

**Sunderland Day Case Centre  
Endoscopy**

**Colonoscopy  
(Movi-prep)**



You have been advised to have a colonoscopy. This leaflet will give you information about the procedure and help you to prepare for it. We also enclose a short pre-procedure questionnaire which we would like you to complete and return in the freepost envelope as soon as possible.

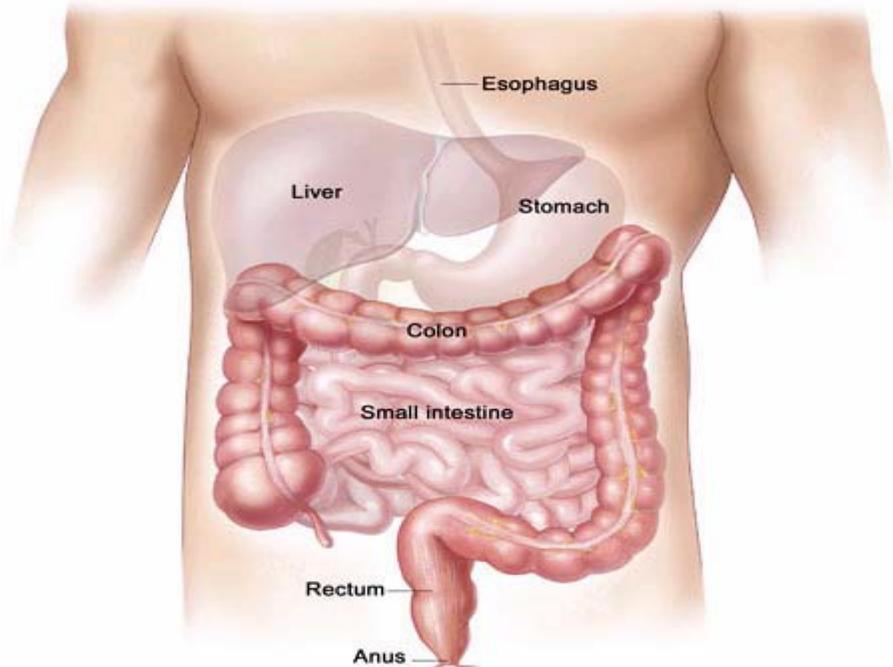
## What is the Test?

A colonoscopy is an investigation using a flexible, telescopic tube to look at the lining of the large bowel (colon). A long tube, called a **colonoscope**, is inserted at the anus and manoeuvred around as far as the appendix. The whole of the large bowel (colon) is about 1.5 metres in length.

To get good views, you will need to take a laxative (bowel prep) to clear out the bowel and eat a restricted diet for 2 days before your appointment.

Some medications may need to be stopped.

Detailed instructions for taking bowel prep will be sent to you with the bowel prep.



## Aftercare

A report will be available to your GP within the next few days. Any specimens that were taken will need to be reported on by the laboratory. The results of any specimens taken are not sent back to the Endoscopy Unit, so please do not telephone us to find out results. The results will be sent directly to your consultant and forwarded to your GP.

Please telephone the Endoscopy Unit with regards information contained within this leaflet. A member of the nursing team will be glad to advise you.

For all general enquiries please use the following contact details:-

Tel: 01634 825027 or 01634 825028

Opening Hours:

Mon-Fri: 7.30am to 6.00pm

However if you need urgent advice out of these hours please contact Medway Maritime Hospital on 01634 830000 and ask for the Sunderland Day Care Unit on ext 5601

Endoscopy Unit  
Sunderland Day Case Centre  
Medway NHS Foundation Trust  
Windmill Road  
Gillingham  
Kent ME7 5NY  
01634 830000

PIL00001030-3

Date: March 2016

Review Date: March 2018

## Preparation for the tests

Your bowel needs to be empty for the tests to be successful. If the bowel is not clean, parts of the colon will be obscured and the examination can not be completed, which means it may need to be repeated or other investigations will need to be carried out at another time. This will result in a delay with your diagnosis or treatment.

So it is very important that you follow the dietary advice and take the bowel preparation medication you have been prescribed correctly.

Though we want you to follow these instructions, also enclosed within the box is a leaflet produced by the manufacturer which lists contra-indications which also needs to be read.

We realise that the diet is quite bland and restrictive and the bowel preparation is not a pleasant experience, but both are essential for a successful colonoscopy.

You can have water to drink up to 2 hours before your test.

## Is there an alternative to having a Colonoscopy?

Alternative procedures include a CT colonography and a barium enema for which your doctor can refer you separately. They are less invasive tests which use x-ray equipment and computers to obtain an interior view of the colon. However, they are strictly diagnostic procedures that still require bowel prep to be taken but which do not allow tissue to be sampled. If the results show a polyp, for example, a colonoscopy would then be needed to remove the polyp. Though CT colonography and barium enemas are less accurate than colonoscopy (they can give false negatives), for some patients they are more appropriate.

**It is very important that you follow the diet and specific instructions on taking MOVIPREP as explained on the following pages and the enclosed leaflet.**

## SEVEN DAYS BEFORE YOUR COLONOSCOPY

**STOP** taking any **IRON** tablets or preparations.

If you are on **WARFARIN** tablets please contact the Endoscopy Unit at this time for further advice.

If you are **DIABETIC**, please contact your diabetic nurse or the Endoscopy Unit at this time for further advice.

## FOUR DAYS BEFORE YOUR COLONOSCOPY

**STOP** taking any medications that create bulk in the bowel (eg fybogel) or any constipating tablets (eg Lomotil or codeine phosphate), which may be prescribed.

**BUT CONTINUE WITH ALL OTHER MEDICATION** and any laxatives until your appointment.

## TWO DAYS BEFORE YOUR COLONOSCOPY

Eat only low fibre food and increase your fluid intake.

### YOU CAN EAT

Lean meat

Cheese eggs and tofu

Grilled, poached fish

Skinless chicken

Boiled or mashed potatoes

Plain ice-cream

White bread, pasta or rice

Custard, clear jelly

Rice krispies or cornflakes

Shredless marmalade or jam

Butter or margarine

Boiled sweets

Water, fizzy drinks fruit squash Oxo, Bovril, Marmite

Clear soups

Tea or coffee with skimmed milk

## Will I get the results straight away?

When you have recovered, a healthcare professional will explain the results. If a biopsy has been taken or a polyp removed, you will be told when and where you can get these results.

## Are there any after effects?

After effects are rare, but you may notice some bleeding if a biopsy has been taken or a polyp removed. You may also experience abdominal pain within the first 24 hours after the colonoscopy.

## After the examination

If you have had a sedative injection, your mental ability to think clearly and make decisions may be affected for up to 24 hours after the procedure, even though you feel wide-awake. For this reason, you must have someone who can collect you from the Unit, take you home **and** look after you for 12 hours afterwards.

**If you have had sedation, for 24 hours after your procedure you must not:**

- Drive
- Operate potentially dangerous machinery
- Drink any alcohol
- Sign any legal documents

For **8 hours** after sedation, you should also not:

- Have a bath unsupervised
- Look after dependants on your own
- Use potentially dangerous appliances such as a cooker or kettle
- Go to work
- Take sleeping tablets or recreational drugs

- It is possible to perforate (tear) part of the bowel (approximately 1 in 1,500) and the risk is increased if a polyp is removed. In the event of a perforation, immediate surgery may be required to repair it.
- Bleeding may be experienced following the procedure. The risk of this is 1 in 150, but increases to 1 in 100, if you have a polyp removed. A blood transfusion or surgery may be required.
- It is also possible to miss small abnormalities. In a small percentage of patients (around 10%) the colonoscope cannot be manoeuvred all the way around the colon. You may then need a CT scan. This is the exception rather than the rule and should not cause you to be concerned.
- During the procedure you may experience some discomfort which is caused by the gas used to assist the transit of the colonoscope around the colon. This will probably leave you feeling bloated until you pass the excess 'wind' naturally.
- If you have haemorrhoids banded, you may experience pain and bleeding. It also is possible to develop an infection, abscess or small tear (fissure).

### **Will I need sedation?**

The majority of colonoscopies are done under sedation. Sedation is given through an intravenous cannula (small tube put into your vein). It is a sedative, not an anaesthetic, and will make most people feel drowsy and relaxed. You will not be unconscious, but you will **NOT BE ABLE** to **drive** yourself home or drive for 24 hours after the procedure. If you prefer not to have a sedative, please let the nurse know.

### **Will I have to stay in hospital?**

You will usually have the colonoscopy as a day patient, involving a stay of 3 - 5 hours. However, if you are very elderly, or in poor health, you may need to come into hospital the day before to take the bowel prep.

## **YOU CAN NOT EAT**

ALL fruit, salad and most vegetables  
 Nuts and pulses  
 Wholemeal or brown bread  
 Brown rice, Wholemeal pasta  
 Chocolate or confectionery with fruit and nuts  
 Crisps  
 Tough meat, sausages and pies  
 Fruit and nut puddings  
 Cakes and biscuits  
 Cooked cheese  
 Beans including baked beans  
 Yoghurt  
 Chips  
 Potato skins

## **ON THE DAY BEFORE YOUR COLONOSCOPY**

### **Moviprep**

We enclose a printed information sheet from the manufacturer of the bowel preparation and would suggest you read it carefully in advance.

It will be necessary to start taking the Moviprep the day before. Moviprep will give you diarrhoea in order to clear your bowels for the examination. You will need to stay close to a toilet. You may need to take the day off work. The effects usually begin two hours after taking the first sachet. Some intestinal cramping is normal.

**Remember to drink plenty of clear fluids as well, ideally up to 500mls extra but, only up until four hours before your test, when all fluid intake must stop. However be aware that these fluids will continue to have an action on your bowels.**

If at any stage you vomit the preparation mixture or have any other concerns regarding side effects please see the information sheet given with your preparation. You may also ring the Endoscopy Unit for advice.

## **On the day of your Test**

Check in at the reception of Sunderland Day Case Centre at the time of your appointment. You will be shown to the ward area of the department. A nurse will explain the procedure in detail with you and ask you a few questions about your general health. We will need to know what medications you are taking and any allergies you have. A doctor will also discuss the procedure with you and get your signed consent to carry out the test.

Expect to be at the hospital all morning for morning appointments, all afternoon for afternoon appointments.

You will usually be given sedation prior to the procedure. Therefore it is necessary that someone accompanies you home. We also advise you to have someone at home with you for 24 hours and not to go to work the next day.

## **The Procedure**

You will be shown to a cubicle where you will be given a gown and a pair of “dignity shorts” to put on after removing your clothes . You may want to bring your own dressing gown to wear. Jewellery, body piercings will need to be removed, therefore we suggest you leave your jewellery at home for safety (wedding rings can be taped to your finger).

The test takes place in one of the procedure rooms. You will be lying on your left side with your knees bent towards your stomach. There will be a nurse at your side monitoring and reassuring you during the procedure. The colonoscopy takes on average 30 minutes. Air is introduced into the colon to allow the scope to pass around the bowel easily. This may cause some bloating and a trapped wind like discomfort. You may pass wind during the procedure. The staff understand why this is happening so please do not be embarrassed by this. It is also likely you will feel an extra wind-like pain after the procedure for a time.

## **After the Procedure**

On completion of the examination you will be returned to the ward area to rest. We will monitor your recovery from the procedure and sedation. When you are sufficiently awake you will be offered some toast / biscuits and a drink. At the end of the list the doctor who performed the examination will discuss the findings with you. It is a good idea to have someone with you as you may forget what has been said due to the sedation you have been given. The doctor will also discuss any further investigations or treatment with you. Please talk about any worries you have or ask any questions, we will do our best to answer them.

## **After Effects**

The sedation can remain in your body from 24 to 48 hours. During this time you should not drink any alcohol, sign any legal documents, place yourself or anyone else in a position of risk by driving or operating machinery. You may experience some bloating, abdominal discomfort and be extra windy. To help these symptoms pass, move around and have warm drinks. Return to a normal diet and drink extra fluids for a while to re-hydrate yourself.

## **Are there any risks involved?**

A colonoscopy is a skilled procedure which is performed by a highly trained doctor or endoscopy practitioner who takes every care to reduce any risks.

- A sedative drug is usually required which, in a very small number of patients (1 in 1,000), can cause your breathing or heart rate to slow down. For this reason, the nurse will put a probe on your finger to monitor your pulse and oxygen levels. You might also have your blood pressure monitored. The effects of the sedative are easy to reverse if necessary. If you are asthmatic, or have any breathing difficulties, please inform the nurse on your arrival and bring your inhaler with you if you use