

When you are referred to the DACS clinic you will be seen by staff experienced in diagnosing and treating bowel problems of all kinds

Gastroenterology Services

Dr Nora Thoua – Consultant Gastroenterologist

Dr Neil Ikin – Consultant Gastroenterologist

Dr Eleanor Wood - Consultant Gastroenterologist

Dr Laura Marelli - Consultant Gastroenterologist

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Colorectal Services

Ms Helen Pardoe – Consultant Colorectal Surgeon

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What to expect at your Direct Access Colonoscopy Service (DACs)

Homerton University Hospital NHS Trust

*** Please also read accompanying booklet “Information for patient having a Colonoscopy”**

So why has my GP referred me to hospital?

Your General Practitioner (GP) has referred you to hospital because you have been experiencing gastrointestinal symptoms such as bleeding from your back passage or change in your bowel habit and are aged between 40 and 70 years of age.

What test will I be having?

An appointment has been made for you to have a diagnostic camera test called a "Colonoscopy". The colonoscopy will allow a doctor to view and assess the large bowel for a cause of your symptoms. This test is done on the day of the appointment, in a department called Day Stay Unit. You will usually go home after the test.

What should I expect at my Direct Access Colonoscopy?

- The day before your test you will have to take a medication called "Moviprep" to empty your bowels.
- When you attend for the test a doctor will see you first and ask you some questions about your health, you will need to sign a consent form which allows the doctor permission to perform the test
- It will then be necessary for you to be undressed for the test which you will be able to do in a private room/cubicle

- The colonoscopy takes approximately 30 minutes to be performed. If you have an escort you will be offered sedation for the test.
- After the test a doctor will come and explain the findings of your test, and you will also be given a report and discharge summary which outline the findings and suggestions for your GP on how to manage your symptoms
- Often sample(s) of the bowel lining or growths known as polyps may be removed during the test, these will be sent off to be examined and it takes approximately 2 weeks for the results to be available and these will be sent to you GP.

Will I need any further test(s) or hospital appointments after this colonoscopy?

- This depends on what is found during your colonoscopy. Usually you will be referred back to your GP for him/her to discuss any findings from the test or to start treatments if necessary.
- If more complicated conditions of the bowel are found during your test you may be urgently referred to see a Gastroenterologist or a General Surgeon in the Hospital. You will see a doctor in an outpatient clinic to discuss if further test(s)/ investigations are needed.

Department of Gastroenterology

**Information for patients having a
Colonoscopy with Moviprep®
(Including Bowel Preparation and
Polypectomy)**

You have been advised to have a colonoscopy to help find the cause of your symptoms. The Homerton Hospital Endoscopy Unit is located in the Day Stay Unit. The time and date of your appointment and important telephone numbers are listed below.

This leaflet has been prepared to provide you with some information about the test. It may not answer all your questions so if you have any worries please do not hesitate to ask. The staff who are doing the test will be available to answer any queries.

Date of colonoscopy and arrival time in the Day Stay Unit, Homerton Hospital at:

(as per Choose & Book appointment)

Responsible consultant: - Dr Thoua

If you are unable to come for your appointment please cancel the appointment via the Choose & Book service or let your GP know as soon as possible.

If you do not attend for your appointment and do not let us know, we are unable to schedule another patient into that slot and it is a wasted appointment. If you fail to reschedule or do not attend you will be discharged back to your GP.

Endoscopy advice telephone number: 07771914494 for questions regarding the colonoscopy and bowel preparation,

Summary of important points in this leaflet:

- **Tell** the doctor or nurse if you are diabetic, on warfarin or have a heart condition. You should already have received instructions regarding any change in your warfarin dose - if not please contact the department.
- **Follow** the bowel preparation instructions carefully, otherwise we will not be able to do the test.
- **Arrange** for a responsible adult to collect you and take you home. The procedure is usually performed under light sedation. If you do not have an escort you will not be able to receive sedation although you may still be able to have the procedure

Please bring this booklet with you at the time of your appointment

Colonoscopy is a test to assess your colon (large intestine).

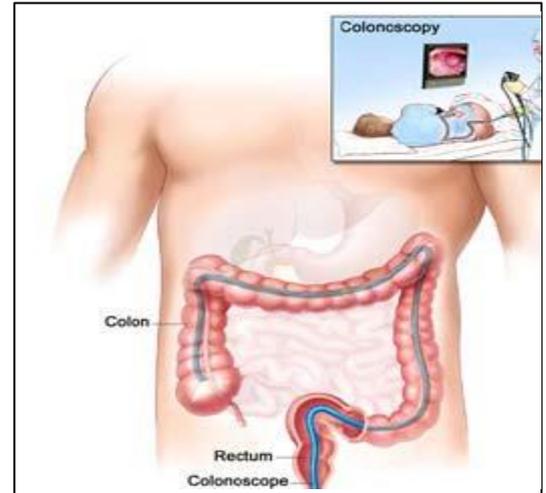
What is a colonoscopy?

A colonoscopy is a test where a doctor looks into your colon (see picture). The colon is sometimes called the large intestine or large bowel and is the part of the gut which comes after the small intestine. The last part of the colon leads into the rectum where faeces (stools or motions) are stored before being passed out from the anus.

A colonoscope is a thin, flexible, telescope. It is about as thick as a little finger. It is passed through the anus and into the colon. It can be pushed all the way round the colon as far as the caecum (where the small and large intestine meet).

The colonoscope is a special tube attached to a videocamera which allows light to shine down so the doctor can see inside your colon.

The colonoscope also has a 'side channel' down which devices can pass. These can be manipulated by the doctor. For example, the doctor may take small samples (biopsies) from the inside lining of the colon by using a thin 'grabbing' instrument which is passed down a side channel. Taking a biopsy will not be painful for you, - in fact you will probably not be aware that it has been done. The biopsy samples will be retained. A video recording and/or photographs may be taken for your records.



Who has a colonoscopy?

A colonoscopy is usually done:

- To investigate symptoms such as bleeding from the anus, pains in the lower abdomen, persistent diarrhoea, or other symptoms thought to be coming from the colon.
- Follow up inspection of previous disease.
- To evaluate changes in the lining of the colon known as inflammatory disorders.
- Often a colonoscopy is normal. But the test will help to rule-out certain possible causes of your symptoms.

What preparation do I need to do?

The colon must be emptied of stool so that the doctor can get a clear view of the lining of the bowel. In the advice below are the instructions that you will need to follow in advance of the procedure to ensure that your bowel is empty please read the advice which is appropriate depending if your appointment is in the morning or afternoon (usually afternoon appointment). They advise you on some simple dietary changes that you will need to make and you will also be given some laxatives (Moviprep) to take. Please follow the instruction carefully. This laxative preparation is quite strong and you may have a crampy feeling, you will also need to be near a toilet most of the time after taking the laxative.

Afternoon Appointment 12.30 - 17.00

Bowel preparation instructions for your colonoscopy test

- **7 days before your test:** Stop taking iron tablets e.g. ferrous sulphate, or vitamin supplements but continue with all other medication.
- **4 days before the test:** Stop taking fibre supplements or constipating agents, e.g. codeine phosphate or imodium (loperamide).
- **2 days before the test:** Please adjust your diet as described in the diet sheet below so that it is a low fibre diet. Drink lots of water and other clear fluids (but not pure fruit juices).
- **On the day before your test:**
 - **7am** Eat breakfast from the allowed food listed below.
 - **12.00 midday** You may have a light lunch based on the diet sheet but after this do not have any further solid food or milk or other dairy products until after your test is completed. Drink plenty of clear fluids (see list).
 - **1800 HOURS (6PM) – MIX FIRST SACHETS A & B FROM FIRST PACKET OF MOVIPREP WITH ONE LITRE OF WATER, STIR TO DISSOLVE, FLAVOUR WITH ANY JUICE OF YOUR CHOICE TO TASTE OR CHILL. DRINK A GLASS AT LEAST EVERY 15 MINUTES TILL FINISHED. CONTINUE TO DRINK CLEAR FLUIDS.**
- **On the day of your test:**
 - **07.00 AM MIX SECOND SATCHETS A & B FROM SECOND PACKET OF MOVIPREP IN ONE LITRE OF WATER, STIR TO DISSOLVE. FLAVOUR AS REQUIRED OR CHILL. DRINK A GLASS AT LEAST EVERY 15 MINUTES TILL FINISHED. CONTINUE TO DRINK PLENTY OF FLUIDS TO AVOID DEHYDRATION.**

You will have frequent bowel movements and diarrhoea in the evening before and that morning. For this reason, it is best to stay at home near a lavatory. Some grippy stomach pain is normal. You may wish to use some Vaseline or Zinc and Castor Cream to stop your bottom getting sore.

It is important to drink at least 3 litres of clear fluid after taking the preparation to ensure the bowel is clean. If it is not clean enough the test may have to be repeated at a later date.

Stop drinking 2 hours before your appointment.

Morning Appointment 08.30-12.30

Bowel preparation instructions for your colonoscopy test

- **7 days before your test:** Stop taking iron tablets e.g. ferrous sulphate, or vitamin supplements but continue with all other medication.
- **4 days before the test:** Stop taking fibre supplements or constipating agents, e.g. codeine phosphate or immodium (loperamide).
- **2 days before the test:** Please adjust your diet as described in the diet sheet below so that it is a low fibre diet. Drink lots of water and other clear fluids (but not pure fruit juices).
- **On the day before your test:**
 - **7am** Eat breakfast from the allowed food listed below.
 - **12.00 midday** - You may have a light lunch based on the diet sheet but after this do not have any further solid food or milk or other dairy products until after your test is completed. Drink plenty of clear fluids (see list).
 - **1pm MIX SACHETS A & B FROM FIRST PACKET OF MOVIPREP WITH ONE LITRE OF WATER, STIR TO DISSOLVE, FLAVOUR WITH ANY JUICE OF YOUR CHOICE TO TASTE OR CHILL. DRINK A GLASS AT LEAST EVERY 15 MINUTES TILL FINISHED. CONTINUE TO DRINK CLEAR FLUIDS.** Make sure you have good access to a toilet
 - **1800 HOURS (6PM) OF THE SAME DAY MIX SATCHETS A & B FROM SECOND PACKET OF MOVIPREP IN ONE LITRE OF WATER, STIR TO DISSOLVE. FLAVOUR AS REQUIRED OR CHILL. DRINK A GLASS AT LEAST EVERY 15 MINUTES TILL FINISHED. CONTINUE TO DRINK PLENTY OF FLUIDS TO AVOID DEHYDRATION.**

You will have frequent bowel movements and diarrhoea in the afternoon or evening. For this reason, it is best to stay at home near a lavatory. Some gripy stomach pain is normal. You may wish to use some Vaseline or Zinc and Castor Cream to stop your bottom getting sore.

It is important to drink at least 3 litres of clear fluid after taking the preparation to ensure the bowel is clean. If it is not clean enough the test may have to be repeated at a later date.

Stop drinking 2 hours before your appointment.

<u>Foods to eat</u>	<u>Foods NOT to eat</u>	<u>Menu Suggestion</u>
<p>Eggs (boiled, scrambled, fried and poached)</p> <p>Any cheese, except ones that contain fruit.</p> <p>Chicken (grilled, roast or boiled)</p> <p>Pork (Roast or grilled)</p> <p>Ham or salami.</p> <p>Fish (cod, salmon, prawns, haddock or any fish in a white sauce)</p> <p>Potatoes without skins</p> <p>White Rice in small amounts.</p> <p>White bread and rolls, this includes bagels and naan</p> <p>roti and ciabatta.</p>	<p>Brown or wholemeal bread and rolls, especially seeded breads.</p> <p>Cereals as they contain lots of fibre.</p> <p>Pulses (kidney beans, butter beans or any type of bean including baked beans).</p> <p>Vegetables and fruit must also be avoided as they are also high in fibre.</p> <p>Nuts and seeds must not be eaten.</p> <p>Anything that is high in fibre must be avoided.</p> <p>Please do not drink fruit juices as well as they contain fibre.</p>	<p>Any fish in a white sauce with, peeled potatoes.</p> <p>Grilled pork chops with mashed potato. (a small amount of gravy would be alright with this).</p> <p>Cheesy scrambled eggs on toast.</p> <p>Ham and any cheese toasted in ciabatta</p> <p>Chicken curry with white rice, small measure, (no vegetables in the sauce).</p> <p>Fish pie, with salmon, cod and prawns topped with mashed potato, with a white sauce filling.</p> <p>Sandwiches with various fillings.</p>

Clear fluid suggestions
<p>Water</p> <p>Herbal teas</p> <p>Tea and coffee can be taken with a small amount of milk</p> <p>Squash or cordials, Lemonade</p> <p>Jelly can be eaten as well (please avoid red-coloured jelly)</p> <p>Clear soups such as miso or chicken noodle soup, (needs to be strained).</p>

What if I am a diabetic?

The day before colonoscopy you will have to take only clear liquid food from midday. Therefore, you will take less food than usual. Clear jelly, clear soup and clear fruit juice are allowed the day before colonoscopy. Because you will be eating less than usual you will probably need a lower dose of your usual diabetic tablets or insulin. Please contact the Homerton Diabetes Centre, Homerton Hospital on 020 8510 5000 between 9.00 am – 5.00 pm several days before your test. You will need to discuss how to cut back on your tablets or insulin with them.

You should check your blood sugar levels regularly the day before colonoscopy. This is in order to ensure that your blood sugar does not drop too low. If the blood sugar is below 7.0 a sugary drink should be taken. If you are unsure about how often to check your blood glucose or what to take if the levels are low, please contact the Diabetes Centre (see details above). On the day of colonoscopy, the test will be carried out early in the morning whenever possible. You should not have any breakfast and you should not take your morning dose of insulin or tablets. Bring your insulin with you to have after the procedure. Your morning dose of insulin can be given as soon as you are able to eat and drink safely; the nursing staff will inform you when this is safe.

On the day of the test: Take any essential medication with some water. Essential medication includes heart, blood pressure, epilepsy and steroid medication. Patients on warfarin are advised to call the endoscopy advice line (07771914494) if you have not already been given specific information at the time your test was booked.

What happens during a colonoscopy?

Colonoscopy is usually done as an outpatient procedure in the Endoscopy Unit which is part of our Day Stay Unit. It is a routine test which is commonly done. You will usually be given a sedative to help you to relax and a painkiller. These are given by an injection into a vein in the back of your hand. The sedative can make you drowsy but it does not 'put you to sleep'. It is not a general anaesthetic. While you are sedated we will monitor your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure.

You will be asked to lie on your side on a couch. The doctor will gently push the end of the colonoscope into your anus and up into the entire length of your colon. There are some bends that naturally occur in the colon and negotiating these may be uncomfortable for a short period of time but the sedation and painkiller will minimise any discomfort. The

picture in the diagram shows the colon with a colonoscope inserted. The lining of the colon is examined carefully while inserting and withdrawing the instrument. Air is passed down a channel in the colonoscope into the colon to make the inside lining easier to see. This may cause you to feel as if you want to go to the toilet (although there will be no faeces to pass). The air may also make you feel bloated, cause some mild 'wind pains', and may cause you to pass wind. This is normal and there is no need to be embarrassed as the doctor will expect this to happen.

The doctor may take biopsies of some parts of the inside lining of the colon - depending on why the test is done. This is painless. The biopsy samples are sent to the laboratory to look at under a microscope. Also, it is possible to remove polyps which are taken away by a small instrument inserted down the colonoscope. Polyps are slow-growing overgrowths of the colonic lining (mucosa) that carry a small risk of becoming cancerous over many years. They are therefore removed when detected. If your doctor sees a polyp, he or she removes it with a loop of wire pushed through the colonoscope. The doctor tightens the loop around the polyp's stem and sends a brief electric current through the wire to burn the stem and separate it from your intestine. This process isn't painful because there are few nerve endings in the stem of the polyp. The polyp can be removed using vacuum pressure on the colonoscope or another tool on the end of the scope.

How long will it take?

A colonoscopy usually takes about 20-30 minutes. But, you should allow at least 4 hours for the whole appointment in the Day Stay Unit to prepare, give time for the sedative to work, for the colonoscopy itself, and to recover. The procedure is usually well tolerated, but there is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure.

What can I expect after a colonoscopy?

Most people are ready to go home after resting for half an hour or so after the procedure has been completed. You may begin to eat and drink as soon as you wish. We suggest you start slowly with clear fluids and progress to your normal diet, as you feel able. You can take all your normal medicines after the procedure, unless we advise otherwise.

If you have had a sedative - you may take a bit longer to be ready to go home. The sedative will normally make you feel quite pleasant and relaxed. But, you should not drive, operate any machinery, sign any legally binding documents or drink alcohol for 24 hours after having the sedative. You must have an escort (a friend or relative) to accompany you home. Most people are able to resume normal activities the next day.

If you have not had a sedative –you can carry on as normal.

Are there any side-effects or complications from having a colonoscopy?

Most colonoscopies are done without any problem. You may feel tired or sleepy for several hours afterwards caused by the sedative. You may pass a small amount of blood from your anus if a biopsy was taken, or a polyp was removed. Complications occur extremely infrequently; we would wish to draw your attention to them so that you are fully informed about the procedure. The doctor who has requested the test will have considered the risks and compared them to the benefits of having the procedure performed.

The main risks are of mechanical damage to the colon:

- Bleeding from the site of a biopsy or polyp removal (risk approximately 1 for every 100 - 200 examinations where a polyp is removed). Typically minor in degree, such bleeding may either stop on its own or if it does not, be controlled by cauterization or injection treatment. Blood transfusions are rarely required.
- Perforation i.e. a tear through the lining of the bowel wall. (risk approximately 1 for every 1,000 examinations). A perforation may be repaired with metal clips at the time of the procedure. Sometimes an operation is needed to repair a perforation. The risk of perforation is higher with polyp removal.
- A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort. Sedation can occasionally cause problems with breathing, and blood pressure. Careful monitoring by a fully trained endoscopy nurse ensures that any potential problems can be identified and treated rapidly.

It is important to contact the endoscopy unit or your doctor if you notice symptoms of severe abdominal pain, fevers, chills or rectal bleeding of more than one half cup. Bleeding can occur up to several days after a biopsy. Out of hours please contact your local A+E department.

In summary, a colonoscopy is usually not uncomfortable, rarely has side-effects and it is an essential and important part of your planned investigations.

Are there alternatives to colonoscopy

Your doctor has decided that a colonoscopy is the best and most appropriate test to examine your colon. The other methods of examining your large bowel are a barium enema or a CT pneumocolon. Both of these tests require the same type of bowel preparation as colonoscopy. They do not allow polyps to be removed or biopsies to be taken and so it is possible that if an abnormality is shown on either of these tests you would need to go on and have a colonoscopy anyway. Colonoscopy is considered the 'gold standard' for examination of the colon but even the test can occasionally miss things.

Getting the results

The doctor will talk to you straight after the test is done to outline the findings. Patients who have had sedation often have difficulty remembering what is said to them immediately after the test. It might be helpful to have someone with you when talking to the doctor afterwards. Unfortunately, due to the complex laboratory techniques involved, the biopsy results always take at least one week to become available, for this reason, the clearest picture of the results will always be available at the next scheduled appointment with your consultant or GP. At this time all the results can be discussed together, along with any treatment options.

Now that you have read this Colonoscopy information booklet please complete the following questions prior to your appointment by ticking the appropriate box:

- | | | |
|---|------------|-----------|
| • I have read this booklet | Yes | No |
| • I understand the information it contains | Yes | No |
| • I am aware that sedation will be given during this test | Yes | No |
| • I am aware that polyps may be removed | Yes | No |
| • I am aware of the risk of bleeding and/or perforation | Yes | No |

If you have answered "no" to any of these statements the doctor will discuss this with you before asking you to complete the final section below.

- | | | |
|---|------------|-----------|
| • I have had every opportunity to ask questions | Yes | No |
| • I have had answers to my satisfaction | Yes | No |

Name of patient: _____ Date: _____

Signature of patient:

You will be asked to sign a consent form shortly after you arrive for the test