

Patient information leaflet: **Colonoscopy with Sedation**

A colonoscopy is a procedural test that uses a narrow, flexible, telescopic camera called a colonoscope to look at the lining of your large bowel. It can be used to detect irritated and swollen tissue, ulcers, or growths such as polyps. It helps to diagnose health conditions like Crohn's disease, ulcerative colitis, diverticular disease and bowel cancer.

About your colonoscopy test

You may have a colonoscopy as part of the NHS national bowel cancer screening programme, or because you have bowel symptoms that your doctor needs to investigate. Using the colonoscope is a good way to do this because the camera can see directly any irritated tissue or growths in the lining of your large bowel.

Your large bowel is the last part of your digestive system and consists of your bowel and rectum. Your rectum connects your bowel to your anus. The illustration above shows where a colonoscope is passed.

Preparing for a colonoscopy

You will have a colonoscopy usually as a day case procedure. This means you have the test and go home the same day. We will give you some instructions on how to prepare for your colonoscopy.

To enable The Manchester General Surgeon to see everything clearly, your bowel will need to be completely empty for the procedure. You will be given a strong laxative that you should take the day or evening before your colonoscopy – but check the instructions. The laxative usually comes as a powder that you mix with water.

The laxative may give you diarrhoea, so make sure you stay close to a toilet after you take it. Drink plenty of clear fluids like water, squash or black tea or coffee to make sure you don't get dehydrated. You might feel some discomfort or bloating in your tummy (abdomen) when you take a laxative, and it can taste unpleasant.

Before you have a colonoscopy you'll also need to:

- eat a low-fibre diet for a couple of days before the procedure, and then switch to only clear fluids the day before
- if you take iron tablets, stop the week before your colonoscopy because they make the inside of your bowel black; this makes it difficult to see clearly
- stop taking any medicines that affect the way your blood clots (e.g. warfarin, aspirin or clopidogrel) as well as painkillers such as ibuprofen

If you take any of these medicines (or any others), let your consultant know before you have the colonoscopy. They can check if you need to stop taking them, and for how long. If you have a health condition, such as diabetes, let your hospital know as the preparation might be different for you. Your hospital will give you all the information you need.

The Manchester General Surgeon will already have gone through everything in detail before you get to the point where you go to hospital for your colonoscopy. Once you arrive at hospital for your colonoscopy, we will go over what will happen before, during and after your procedure, and any pain you might have so that you have all the information you need to give your consent for the colonoscopy to go ahead. You will be asked to sign a consent form beforehand.

What are the alternatives to a colonoscopy?

A colonoscopy is usually the best investigation to show the inside of your bowel. But it isn't appropriate for everyone so your doctor might suggest other tests. Other options include the following.

- **Virtual colonoscopy.** This test involves having a CT scan of your abdomen after gas has been passed into your bowel to expand it. A CT scan uses X-rays to produce three-dimensional images of your large bowel and rectum.
- **Flexible sigmoidoscopy.** This is similar to a colonoscopy but uses a shorter instrument to look inside your rectum and the lower part of your large bowel only.
- **Barium enema.** This involves placing fluid that contains barium (a substance that shows up on X-rays) into your bowel via your anus. The fluid coats the inside of your bowel, which gives clearer X-ray images.

What happens during a colonoscopy?

A colonoscopy usually takes around 45 minutes. A hospital nurse will ask you to put on a hospital gown that opens at the back and lie on an exam table. You will be offered a sedative and a painkiller to help you to relax and be as comfortable as possible during the procedure. The sedative will be given to you as an injection into a vein in your hand. Depending on which medicine you have, and how much, it might make you feel sleepy and you might not remember the procedure.

The Manchester General Surgeon will ask you to lie on your left-hand side and bend your knees. Wearing gloves, they will put their finger into your anus to examine the area and then gently insert the colonoscope into your anus (back passage). Your consultant will use lubricating jelly to make this as easy as possible but it might still feel a bit uncomfortable.

Your consultant will pump air into your bowel through the colonoscope to inflate it slightly and give a better view of your bowel. You might pass wind when this happens but don't worry – it happens a lot so your doctor won't think anything of it. They'll gently pass the colonoscope, which is flexible, through your bowel. They can rotate the tip so it follows the curves in your bowel.

The images from the camera at the end of the colonoscope will appear on a monitor. Your doctor might ask you to change your position during the procedure; for example, to turn from your side on to your back. This will help them to look at different areas of your bowel. They may press on your tummy to help move the colonoscope in the right direction.

Your consultant may take a small sample of cells (this is called a biopsy) or remove polyps (small growths on the lining of your bowel). Polyps are usually benign (not cancerous), but some can change into cancer over time. Your consultant can pass medical instruments through the colonoscope to remove polyps – this is usually quick and isn't painful. The samples will be sent to a laboratory for testing to see if the cells are benign or malignant (cancerous).

What to expect afterward your colonoscopy

After your colonoscopy, you may feel a bit groggy and so you will need to rest until the effects of the sedative have passed. This will take around an hour. After that, you should be fine to go home when you feel ready but make sure someone can take you. You should also ask someone to stay with you for a day (ideally 12 hours) while the sedative wears off.

Your consultant may discuss some findings from the colonoscopy with you before you leave, or they may give you a date for a follow-up appointment. If you've had a biopsy or polyps removed, your results will be sent to the doctor who referred you for the colonoscopy.

Recovering from a colonoscopy

If you need pain relief, you can take over-the-counter medicines, such as paracetamol or ibuprofen. Always read the patient information leaflet that comes with your medicine and if you have any questions, ask your pharmacist for advice.

Having sedation may leave you feeling sleepy. You might also find that you're not as coordinated as usual or that it's difficult to think clearly. This should pass within 24 hours. In the meantime, don't drive, drink alcohol, operate machinery or sign anything important.

You should be back to normal by the next day and can go back to your normal diet. After 24 hours, you can drive again.

You won't be able to fly for 24 hours after a colonoscopy. This is because of the air that your doctor pumps into your bowel during a colonoscopy so you will need to wait for your body to get rid of this before you fly. If your consultant removes a polyp or took a biopsy during your procedure, you will need to wait a couple of weeks because of the risk of bleeding. It isn't possible to know in advance if a biopsy or polyp removal is necessary as it depends on what the colonoscopy finds. So it is best not to book a flight before you have the test.

Most people don't have any problems after a colonoscopy but contact the hospital department straight away if you:

- continue to bleed from your back passage
- have pain in your tummy that gets worse
- feel weak, or develop a fever

Side-effects of a colonoscopy

As with every procedure, there are some risks associated with having a colonoscopy procedure. Ask your consultant to explain how the risks apply to you.

Side-effects are the unwanted but mostly temporary effects you may get after having the procedure. After a colonoscopy, you may feel bloated and uncomfortable for an hour or so. If you massage your tummy and walk around, it might help to relieve this. You may also bleed a little from your back passage if you've had a biopsy or a polyp removed.

Complications of a colonoscopy

Complications are when problems occur during or after the procedure. The main complications of a colonoscopy are listed below:

- Your consultant might not be able to see your entire bowel. This can happen for lots of reasons – for example, your bowel may not be empty or may be blocked. If this happens, you may need to have another colonoscopy or other tests.
- You may have a reaction to the sedation, which can affect your breathing or your heart. But you will be monitored throughout the procedure and given treatment if this happens.
- The colonoscope and the other medical instruments your consultant uses during the procedure may damage or tear your bowel. This risk is higher if your doctor takes a biopsy or removes a polyp. Overall, it isn't likely – it happens to about one person in every 1,200 who have a colonoscopy. If this does happen, you might need to have an operation to repair it.
- You may have heavy bleeding if you have biopsies or polyps removed.

Who are we?

The Manchester General Surgeon provides a comprehensive, expert diagnostic and treatment service for a wide aspect of surgical procedures. From minor surgery to fibre-optic endoscopy, bowel cancer surgery, advanced keyhole 'laparoscopic' surgery and ground-breaking treatment for haemorrhoids and colorectal disorders, our team are highly experienced and leaders in their field.

Find Out More

Based at BMI The Alexandra Hospital, The Manchester General Surgeon provides a comprehensive diagnostic and treatment service for haemorrhoids and other colorectal disorders. To find out more about your treatment options or to make a self-referral, please telephone us on **0161 495 7046** or email gabriella.rocco@bmichoice.co.uk to speak to a member of our team.