



## UNDERSTANDING COLONOSCOPY



Advanced Medicine Exceptional Care

### WHAT IS A COLONOSCOPY?

A colonoscopy is a test which allows the doctor to look directly at the lining of the large bowel (colon). It is performed using a thick flexible tube (colonoscope) with a camera and a light on the tip which is used to look at the area being examined. The procedure is the most accurate way of looking at the large bowel (colon) to establish whether there is any disease present. It also allows for:

- 1) a sample of tissue (biopsy) to be taken for examination by the pathology department;
- 2) The removal of polyps (which are like little cherries) that can grow on the bowel wall; and
- 3) the treatment of haemorrhoids (piles).

### GETTING READY FOR THE PROCEDURE, PATIENTS RESPONSIBILITIES

To obtain a clear view, the colon must be completely empty. You will receive detailed instructions about how to prepare your bowel for the procedure and it is essential that you follow these instructions exactly. You should not have anything to eat or drink once you have commenced your bowel preparation. The day before your procedure have a light breakfast (e.g. tea and a slice of toast) before 8:00am then only clear fluids may be taken for the remainder of that day.

Clear fluids to be taken up to midnight before your procedure if you have a morning appointment. If your appointment is in the afternoon you can have clear fluids until 6 hours before your admission time.

When you arrive in the unit, it is important to tell the doctor and nurse about any medications (prescription or non-prescription) or antibiotics you are taking and also about any allergies or reactions you may have had in the past by recording it in the medication section of this form. If you are a diabetic you must inform your consultant pre-admission.

**If you are taking aspirin, please continue to take as prescribed, unless your consultant has told you otherwise.**

**IF YOU ARE TAKING ANTIPLATELET DRUGS SUCH AS CLOPIDOGREL (PLAVIX) OR OTHER ANTICOAGULANT BLOOD THINNING DRUGS, e.g. WARFARIN, PLEASE CHECK WITH YOUR CARDIOLOGIST/CONSULTANT IF THESE NEED TO BE CONTINUED OR DISCONTINUED PRIOR TO YOUR PROCEDURE.**

**If you are taking iron, please inform your consultant as it may need to be discontinued one week prior to your procedure.**

**If you are on any medications (apart from tablets for diabetes) these should be taken as normal on the morning of your procedure.**

- Please complete Medication History List on page 4 before you come into the hospital.
- Diabetic patients taking insulin or oral diabetic medication must follow the instructions provided by their doctor.
- You are asked to bring this signed consent form agreeing that you understand the procedure and its implications, and that any questions you may have had have been answered.
- We ask that you bring a dressing gown and slippers with you on the day, and you should wear comfortable clothing.
- **Please leave any jewellery, money and valuable items at home.**
- If you have any infections in the past eg. Methicillin-Resistant Staphylococcus Aureus (MRSA), Vancomycin-Resistant Enterococci (VRE) or other Multi-drug Resistant Organisms (MDRO) please inform your consultant or nursing staff prior to admission.
- **Please ensure you bring this form with you on the day of your procedure.**

### SEDATION

Sedation is the use of a small amount of medication to produce a 'sleepy' like state. It is given in to a vein through a needle in your hand. It makes you physically and mentally relaxed during the procedure which may be uncomfortable at times but where your cooperation is needed such as a colonoscopy. **This is not a general anaesthetic.**

Some patients will recall the test but the aim of conscious sedation is that the majority of patients will not remember it as an unpleasant experience. If you take relaxation drugs or sleeping tablets regularly these may influence the effectiveness of your sedation.

**In the event that you are unable to tolerate the procedure being done under sedation you can request to stop the Procedure.**

## DURING THE PROCEDURE

Prior to your procedure any queries you may have will be answered. In the procedure room you will be asked to remove your glasses and dentures if applicable and made comfortable lying on your left side. The doctor will administer your sedation. A nurse will remain with you during the procedure to monitor your blood pressure and pulse. You may experience some discomfort and may notice some windy pains due to the air that has been put into your bowel.

## POTENTIAL PROBLEMS

**Failure of the Procedure:** This is usually a very successful procedure allowing the whole colon to be visualised in over 90% of cases. Occasionally it may not be possible to advance the instrument all the way around your colon and further tests such as a scan or x-ray may be required. These procedure alternatives are a CT Scan or Colongraphy.

**Drug Reaction:** The sedation used for the procedure is usually very safe with only a very slight risk of a reaction.

**Bleeding:** Bleeding can occur in 1 in 1,000 colonoscopies. This bleeding can often be stopped straight away but may occasionally be more serious or even occur a few days later. The risk of bleeding increases to 1 in 100 if polyps are removed, depending on the size of the polyp removed. It is important to remove polyps as many polyps if left untreated for a long period of time can turn cancerous, or cause a blockage.

**Perforation:** It is possible to damage the large bowel lining making a hole. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). An operation is nearly always required to repair this hole. The risk of this happening is approximately 1 in every 1000 examinations. Where polyps are removed, the risk of perforation is up to 1/100.

**Missed Pathology:** It is important to remember that no test is perfect and even with complete examination significant disease may be missed in up to 5% of cases.

**All hospital admissions carry a small risk of infection.**

## FOLLOWING YOUR PROCEDURE

You will remain fasting for 1 hour APPROXIMATELY after your procedure. Following your procedure you may have some crampy pains and bloating which will pass soon after. The consultant will meet with you to discuss your test and follow up care, prior to discharge.

When you are sufficiently awake, you may go home. Please note the following advice following sedation:

- You must have someone to accompany you home and remain with you overnight
- You must not drive or operate machinery for 24 hours
- You must not consume alcohol for 24 hours
- You should not make any vital decisions or sign any legal documents for 48 hours
- You should not take any medication not prescribed by your doctor
- If you have hearing aids, please check that your hearing aids prior to leaving the hospital

Please note that complications are rare. If you experience any of the following symptoms after your procedure when you go home you should seek help from a doctor immediately.

- Chest or tummy pain that is more severe or different to the pain you usually have
- Breathing difficulties
- Fever
- Vomiting blood or black fluid
- Passing blood from your back passage (Please note that you may pass small amounts of blood if you have had your haemorrhoids treated)

**PLEASE NOTE THAT FOLLOWING A SEDATED PROCEDURE YOU WILL NOT BE PERMITTED TO LEAVE THE HOSPITAL UNACCOMPANIED. WE THEREFORE ASK THAT YOU MAKE ARRANGEMENTS TO HAVE A RELATIVE COLLECT YOU. IT IS NECESSARY TO HAVE A RESPONSIBLE ADULT STAY WITH YOU OVERNIGHT.**

A report of this diagnostic procedure will be sent to your General Practitioner or referring consultant.

**Please ensure you sign below to confirm you understand the information on this form and hand this form to your nurse on admission to the day ward.**

If you have any questions about the procedure, your consultant or nurse will only be too pleased to answer them.

You can call the Endoscopy Department in the Bons Secours Hospital Cork on **021-4801693** from 8:00am – 18:00pm Monday to Friday. After 18:00pm, patients can contact the hospital directly on **021-4542807** and ask for the Assistant Director of Nursing on duty. After 24 hours contact your GP (General Practitioner).

**I confirm that I have read and understand the information on this form and the potential problems associated with this procedure.**

**Signature of patient/authorised decision maker:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

Affix Patient Label here

## PATIENT CONSENT

In this section your consent for the procedure will be obtained. You must fully read this Colonoscopy Patient Information Leaflet prior to completing your consent form.

You may complete this form prior to coming to the Hospital if you wish. If there are any further questions or clarifications that you require, please do not sign this consent form until you have spoken to your doctor in the Endoscopy Unit.

### TO BE COMPLETED BY PATIENT

I understand why I am having this procedure and that I can change my mind at any time and not undergo this procedure.

I understand that biopsies may be taken during the procedure. I understand that there is no guarantee that this procedure will improve my condition. I understand that I have the choice to receive sedation for this procedure.

I confirm that I have read and understood the information on this form and the potential problems that are associated with this procedure, which is being carried out by

Dr/Mr \_\_\_\_\_

Signature of Patient / Authorised Decision Maker: \_\_\_\_\_ Date: \_\_\_\_\_

### DOCTOR STATEMENT

I have spoken to this Patient and am satisfied that he / she fully understands the procedure.

Doctor Signature: \_\_\_\_\_ Medical Council Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

# CURRENT MEDICATIONS

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Affix Patient Label here

**CURRENT MEDICATIONS**

Allergies (medication, dye, food, latex): \_\_\_\_\_

Pharmacy Name & Telephone No: \_\_\_\_\_

If you are not taking medication at home please tick here

CURRENT MEDICATION HISTORY LIST				List any other medication which you have taken within the last 4 weeks not included in the list above.
Name of Medication	Dose	Frequency	Route	
1	_____	_____	_____	Signature of patient/carer or relative: _____  Date: _____
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	
5	_____	_____	_____	
6	_____	_____	_____	
7	_____	_____	_____	
8	_____	_____	_____	
9	_____	_____	_____	
10	_____	_____	_____	
11	_____	_____	_____	
12	_____	_____	_____	

Do you have or have you had any of the following in the past:

	Yes	No		Yes	No
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Apnoea	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Family History of Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker / Implantable Cardiac Device	<input type="checkbox"/>	<input type="checkbox"/>	Vancomycin Resistant Enterococci (VRE)	<input type="checkbox"/>	<input type="checkbox"/>
Methicillin Resistant Staphylococcus Aureus (MRSA)	<input type="checkbox"/>	<input type="checkbox"/>	Previous Bowel Polyps	<input type="checkbox"/>	<input type="checkbox"/>
Previous Bowel/Abdonimal Surgery	<input type="checkbox"/>	<input type="checkbox"/>			

Name and contact phone number of person who will escort you home:

Name \_\_\_\_\_ Contact Number: \_\_\_\_\_

Admission Nurse Signature below indicates all details on the above medication history list have been reviewed.

Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_