

RISKS

One of the main risks associated with this test is over-sedation. You will be monitored closely throughout and after your test for signs of this. There is also a risk of perforation - creating a hole in the bowel which may require surgery. This occurs in approximately 1 in 1000-2000 procedures. The risk is increased if a polyp has to be removed to around 1 in 300 procedures. If a polyp is removed there is a risk of bleeding - we use an electrical current (diathermy) to prevent this. Bleeding can occur up to 10 days after the procedure - if it does occur please notify your GP/Hospital.

AFTER THE TEST

You will be left to rest in the unit for at least thirty minutes. You may feel a little bloated with wind pains but these usually settle quite quickly.

GOING HOME

If you are going home after the test it is essential that someone comes to pick you up. Once home, it is important to rest quietly for the remainder of the day. Sedation lasts longer than you think, so you should not drive a car, operate machinery or drink alcohol. The effects of the test and injection should have worn off by the next day when most patients are able to resume normal activities.

WHEN DO I KNOW THE RESULT?

In many cases the endoscopist will be able to tell you the results of the test as soon as you are awake. However, if a sample (biopsy) has been taken or polyps have been removed for examination, the results may take several days.

It is a good idea to have someone with you when you speak to the endoscopist after the test. Because of the sedation, many people find they forget everything that has been said to them.

Details of the results and any necessary treatment should be discussed with your general practitioner or hospital specialist – whoever recommended you to have the test.

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Having a Colonoscopy

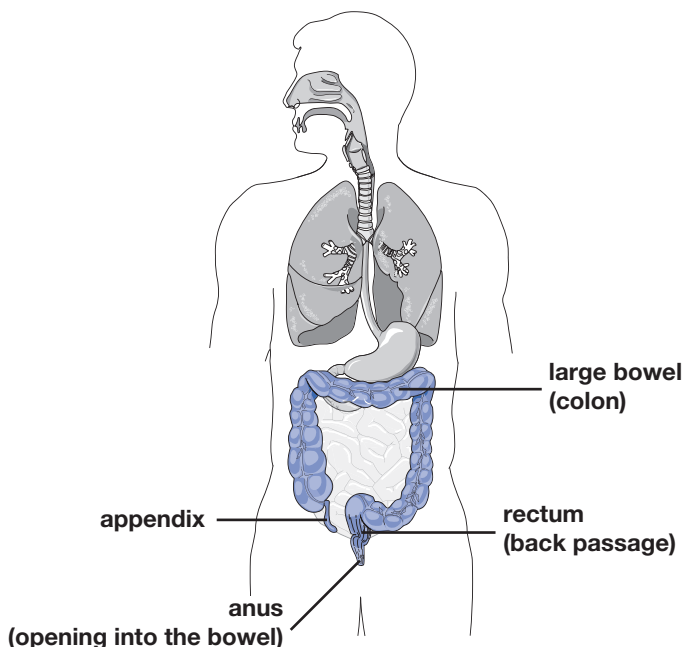


A guide to the test

You have been advised to have a colonoscopy to help find the cause of your symptoms. This leaflet has been prepared from talking to patients who have had the test. It may not answer all your questions so if you have any worries please don't hesitate to ask. The staff who are doing the test will be available to answer any queries. Not every hospital does things in exactly the same way.

WHAT IS A COLONOSCOPY?

Colonoscopy is a test which allows the endoscopist to look directly at the lining of the large bowel (the colon). In order to do the test a colonoscope is carefully passed through the anus into the large bowel. The colonoscope is a long flexible tube, with a bright light and video chip at the end. The view through the colonoscope is often displayed on a TV screen, so you may be able to watch the procedure yourself. The endoscopist gets a clear view of the lining of the bowel and can check whether or not any disease is present. Sometimes the endoscopist takes a biopsy - a sample of the lining for examination in the laboratory. A small piece of tissue is removed painlessly through the colonoscope, using tiny forceps. It is also possible to remove polyps during the colonoscopy. A polyp is a small projection from the surface of the bowel. It can be on a stalk, although sometimes it can be relatively flat.



WHAT SHOULD YOU EXPECT?

The preparation: To allow a clear view, the colon must be completely empty of waste material. If it is not, certain areas may be obscured and the test may have to be repeated. The hospital will give you detailed instructions about clearing the colon. It is important to take all of the laxative prescribed and also considerably increase your intake of clear fluids on the day before the examination, which will help clean the bowel.

When you come to the department, an endoscopist will explain the test to you and will ask you to sign a consent form. This is to ensure that you understand the test and its implications. Please tell the endoscopist or nurse if you have previously had any allergies or bad reactions to drugs or other tests. They will also want to know about any previous endoscopies you may have had, or of any other medical conditions which you may suffer from and any medication which you may be taking. If you have any worries or questions at this stage don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries.

You will be asked to take off your trousers or skirt and to put on a hospital gown. You may also be asked to remove any jewellery or metal objects in case a special piece of equipment, called a diathermy unit, is used.

During the test: In the examination room you will be made comfortable on a couch, resting on your left side, with your knees slightly bent. A nurse will stay with you throughout the test. Whilst a general anaesthetic is not necessary, during the test it may be necessary for you to change your position to help with the examination and you would be unable to do this if unconscious. Sedation is however used. The nurse will probably attach a small device to your finger or thumb, in order to record your pulse rate and monitor your general condition during the examination. When the colonoscope has been gently inserted through the anus into the large bowel, air will be passed through it to distend the colon to give a clearer view of the lining. This may give you some wind-like pains but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty, there is no danger of this happening. You may pass some wind but, although this is embarrassing, remember the staff do understand what is causing it. It usually takes up to thirty minutes for the colon to be examined, but the test sometimes lasts longer. X-ray equipment may also be used. When the examination is finished, the tube is removed quickly and easily.