

## Radiology/CT Department

# CT Colonoscopy with Picolax



Cancer Research UK

## Appointment detail & information

**Your Consultant has referred you for a CT Colon Examination.**

**You will already have been invited to attend an appointment at the hospital in order to collect any contrast you need to take before your appointment. All aspects of this procedure will have been explained to you and the following notes are purely a reminder of what has already been discussed with you.**



**This leaflet will explain the bowel and diet preparation you are required to follow before your examination. Failure to follow these instructions will result in poor quality images from which early cancers may not be identified. Please note that this leaflet contains important safety information – you must read the entire leaflet before proceeding.**

### Introduction

This leaflet is aimed to give an explanation as to what the examination involves. It may not answer all of your questions. It is aimed to help you make a decision about agreeing to this test which does involve drinking some X-ray dye in the 48 hours before your scan and following a strict bowel cleansing diet.

**Please read this leaflet carefully to make sure you successfully prepare for the examination. You will need to begin your preparation for the examination two days before your appointment.**

### Points to Remember

- **Please complete the attached safety questionnaire and bring it with you to your appointment.**
- **Please arrive in the department at least 15 minutes** before your appointment time so that we have time to go through your safety questionnaire and get you appropriately changed for your examination.
- If you are on medication from your doctor, except insulin and iron tablets please continue to take it as normal. **In particular please continue to take your heart medication.**
- We suggest that you wear loose clothes to this appointment as you may feel bloated for a short while afterwards. We also ask you to leave any valuable possessions at home.
- **If you are diabetic** you should not take your morning insulin before the examination. Please bring your own insulin, any instructions you have for taking it and a light snack for after the examination with you.
- **If you are on peritoneal dialysis** you must make sure the CAPD fluid is drained before the CT colon appointment. Please make any necessary arrangements with the dialysis ward or your home care nurse for this to be done in time for your X-ray appointment.

## **What is CT Colonography?**

A small tube will be inserted into your rectum and then the trained radiographer will administer some Carbon Dioxide (CO<sub>2</sub>) gas.

## **Will I have an injection?**

You will usually have a small injection of smooth muscle relaxant, (Buscopan), into a vein in the arm to help reduce any spasm that may occur in the bowel. This makes the examination more comfortable for you and helps us get the best possible images.

You may also need an injection of x-ray dye through a small cannula (tube) in a vein in your arm. This is not always necessary. The radiographer will explain this to you at the time.

## **Why do I need to have a CT Colonography scan?**

Your referring doctor, together with a Consultant Radiologist, has agreed it is best for your care that the bowel is imaged with this approach. You will have been referred for this investigation to try and find the cause of your symptoms, to help with treatment and if necessary to decide on further investigation.

## **Information for National Bowel Cancer Screening patients**

Patients on the bowel cancer screening programme are usually only offered this test because colonoscopy is not suitable for you. Someone from the screening programme should have discussed your options with you, but the main benefits and disadvantages of CT Colonography are outlined here:

- A CT Colonography scan can identify cancer and polyps at an early stage, improving your chances of successful treatment and survival.
- The investigation is generally considered less invasive than colonoscopy.
- There are some common, minor side effects, and some very rare but more serious risks such as perforation of the bowel.

## Patient Information

- A CT Colonography scan delivers a dose of radiation, but this carries a very low risk.
- It is possible that, as with colonoscopy, CT Colonography scans may miss a polyp or a cancer.
- If a polyp or cancer is identified with this scan, you may still have to have a colonoscopy to further your diagnosis.

## What are the alternatives?

**A Colonoscopy** is the standard examination for the colon and is performed in the Endoscopy department. This is more invasive than a CT colonoscopy and usually requires the patient to be sedated. The procedure also allows for tissue to be removed for testing (biopsy) or removal of polyps if required.

Your doctor will have discussed these options with you and why CT Colonography has been chosen as the most appropriate test for you.

## What is a CT scan?

A CT scan is an X-RAY examination which provides multiple highly detailed images in a matter of seconds. You will be required to lie down on the CT bed which will move through the scanner. It is most likely you will be scanned on your back, tummy and possibly on your side. During your scanning process you will have a very bloated tummy which will be full of air. There will be an X ray dose associated with this examination for which you have consented to undertake.

## Are there any side effects?

Your preparation and diet is designed to make your stools very loose and give you diarrhoea. The x-ray dye has a metallic taste which you can disguise with squash. Although it is unlikely to make you sick, some people may feel nauseous. A very few people may suffer an allergic reaction (hives, rashes, itching etc.). Do not continue with your prep and consult a doctor if this happens. Perforation of the bowel can happen with this test but this is very rare (around 1 in 3000 tests). When it happens most cases resolve without treatment, but it may require hospital admission and observation under the care of a surgeon. **Serious complications are rare.**

## Important safety information

**Please call 024 76096 6952 and let us know before starting any prep if any of the below applies to you:**

- You have difficulty swallowing (aspiration)
- **If you have a colostomy ileostomy or Jejunostomy (stoma).** You may require an alternative test that will have different preparation instructions to this one. **You should not drink the Gastrografin as it will cause diarrhoea.**
- Your weight is more than 23.5 stone (149kg)
- You have prostatism
- You are allergic to iodine or have reacted previously to the injection used in X-ray to show your kidneys, blood vessels (angiography) or for CT scanning.
- Have hyperthyroidism
- Have a medical condition known as broncho-oesophageal fistula (a join between your windpipe and gullet)
- Have been treated with interleukin-2
- Have been diagnosed with a fluid/electrolyte imbalance
- You have severe renal impairment (**GFR less than 30ml/min**)
- You suspect you may be pregnant

**Please inform the Radiographer carrying out your test if you:**

- Have had a heart attack in the last 6 months
- Are waiting for heart surgery
  
- You suffer from angina or heart arrhythmia
- Are unhappy to proceed with this test

### **Patients aged 12 - 55 years (for all examination between diaphragm and knees):**

- The risks of radiation are slightly higher for the unborn child so you will be asked to confirm that you are not pregnant before an examination can proceed.
- To make sure there is no possibility you are pregnant your examination should be performed within the first 10 days of the start of your menstrual cycle.
- If you are outside of this window we ask that you read and complete the Confirmation – 'I am not pregnant' form which is attached before attending your appointment.
- Should you have any doubt, we advised that you take a pregnancy test to confirm.
- If you have any questions or require more information please contact the CT department on 024 76 96 6952 (Monday to Friday 9am – 5pm) and ask to speak to the bookings clerk in advance of your appointment date.

### **How do I prepare for the scan?**

- **If you are diabetic**, please contact your named nurse/GP if you have any queries regarding your medication whilst preparing for this examination.
- **If you are on a fluid restricted allowance:** if you are under the care of a renal specialist and /or have to follow a fluid restricted diet, you should include this preparation as part of your fluid allowance. If you pass a lot of fluid in your bowel motions after taking the medication you can relax your fluid restriction to prevent dehydration. If you are not sure about your fluid allowance in relation to the contrast effect please seek advice from your home care nurse, dialysis nurse or kidney specialist.
- **If you are taking iron tablets:** you must stop these **7 days before your CT Colonoscopy.**

### **Stage 1: Two days before your examination**

- For breakfast and lunch you need to follow a low residue diet (example diet below); you may eat only from the foods listed below and **must not** eat fried food.

## Patient Information

- **After Lunch do not eat any more solid food until after your scan.**  
You can still have clear or strained soup, jelly, ice cream, custard, Complan meal substitute drink Bovril or Oxo drinks, water, Squash fizzy drinks, tea and coffee.

Make sure you drink plenty whilst following the low residue diet, at least 3 pints of fluids spaced out over the day. This can include: Tea or coffee with a dash of milk, squash, fizzy drinks, water, fruit juice with no bits, Oxo, Bovril and clear soups.

<b>Do not eat high fibre foods such as:</b>
<b>Red meats , pink fish (for example salmon)</b>
<b>Fruit, vegetables or salad</b>
<b>Cereals, nuts, seeds, pips, bran, beans or lentils</b>
<b>Brown bread, brown or wild rice or brown pasta</b>
<b>Pickles, chutney jams or marmalade</b>

### Low residue diet example:

<b>Breakfast</b>	<ul style="list-style-type: none"><li>• Boiled Egg</li><li>• White Bread with Margarine or butter</li><li>• Crisped rice breakfast cereal</li></ul>
<b>Mid-Morning</b>	<ul style="list-style-type: none"><li>• Tea or coffee with a dash of milk</li><li>• Have a Rich Tea biscuit or Marie biscuit if you normally have a snack</li></ul>
<b>Lunch</b>	<ul style="list-style-type: none"><li>• Grilled/poached or steamed chicken without skin</li><li>• Cooked white rice or pasta (not wholemeal), white bread, white pitta or white flour chapatti</li><li>• Tea or coffee with a dash of milk</li></ul>

## Patient Information

<b>Mid-Afternoon</b>	<ul style="list-style-type: none"><li>• Tea or coffee with a dash of milk</li><li>• Have a Rich Tea biscuit or Marie biscuit if you normally have a snack</li></ul>
<b>Evening Meal</b>	<ul style="list-style-type: none"><li>• Strained soup or consommé (no bits)</li><li>• White Bread (your normal amount) with Margarine or butter</li></ul>
	<b>At 7.00pm (19.00hrs) drink ½ the bottle (50mls) of Gastrograffin diluted in at least the same amount of water or fruit squash.</b>
<b>Bedtime</b>	<ul style="list-style-type: none"><li>• Tea or coffee with a dash of milk</li><li>• Have a Rich Tea biscuit or Marie biscuit if you normally have a snack</li></ul>

### Alternative low fibre foods

White fish boiled/ steamed/ grilled

Eggs, Tofu

Clear soup (no bits e.g. sieved chicken noodle)

Boiled sweets, plain ice cream (no nuts or fruit or bits)

Salt, pepper, sugar, sweeteners and honey

### Stage 2: One day before your examination

- You should not eat solid food from today until after your examination tomorrow.
- **If you are Diabetic, please note:** Continue with your normal insulin or tablets. If you are on insulin and normally eat large portions of carbohydrate foods you will require more milk, Build-Up, Complan or ordinary squash. Please adjust your insulin to match your carbohydrate intake.



## Patient Information

Drink at least 3 pints of fluid spaced out over the day. This can include: Tea or coffee with a dash of milk, squash, fizzy drinks, water, fruit juice (no bits), Oxo, Bovril and clear soups.

<b>Breakfast</b>	<ul style="list-style-type: none"><li>• Tea or coffee</li><li>• You may have 1 sachet Build-up + ½ pint skimmed or semi-skimmed milk or 1 serving of 'Complan'</li></ul>
<b>9am</b>	<ul style="list-style-type: none"><li>• <b>Take 1<sup>st</sup> sachet of Picolax. Dissolve the contents of the Picolax sachet in a cup of cold water (around 150mls). Stir for 2-3 minutes. The solution may become warm – wait until it has cooled down before drinking.</b></li></ul>
<b>Morning snack</b>	<ul style="list-style-type: none"><li>• 1 glass of milk or 1 glass fruit juice (no bits)</li></ul>
<b>Lunch</b>	<ul style="list-style-type: none"><li>• Clear or sieved soup, OXO, Bovril or Marmite drinks if desired.</li><li>• 1 sachet Build-Up + ½ pint skimmed / semi-skimmed milk or 1 serving of 'Complan'</li></ul>
<b>3pm</b>	<ul style="list-style-type: none"><li>• <b>Take 2<sup>nd</sup> sachet of Picolax. Dissolve the contents of the Picolax sachet in a cup of cold water (around 150mls). Stir for 2-3 minutes. The solution may become warm – wait until it has cooled down before drinking.</b></li></ul>
<b>Afternoon snack</b>	<ul style="list-style-type: none"><li>• 1 glass of milk or 1 glass fruit juice (no bits)</li></ul>
<b>Evening meal</b>	<ul style="list-style-type: none"><li>• Clear or sieved soup, OXO, Bovril or Marmite drinks if desired.</li><li>• 1 sachet Build-Up + ½ pint skimmed / semi-skimmed milk or 1 serving of 'Complan'</li></ul>
	<b>At 7.00pm (19.00hrs) drink the remaining ½ the bottle (50mls) of Gastrografin diluted in at least the same amount of water or fruit squash.</b>
<b>Late snack</b>	<ul style="list-style-type: none"><li>• 1 glass of milk or 1 glass fruit juice (no bits)</li></ul>

## Stage 3: The day of your examination

- No solid food and drink clear fluids only.
- **If you are diabetic:** do not take your insulin or tablets on the morning of your examination. Bring your medication and something to eat with you to the hospital to take after your examination.
- **If you take heart medication** please take it as normal.

## After the examination

- You will be given an aftercare information sheet by the CT staff.
- If you have any problems after the examination please see your GP.

## How do I get the results?

- The results will not be given to you immediately. They will be sent to the doctor who referred you for this examination.

## Other Sources of Information:

- For information about the effects of X-rays read the NRPB publication: "X-rays how safe are they?" on the Health Protection Agency website: [www.hpa.org.uk](http://www.hpa.org.uk)

Please note that the views expressed in these websites do not necessarily reflect the views of UHCW NHS Trust or the NHS.

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 024 7609 6952 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

### Document History

Department:	Radiology/CT
Contact:	26952
Updated:	March 2022
Review:	March 2024
Version:	5.1
Reference:	HIC/LFT/1704/13

Patient Sticker

### Confirmation – ‘I am not pregnant’

The hazard associated with the irradiation for an unborn foetus has been explained to me as follows.

**There is a small (1 / 1000 to 1/ 100 000) risk of developing childhood cancer from prenatal exposure to radiation. This is considered to be a low risk.**

If you can say ‘yes’ to any one of the statements in the table below, we consider it very unlikely that you are pregnant.

If you **cannot** say yes to any of the following statements, or **you are in any doubt**, you are advised to take a pregnancy test to confirm that you are not pregnant before proceeding with the test.

**\*IMPORTANT INFORMATION:** The combined oral contraception pill is considered to be highly reliable if taken exactly as described within the drug patient information leaflet. It may become unreliable if doses are delayed/omitted, if the patient suffers from diarrhoea / vomiting or it is taken with certain antibiotics

<ul style="list-style-type: none"><li>• I have had a hysterectomy <b>or</b> I am sterilised <b>or</b> I am infertile and not having infertility treatment.</li></ul>
<ul style="list-style-type: none"><li>• I have not missed a period <b>and</b> I have not had sexual intercourse since the beginning of my last period.</li></ul>
<ul style="list-style-type: none"><li>• I use a highly reliable form of contraception e.g. injection / implant/ coil.</li></ul>
<ul style="list-style-type: none"><li>• I use the combined oral contraceptive pill as described in the patient information literature provided in its packaging <b>*see</b></li></ul>
<ul style="list-style-type: none"><li>• I am post-menopausal <b>and</b> I have not had a period for two years <b>and</b> I am not undergoing fertility treatment</li></ul>
<ul style="list-style-type: none"><li>• Young person and not yet started periods</li></ul>
<ul style="list-style-type: none"><li>• I have not missed a period and I have had a negative pregnancy test since last sexual intercourse</li></ul>
<ul style="list-style-type: none"><li>• I am currently undergoing radiotherapy to my pelvic region</li></ul>

## Patient Information

I understand that this document will be kept by the UHCW Radiology Department. I wish to proceed with my examination today **and I am certain, for one of the reasons listed above, I am not pregnant.**

PATIENT'S SIGNATURE.....

DATE.....

RADIOGRAPHER'S SIGNATURE.....

**On completion of this form, it must be scanned onto Soliton within the patients' examination information.**

Patient Information

Height:
---------

Weight:
---------

**CT Safety Questionnaire**

<b>NAME:</b>	<b>D.O.B.</b>	ID CHECK :	
<b>ADDRESS:</b>			
<b>HOSPITAL NO:</b>	<b>MALE / FEMALE</b>	<b>Yes</b>	<b>No</b>
1. Have you had a CT scan before? If <b>YES</b> , please state where and when?			
2. Have you had an injection of radiology contrast medium before? If <b>YES</b> , please state when, and for what type of radiology examination:			
3. Have you ever had an adverse reaction to an injection of radiology contrast medium? If <b>YES</b> , please give details:			
4. Do you have asthma or are you allergic to anything?			
5. Do you have renal failure? AND / OR are you seeing a kidney specialist?			
6. Do you have diabetes/sickle cell anaemia/myeloma? If <b>YES</b> , please state when you last had anything to drink? <b>NB You should be well hydrated before this procedure.</b>			
7. Do you take Metformin, or any other medication for Type 2 Diabetes?			
8. May we use your images for teaching purposes?			
<b>Patients of Childbearing age only:</b>		<b>Yes</b>	<b>No</b>
9. Is there any possibility you may be pregnant? If not, please state the date of the first day of your last period: ..... If this is outside the first 10 days of your cycle please complete the attached 'Confirmation – 'I am not pregnant' form			

**I have read the information leaflet. I understand the nature, risks and benefits of this examination.**

Patients signature .....

Date.....

# Patient Information

Radiology assistant..... Date.....

<b>Radiology staff:</b>
1. Has the patient had a recent scan? Check RIS. Check for Allergic reaction and date of last scan.
2. It may be necessary for me to insert a cannula into your arm in order for the Radiographer to administer a contrast/ or buscopan injection. Are you happy for me to do this?

**Cannulated by:** .....

**Saline check:**.....

Cannulation label
-------------------

Drug	Volume	Lot No	Exp Date	Injected by	Checked by
Sodium Chloride 0.9%					

ID CHECK

**To be completed by the Radiographer who is scanning the patient :  
This form must be scanned into the patient event on the RIS.**

Have you read and understood your patient information letter including the risks and benefits of having an intravenous injection of contrast media?
Do you know what type of CT scan you will be having today?
Do you have any allergies or are you allergic to contrast Media?
Are you under a kidney specialist, or do you have renal failure
Do you have Diabetes or do you take metformin?
You may be asked to bring your arms above your head before the scan starts, there are also breathing instructions that you may be asked to follow. During the scan it is important that you keep as still as possible.
You may be given an injection of dye partway through the scan, this can give you a warm flush feeling and make you feel as though you are passing water, this is normal, however If you experience any pain please let the radiographer know.

<b>Patients who will receive Buscopan:</b>	<b>Yes</b>	<b>No</b>
1. Do you suffer with angina, heart failure or an irregular heartbeat?		
2. Do you have untreated Glaucoma?		

<b>Drug</b>	<b>Volume</b>	<b>Lot No</b>	<b>Exp. Date</b>	<b>Injected by</b>	<b>ID and drugs checked by</b>
<b>Optiray 300</b>					
<b>Optiray 350</b>					
<b>Visipaque 270</b>					
<b>Buscopan 20mg</b>					
<b>0.9% Sodium Chloride</b>					

# Patient Information

<b>0.9% Sodium Chloride</b>					
-----------------------------	--	--	--	--	--

**Scanning Radiographer:**.....

**Cannula Removed by:**.....

Aftercare sheet given and property returned:

**Final Pause and check:**

**Creatinine/eGFR:**

**PACS Check**