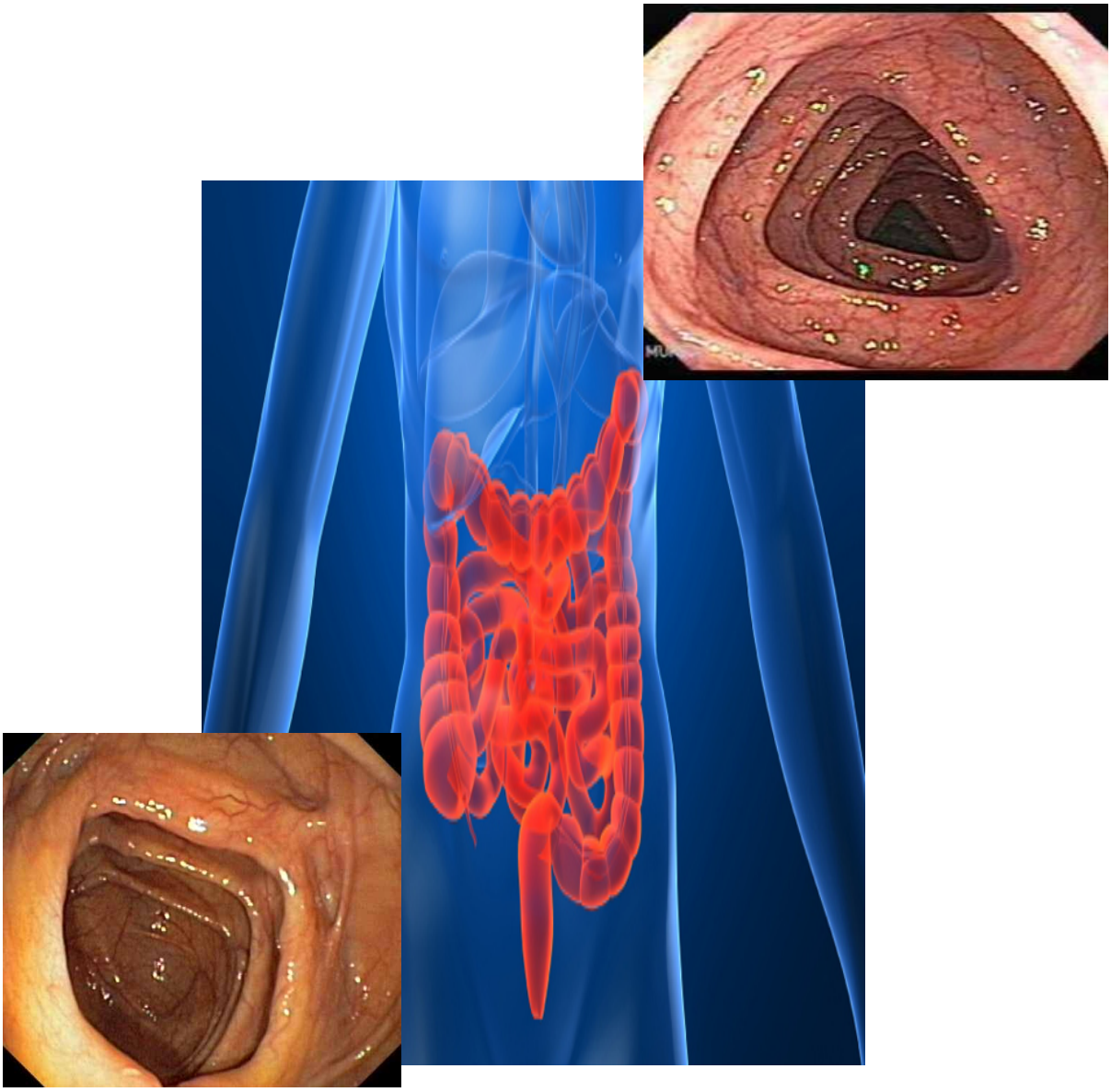
The Aberdeen Clinic

Colonoscopy at The Aberdeen Clinic



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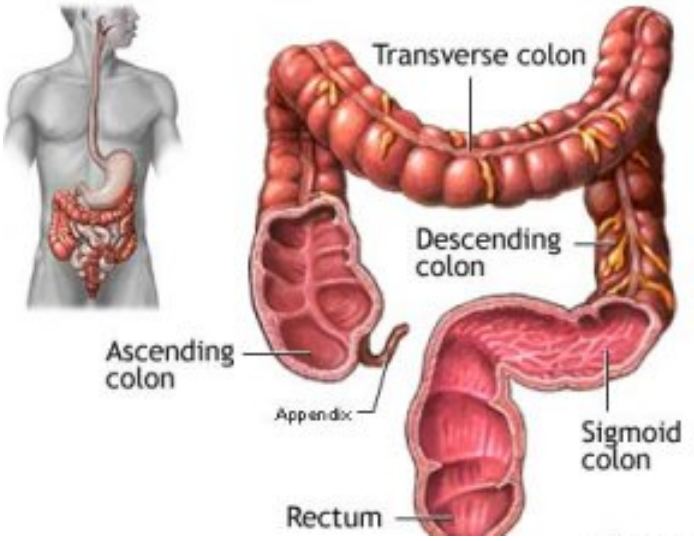
I. Introduction

A colonoscopy is a test that allows your doctor to look at the inner lining of your large intestine (rectum and colon).

The large bowel

The large intestine (large bowel) consists of the colon and the rectum. Although the colon is only one part of the large intestine, the two terms are often used interchangeably.



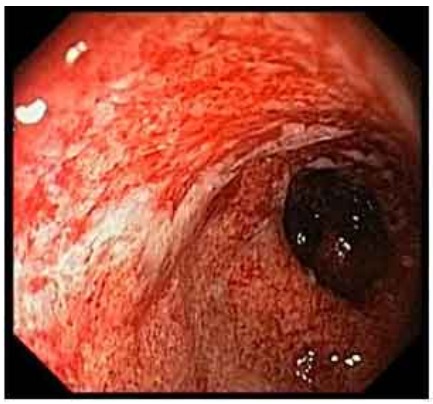
Digestive waste enters the colon from the small intestine as a semisolid. As waste moves toward the anus, the colon removes moisture and forms stool. The rectum is about 6 inches long and connects the colon to the anus. Stool leaves the body through the anus. Muscles and nerves in the rectum and anus control bowel movements.

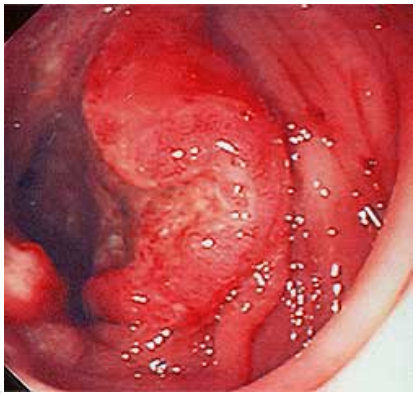
What are we looking for?

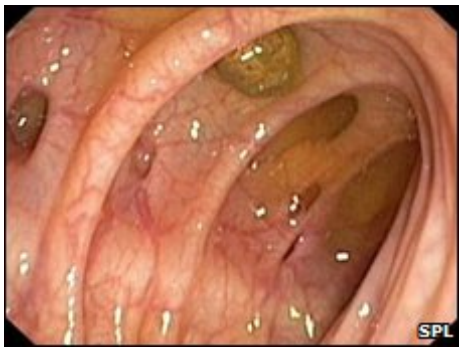
A colonoscopy is often undertaken to find out the cause of symptoms relating to the large bowel. The common symptoms of large bowel disease are:

- Bleeding,
- Change in Bowel habit and/or
- Abdominal pain.

By examining the lining of the large bowel a colonoscopy will detect areas of inflammation (ie Crohn's disease, Ulcerative colitis), narrowing (strictures and cancer), or weakness (diverticular disease) which may be causing these symptoms. In addition the exclusion of these diseases may be important to determine further investigation or allow planning further treatment options.





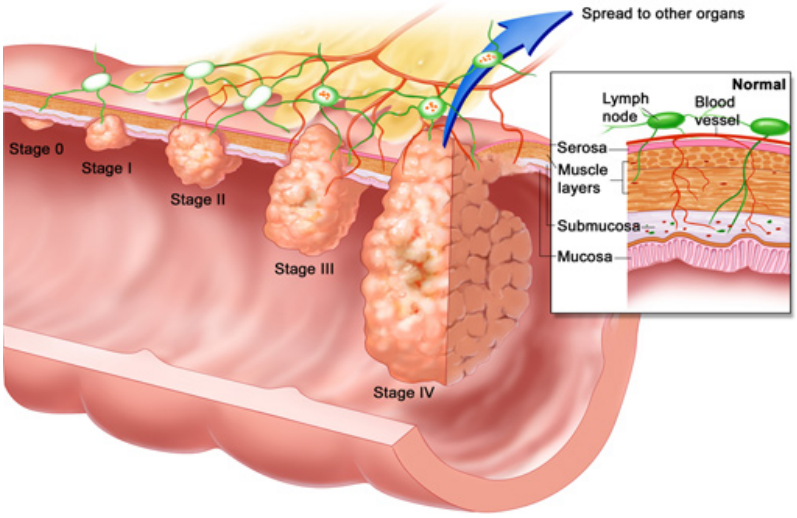


Colonoscopic Screening

Colonoscopies are also performed to screen for colonic cancer or conditions which may give rise to cancer.

Colonic cancer is common in Britain. Each year in the UK there are 40,000 people newly diagnosed with cancer of the colon or rectum. Unfortunately there are 16,000 deaths each year from large bowel cancer. The best way to improve these figures is to detect the disease at an early stage.

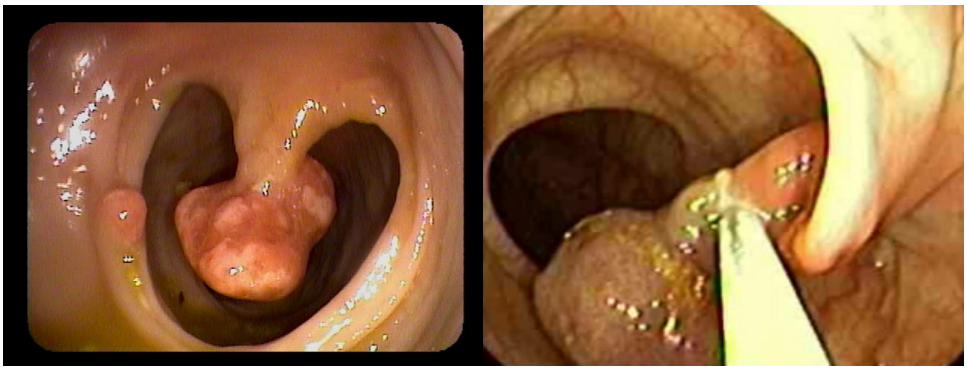
We know that early detection of bowel cancer gives the best chance of cure. The earlier a tumour is detected the less chance there is that it has invaded through the bowel wall or spread to local glands.



We also know that there are a number of conditions that if detected, and treated, will prevent cancer developing at all. The most common being colonic polyps. These are benign growths in the lining of the large bowel

which if not removed will grow larger and may turn into a cancer.

Obviously by detecting polyps and removing these it is possible to prevent cancer developing. Polyps can usually be removed using a snare passed through the colonoscope.



Unfortunately early tumours or polyps seldom cause any symptoms. This has lead to the concept of screening for cancer in patients who may not have any symptoms.

Different screening strategies have been developed including testing of faeces for hidden blood. If a patient tests positive for blood in the stool it means they have an increased risk of having either a polyp or a cancer (approximately 1:10). In this case the patient is offered a colonoscopy.

Other factors which increase the risk of any individual having a cancer are:

- A strong family history of bowel cancer
- Previous polyps or cancer
- Longstanding inflammatory bowel disease
- Obesity

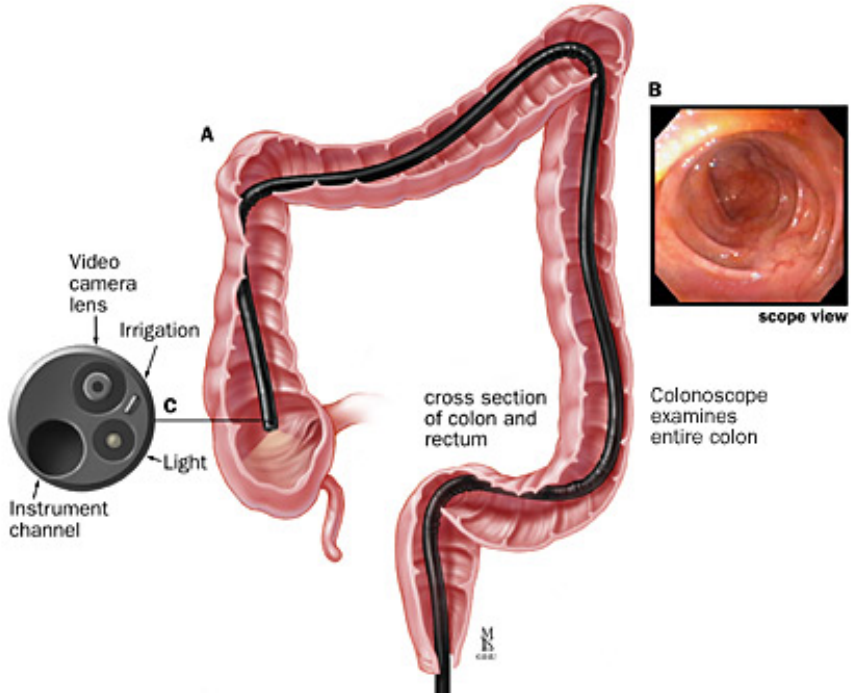
- Inherited conditions such as familial polyposis, acromegaly and HNPCC

Again is such circumstances colonoscopy is recommended.

As colonic cancer is so common in the UK some authorities have suggested that a routine colonoscopy at the age of 50 is the best way to prevent colon cancer developing. However it is important to balance the risks of the procedure against the benefits and these should be assessed for each individual.

What does a Colonoscopy involve?

The colonoscope is a thin, flexible tube that ranges from 48 in. (122 cm) to 72 in. (183 cm) long. A small video camera is attached to the colonoscope so that your doctor can take pictures or video of the large intestine.



The colonoscope is passed via the anus and advanced through the whole of the colon and the lower part of the small intestine. A more limited examination of only the rectum and the lower part of the colon is called a sigmoidoscopy.

Sedation or no sedation?

Sedation is designed to depress an individual's level of consciousness and to provide anxiolysis, amnesia and analgesia. This can be achieved using intravenous sedation (injection of a sedative and a pain killer). Although conscious level is reduced is not the same as a general anaesthetic and patients are able to communicate with the endoscopy team throughout the

procedure. An alternative is to use Equanox breathed in as required. This has the advantage of allowing the patient to control the amount of

Both are effective but some people prefer one over the other. The

II. Preparation

Your colon must be completely clean for the procedure to be accurate and complete.

The following pages give you detailed instructions about your medication, the dietary restrictions to follow and the cleansing routine to use.

If you have serious cardiac or renal disorders please contact us immediately, before starting your bowel preparation.

Medication

Please do not take any iron tablets for seven days before the test

Fibre supplements (eg Fybogel, Regulan) must be stopped three days before the test Anti-diarrhoea medication (eg Loperamide, Imodium, Lomotil, Codeine Phosphate) must be stopped three days before the test.

Anticoagulants

If you are on blood-thinning treatment (e.g. warfarin, apixaban, dabigatran, rivaroxaban or clopidogrel) your consultant will have asked you to stop these before the procedure but if there is any doubt please telephone us on 0333 014 3488, as special arrangements may need to be made for you.

Diabetes medication

If you have diabetes that is controlled by insulin or tablets, please ensure your consultant is aware of this and follow the individualised care plan.

Other medication

All other routine medications, including steroids, should be continued, but on the day of the colonoscopy, they may be taken following the procedure, depending on the time the procedure is scheduled.

If you are taking the oral contraceptive pill then other precautions should be taken, due to the bowel preparation causing diarrhoea.

If you have any other queries regarding your medications please telephone The Aberdeen Clinic on 0333 014 3488.

Diet

For one day before starting your preparation please follow a low fibre diet: i.e. avoiding foods such as fruit, vegetables, brown bread and high fibre breakfast cereals (see Appendix 1).

From the time you start to take the preparation, do not take any solid food until after the colonoscopy is completed. During this time you may only consume clear liquids (see Appendix 1). You will be given refreshment, once you are fully awake following your colonoscopy.

Bowel preparation (PICOLAX)

It is essential that you take the two doses of medication given or posted to you as instructed below. Please note the times may differ slightly from those in the product leaflet. Please also follow the dietary advice given above.

Taking Picolax:

Two doses are taken 6 - 8 hours apart, the day before your scheduled hospital procedure.

Mix the contents of one sachet in a cup of cold tap water (approximately 150ml). Stir for 2 – 3 minutes and drink the solution. When you stir the sachet of Picolax into water some heat might be produced. Do not worry if this happens; just let the solution cool down and then drink it.

Repeat with the second sachet at the appropriate time.

Please ensure you drink plenty of clear fluids, preferably water, throughout your treatment with Picolax. You should try to drink about a glass of water (approximately 250ml) or other clear fluid every hour whilst the effects of Picolax persist.

On the day of the test please drink only clear liquids up to one hour before coming to hospital then nil by mouth. No further food is allowed until after the procedure.

The colon prep causes loose, frequent stools so that your colon will be empty for the test. Unfortunately it does mean that you will be limited in what you are able to do the day before the test.

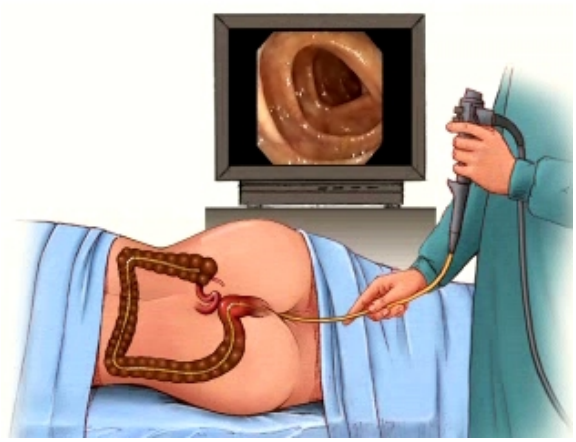
III. What to expect

A colonoscopy is a routine test which is commonly done as a day case, however you should arrange to have someone collect you and be available afterwards particularly if you are having sedation.

When you arrive at the endoscopy unit we will be expecting you and our receptionist will welcome you. One of the nurses will then go through some routine questions and admit you to the unit. During this time your consultant will also see you and ensure you are happy to proceed with the examination and answer any questions you may have. One of the questions you will be asked (and will probably have discussed earlier) is what type of sedation you want.

You will then be ready to go through to the endoscopy room where the procedure will take place

You will usually be given a sedative to help you to relax. The sedative can make you drowsy but it does not 'put you to sleep'. It is not a general anaesthetic. You lie on your side on a couch. The operator will gently push the end of the colonoscope into your anus and up into the colon. Air is passed down a channel in the colonoscope into the colon to make the inside lining easier to see. This may cause you to feel as if you want to go to the toilet (although there will be no faeces to pass). The air may also make you feel bloated, cause some mild 'wind pains', and may cause you to pass wind. This is normal and there is no need to be embarrassed, as the operator will expect this to happen.



The operator may take biopsies (small samples) of some parts of the inside lining of the colon - depending on why the test is done. This is painless. The biopsy samples are sent to the laboratory for testing, and to be looked at under the microscope. Also, it is possible to remove polyps, which may be found, with an instrument attached to a colonoscope.

At the end of the procedure the colonoscope is gently pulled out. A colonoscopy usually takes about 30-40 minutes. However, you should allow at least two hours for the whole appointment to prepare, give time for the sedative to work, for the colonoscopy itself, and to recover. A colonoscopy does not usually hurt, but it can be a little uncomfortable, particularly when the colonoscope is first passed into the anus.

After the Test

After the procedure it should be possible to give you the initial results of what has been seen, however biopsy results usually take another week before they are available from the laboratory.

When the procedure is finished you will be able to get something to eat. We would normally keep patients under observation until the

immediate effects of the sedation have worn off. There will still be some effect of the sedation and you should not drive, operate machinery or undertake any complex tasks for 24 hours after the colonoscopy.

Does the test have any risks?

Colonoscopy is a common procedure and the risks associated with it are very uncommon, however like any procedure there are some risks. These relate to:

- Sedation – very occasionally the sedation may cause problems with breathing, blood pressure and heart rate. These are all monitored closely during and after the procedure.

- The procedure – The inflation of air into the colon can lead to discomfort and pain but this should be minimized by careful monitoring. There is a 1 in 1000 risk that advancing the colonoscope may lead to a tear in the lining of the bowel or perforation. Should this occur it may require an urgent operation to repair the tear.

- Any biopsies or procedures – taking biopsies or removing polyps increases the risk of peroration (see above) but it remains an unusual event. There is also the risk of bleeding after a biopsy.

IV. Personalised Plan

An appointment has been made for your colonoscopy on --/--/---- at --------o'clock.

Please attend _____ at _____o'clock.

The success of this examination depends on adequate preparation to clear the bowel. This is achieved by altering your diet and taking specific preparations, as explained below:

PLEASE READ AND FOLLOW THESE INSTRUCTIONS CAREFULLY

FOUR DAYS BEFORE YOUR PROCEDURE

Stop taking any constipating agents, e.g. Codeine Phosphate, Loperamide, etc., but continue with any other medication including laxatives.

THREE DAYS BEFORE YOUR PROCEDURE

If you are on Warfarin or are a diabetic, please ensure that your consultant is aware. You may have already received instructions regarding this.

TWO DAYS BEFORE YOUR PROCEDURE

Have plenty to drink. Do not eat any high fibre food, e.g. red meat, pink fish, fruit, vegetables, nuts, rice, pulses, wholemeal bread, etc.

ON THE DAY BEFORE YOUR PROCEDURE

Do not have breakfast and do not eat solid food until after your examination. Drink plenty of clear fluid – water, tea, coffee, squash, Bovril, Oxo. Have only minimal milk in tea and coffee. You are allowed sugar in your tea and coffee. You may continue to drink up 1 hour prior to your appointment time.

You will be given Picolax bowel preparation. There are instructions inside the packaging. However, we would like you to follow our instructions, which are as follows:

At _____o'clock on __/__/____ Dissolve one sachet of Picolax in 200ml/8 fluid oz of water in a big jug as it may fizz and become hot. Allow this to cool for at least one hour before drinking.

During the day drink at least 1½ litres of water.

At _____o'clock on __/__/____ Take the second sachet of Picolax as instructed above.

What to expect:

You should expect frequent bowel actions and eventually diarrhoea starting with three hours of the first dose. Some intestinal cramping is normal. Please use a barrier cream, such as zinc and caster oil on your bottom to prevent soreness. Stay within easy reach of a toilet after commencing the preparation.

ON THE DAY OF YOUR PROCEDURE

Drink plenty of clear fluid; you may drink up to 1 hour prior to your procedure.

If at any stage you vomit the preparation, or if you have any concerns regarding this procedure, please telephone the hospital.

V. Going Home after a Colonoscopy.

Sedation.

After the administration of sedation the effects may take several hours to completely wear off. Accordingly you may be a little unsteady on your feet the first time you get up. This should have resolved by the time you are leaving hospital but we advise you not to:

- Drive or cycle
- Drink alcohol or use any drugs other than those advised by your doctor
- Sign any legal or important documents
- Operate any potentially dangerous equipment

For 24 hours after your procedure

Discomfort after the colonoscopy

Often patients find that they are uncomfortable after a colonoscopy this is due to a build up of gas within the bowel. Gas is used to inflate the colon during the procedure and although every effort is made to remove this, some always remains. As you manage to pass this gas the discomfort will resolve.

Very rarely (more common if a polyp has been removed) the colonoscopy can result in a tear in the wall of the bowel. The pain in this situation is usually more intense and will not resolve. We will review you in the ward after the procedure and will not plan your discharge until we see that you are feeling well.

Problems

- If you feel your pain is getting worse rather than better please call us.
- If you are unsure of the pain killers or you do not think they are controlling things please call on 0333 014 3488.

Getting back to normal

The sedation that was given to you at the time of the procedure and also the preparation of the bowel may mean that you do not feel yourself after the procedure. We recommend that you rest in bed until you have had something to drink and are feeling awake.

Thereafter it is always a good idea to make sure someone is with you when you first get up just in case you are a little un-steady.

Driving is not possible in the first 24 hours after sedation irrespective of the operation so you will need to arrange for someone to give you a lift home.

Return to work is usually possible the day after a colonoscopy as there will be no wound and you should not be unduly limited after the sedation has worn off. If you are required to fly this should be delayed for 24 hours after a colonoscopy as any gas remaining in the colon will expand on an aircraft and will cause pain and could potentially lead to a perforation of the colon. If in doubt speak with your own GP or call us on 0333 014 3488.

Child care – as above sedation may impair your judgement over the initial 24 hours it would certainly be advisable to have some added help over this period if you have small children.

Follow-up.

It is usually possible to let patients know the result of their colonoscopy on the day of the procedure, however sometimes we will have taken biopsies and would need these to tell you exactly what is going on. If biopsy samples have been taken we would expect these to be available after 1 week and would either contact you with the results or arrange a clinic appointment at this time.

Depending upon the reason that you underwent the colonoscopy we may want to arrange a clinic review.

VI. Things to look out for:

Complications after colonoscopy are uncommon but you should seek medical attention if:

You are in severe pain which is not controlled by your prescribed medications

There is bleeding from the rectum which is not expected after the procedure (your consultant will discuss any risk of bleeding).

You are febrile and feeling unwell.

You are unable to pass urine

Contact Numbers

Aberdeen Surgical switch board is staffed 8am to 8 pm each day and out of hours you will be directed to the on call consultant.

Call us on: 0333 014 3488

In addition :

NHS 24: 08454 24 24 24

Are available in emergencies

Appendix 1

*Low fibre foods

A low fibre diet must be followed the day before you take the bowel preparation (i.e. two days before your test). The following are examples of low fibre foods:

Fats (use sparingly), Butter, margarine Eggs: Boiled, poached Cereal: Crisped rice cereal, corn flakes (no bran) Cheese: Cream cheese, cottage cheese, cheese sauce Potatoes (no skin): Boiled, creamed, mashed, and baked Pasta: Plain macaroni, spaghetti, noodles (not wholewheat) Rice: Plain, boiled white rice Meat/Fish: Minced or well-cooked tender, lean beef, lamb, ham, veal, pork, poultry, fish, shellfish Gravy: Using stock cubes (white flour or corn flour may be used to thicken) Bread: White bread/toast Sugar/sweetener: White sugar, brown sugar, and sweetener Dessert: Clear jelly (green and yellow only, not red or blackcurrant)

**Clear liquids

Water Soft drinks, energy drinks (not fizzy) Cordials (not blackcurrant) Strained fruit juice Tea/coffee (black) Herbal/fruit tea Clear soup (consommé, or strained chicken noodle soup) Drinks made from stock/meat extract cubes.