if left in place, so are usually removed during a colonoscopy, or samples taken to identify the tissue making up the polyp. It may be necessary to return to have larger polyps removed if we are unable to remove them on your first visit.

What are biopsies?

When tissue samples are removed for examination, they are called biopsies. Biopsies are sent to the laboratory to identify the cells which are in the sample. The results will be sent to your referring consultant or GP who will be in contact with you to let you know the results. It can take up to 4 weeks for your results to be available.

What is diverticular disease?

“Diverticulum” is a Latin word meaning a side branch or pouch. When there are several ‘pouches’ seen in the bowel this is called diverticulosis. Diverticular disease is when these pouches become inflamed. This tends to happen as a result of eating an unhealthy diet. Not eating enough fibre increases the risk of developing diverticular disease.

Checklist

- Take the bowel preparation
- Follow the instructions regarding eating

- Any fluids must be clear (e.g. tea/coffee made **without milk**) and must be stopped 2 hours before your appointment time
- Take an up-to-date list of medications
- Take a dressing gown and slippers
- Arrange for a responsible adult to collect you and stay with you for 24 hours if you are planning to have sedation
- Write down any questions / concerns
- Contact the endoscopy unit prior to your appointment date if an interpreter (including sign language) is required

Contact details

Should you require further advice or information please contact the endoscopy units on **01772 524958** (Preston) or **01257 245649** (Chorley) between 08:00 – 18:00.

Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk
www.lancsteachinghospitals.nhs.uk/veteran-aware
www.gutscharity.org.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**.

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Our patient information group review our leaflets regularly, if you feel you would like to feedback on this information or join our reading group please contact on email address:

patientexperienceandinvolem@LTHTR.nhs.uk

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