

Endoscopy

Colonoscopy

The aim of this booklet is to help you make an informed decision about having a colonoscopy and to help answer any questions that you may have.

It also explains the diet you need to follow two days before your appointment. A clean and empty lower bowel allows a clear view and complete assessment.

What is a colonoscopy?

A colonoscopy looks at the lining of your large bowel (colon) using a flexible camera to check for disease or inflammation. It allows us to take tissue samples (biopsies) for analysis by the pathology department if needed. The flexible camera called colonoscope is used to look at the inside of your bowel on a screen. If a sample needs to be taken, you should not be able to feel it. Photographs are taken and attached to your medical records. If you choose to watch the procedure, the images on the screen are magnified.

Why do you need a colonoscopy?

A colonoscopy is used to find the cause of your symptoms, help with treatment and to decide if any more treatment or investigation is needed. It is also used for follow-up inspection of previous disease or assessing the clinical importance of an abnormality seen on an x-ray.



Patient Information

If your health or symptoms worsen before your appointment, contact your GP.

What are the alternatives?

A barium enema, CT colon or colon capsule endoscopy are alternatives to a colonoscopy. The advantage of a colonoscopy is that samples can be taken in the same procedure, you would not need a second examination.

Are there any risks?

A colonoscopy is known as an invasive procedure, which can lead to complications. Serious complications are very rare. The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding, or a tear (perforation) of the lining of the bowel. If this were to happen, your abdomen may become painful and bloated, and you may need medicine or surgery to treat the problem.

You may pass a small amount of blood from your anus after the test if a biopsy is taken or a polyp is removed during the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full.

If you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely the test may be abandoned or left incomplete. In this case, the test may need to be repeated or we may suggest a different procedure.

What about my medication?

Please continue to take your regular medication as prescribed, unless you are taking any of the following:

- Iron tablets – You must stop these **one week before** your appointment
- Stool bulking agents such as Fybogel, Regularan, Proctofibre, Loperamide (Imodium) or Codeine Phosphate – You must stop these **three days before** your appointment
- Anticoagulants/Antiplatelets – Please contact the unit on 024 7696 6805 if you are taking blood thinning medications such as Warfarin, Clopidogrel, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, or Prasugrel
- Diabetes mellitus – if your diabetes is controlled with insulin or oral medication, please ensure you have received a diabetic information leaflet and that the Endoscopy Unit is aware. This is to make sure you are seen in a timely manner.

Preparing for the procedure

You must have a clean and empty lower bowel to make sure the endoscopist has a clear view to complete a full assessment.

To achieve this, you must:

- start a strict low fibre diet **two days before** your appointment
- **one day before**, have a light early breakfast before 10.am. Then clear fluids only until after your procedure.
- start bowel preparation (laxative medicine) **one day before** the appointment.
- read the bowel preparation timing instructions corresponding to your appointment time, and drink plenty of clear fluids

Suggested Diet starting Two days before your appointment

Fibre is the indigestible part of cereals, fruit and vegetables which impairs the view at the procedure. With this in mind, we ask that you have **ONLY a low fibre diet** starting this day.

Allowed Low Fibre Food	Food NOT Allowed
ALL meats (must be lean and tender), fish and eggs	ALL Fruits AND Vegetables
White breads, Pasta, Rice, Mashed or Boiled Potatoes (without skin)	Any food containing wholemeal or Bran – Wholemeal Bread, Pasta, Rice, Cereals and Biscuits
Yorkshire Puddings, Pancakes, Cream Crackers, Water Biscuits, Any Pastry containing White Flour, Crisps	Digestive and Coconut Biscuits, Oat Cakes, Ryvita etc.
Clear and Puree Soup	
ALL fruit juice (smooth without bits)	
Boiled Sweets, Toffees, Plain or Milk Chocolate	
Sponge cake, Madeira Cake, Shortcake	
Ice Cream, Ice Lollies	
All flavours of Jelly (except Blackcurrant or red jelly)	
Honey, Marmalade, Golden syrup, and Treacle.	
Fruit Squash, Fizzy Drinks	
Tea and Coffee (small amount of milk)	

If you have specific dietary needs such as gluten free diet for coeliac disease, please first refer to public or patient educational charities/organisation for information about equivalent low fibre containing foods. If you still have questions after this, contact the endoscopy unit on 024 7696 6805.

Suggested Diet One day before your procedure

You can have breakfast from foods in the 'allowed low fibre food' list above. After the breakfast, you must not eat any solid, semi-solid or soft food.

You should keep to **liquid diet ONLY**, and drink plenty of fluids from the list below.

Fluids Allowed	
Tea and Coffee (small amount of milk)	Tonic/Soda Water, Lemonade
Water	Oxo/Bovril
Smooth fruit juice	Clear Soup and Broth (no noodles or vegetables)
Fruit Squash	

You may still eat all flavours of jelly (apart from blackcurrant or red jelly), boiled sweets and clear mints.

If you do start to feel light-headed, please add sugar or glucose to your drinks.

Do not have thickened drinks or soups using flour.

On the day of your procedure

Keep to **liquid intake only**. You can continue drinking the allowed fluids until your appointment.

Bowel Preparation

You need to take laxatives **the day before** your appointment. This will have **either** been given to you **or** a prescription sent to you. If you have neither of these, please contact us and we will arrange collection for you from the endoscopy unit.

The laxatives have a salty flavour, so you may want to add fruit juice or squash. If you continue to struggle, try drinking through a straw.

The laxatives will make you go to the toilet often so you should stay at home. You may want to apply a barrier cream to protect your bottom.

The timings to take the laxative medicine are different, depending on the booked appointment time for your procedure.

Please read the following instructions carefully.

If you have a morning procedure appointment (before 12 noon) please follow these instructions:

One Day before your appointment

- **10:00am:** Dissolve the contents of **one** sachet of **Picolax** in 150mls water and drink over 15-20 minutes. The solutions may become hot whilst being mixed. If this happens, wait until it has cooled enough to drink.

Please drink a glass of allowed fluids every hour to allow the effects of the Picolax to work. (it may take 2-3 hours for the solution to work)

- **2:00pm:** Take the first box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if needed). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. (it usually takes 15-20 minutes for the solution to work)

Please drink **another litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated.

- **6:00pm:** Take the second box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if needed). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. (it usually takes 15-20 minutes for the solution to work)

Please drink a **further litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated.

If you have an afternoon appointment (after 12 noon) please follow these instructions:

One Day before your appointment

- **2:00pm** - Dissolve the contents of **one** sachet of **Picolax** in 150mls water and drink over 15-20 minutes. The solutions may become hot whilst being mixed. If this happens, wait until it has cooled enough to drink.
Please drink a glass of allowed fluids every hour to allow the effects of the Picolax to work. (it may take 2-3 hours for the solution to work)
- **6:00pm** - Take the first box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if needed). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. (it usually takes 15-20 minutes for the solution to work)
Please drink **another litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated.

The Day of your appointment

- **07:00am** - Take the second box of **Moviprep** and mix **sachet A and B** together in **1 litre of water** (adding fruit juice or squash if needed). Stir continually until all the powder has dissolved. This can take up to 5 minutes. Drink this over 1-2 hours, try to take a glass every 15 minutes. (it usually takes 15-20 minutes for the solution to work)
Please drink a **further litre** of allowed fluid (preferably water) to prevent you becoming thirsty and dehydrated.

How long will I be in the Endoscopy Unit?

You will be in the unit for around 3-4 hours. The unit may need to prioritise emergency patients from the wards and other departments.

The time you stay also depends on how quickly you recover from the procedure and the effects of sedation medication given during the procedure.

Please note that we do not allow children in the department so please make childcare arrangements or ask for your appointment to be rebooked.

What happens when I arrive?

The receptionist will check your name, date of birth, address and confirm how you will be getting home. You will be given a patient wristband so that staff can identify you throughout your stay in Endoscopy Unit.

A member of staff will then take you to an admission room where you will be asked to change into a hospital gown. They will do a brief medical assessment to make sure that you are fit to have the procedure. If you are diabetic, your blood glucose level is checked and recorded. If you take anticoagulant medication, a finger prick test (INR) will also be done.

The nurse will make sure that you understand the procedure and answer any questions or concerns you may have. You will then be asked to sign a consent form. A consent form is a legal document which confirms your agreement for a trained medical professional to carry out the procedure and your understanding of any associated risks. The doctor or nurse completing the form will explain the procedure to you, outlining the benefits and risks associated with the intended procedure. You may ask questions about the procedure or ask them to repeat or explain further if you do not understand.

You will then wait in your admission room or be moved to a waiting area until it is your turn.

Is it painful?

You may feel some discomfort. We offer Entonox (gas and air), sedation plus or minus analgesia during the procedure.

Entonox

Entonox is a gas mixture made up of nitrous oxide and oxygen (gas and air) and is often used as an excellent short term pain relief for women in labour or other uncomfortable procedures. The gas is self-administered through a mouthpiece. You can drive yourself home half an hour after the procedure.

Sedation

If you choose to have sedation, the nurse will put in a small cannula (plastic tube) into the back of your hand or elbow - this is used to administer the injection medication(s). If needed during the procedure and it is safe to do so, a member of the team will give more medication.

After the procedure, you are not allowed to drive or use public transport alone. You need to arrange a family member or friend to collect you. You should not drink alcohol, operate heavy machinery, or sign legal documents for 24 hours after your procedure.

The Colonoscopy Procedure

You will be taken to the procedure room and introduced to the team. They will go through safety checks and answer any last-minute questions. You will then be asked to lie on your left-hand side with your knees bent and feet forward (like you are sitting on a chair). A blood pressure cuff and blood oxygen monitor are placed on your arm and finger to monitor you throughout.

At the start of the procedure, the endoscopist will examine your back passage with a finger before inserting the flexible camera for the colon examination.

We might ask you to change position during the procedure to allow the scope to glide through your bowel easily through the natural bends of the

Patient Information

bowel. Sometimes a member of the team will apply pressure to your abdomen to help the scope through these natural bends and minimise discomfort. We use CO2 gas to inflate the bowel for better visualisation, which sometimes results in bloating and cramp-like sensations. This might be relieved by letting the gas/wind out, this is perfectly natural.

After the procedure

You will be transferred to the recovery area where you will be monitored by a nurse. You will stay in the department until a safe discharge time is planned. If you are diabetic, your blood glucose will also be checked.

Your lift will be contacted to arrange collection. Before you leave, the nurse or endoscopist may discuss the findings of the procedure with you and give you a discharge leaflet and a copy of your endoscopy report. They will also tell you if further investigations or treatment are needed.

General points and information

- We aim for you to be seen and treated as soon as we can. However, emergency patients take priority, and we apologise if this delays your appointment. We will tell you if this happens.
- You can bring a dressing gown and slippers with you.
- The hospital cannot accept responsibility for the loss or damage to personal property during your time in the hospital.
- If you have any problems with persistent abdominal pain or bleeding, please contact your GP and say that you have had a procedure with us.
- If you are unable to speak to your GP and your symptoms persist, you must attend Accident and Emergency right away.
- If you need hospital transport for your appointment, please contact hospital transport on 01926 310312.

Further Information

If you need any further information, please contact the Endoscopy Unit on 024 7696 6805.

This booklet is based on information produced by the British Society of Gastroenterologists and has been adapted for UHCW NHS Trust by Wendy Miller, Endoscopy Nurse Manager and Dr J Wong, Consultant Gastroenterologist.

www.bsg.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6805 and we will do our best to meet your needs.

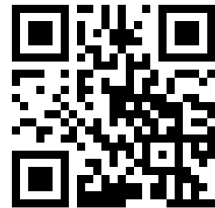
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