

Having a colonoscopy through a stoma

A guide to the test



Information for patients



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Welcome to Endoscopy

Sheffield Teaching Hospitals has 2 Endoscopy Departments.

One is at the **Northern General Hospital** and the other at the **Royal Hallamshire Hospital**.

You may have your investigation at either hospital depending on current waiting lists. When you book your investigation you will be given a choice of which hospital you would prefer to go to.

It may not be your own consultant who undertakes the procedure. It may be another doctor or a nurse endoscopist.

At the Northern General Hospital there are 4 endoscopy rooms and at the Royal Hallamshire Hospital there are 3 rooms in operation at any one time, each performing different procedures so other patients may be seen before you.

If you are unable to keep your appointment, please tell the department you will not be attending as soon as possible. This will allow us to give your appointment to someone else and arrange another date and time for you.

The Endoscopy Department telephone numbers are:

- Northern General Hospital: **0114 226 9174 or 0114 226 9730**
- Royal Hallamshire Hospital: **0114 271 2990**

You may get an answer machine. If so, please leave a message and contact number and someone will get back to you.

Introduction

Your doctor has requested a colonoscopy.

We have written this booklet to help answer some of the concerns you may have. It will also help you to make an informed decision when agreeing to the procedure.

It may not answer all your questions, so if you have any worries, please do not hesitate to ask. The staff involved in completing your procedure will be happy to help.

The consent form

We must obtain your formal consent (permission) before any procedure or treatment. Your consent is required in writing. If you later change your mind you are entitled to withdraw consent, even after signing.

All the risks, benefits and alternatives are mentioned in this booklet, but staff will check you understand all of these before they ask for your consent.

If you are unsure about any aspect of the proposed procedure or treatment, please do not hesitate to ask for more information.

What should I know before deciding?

The admission nurse or endoscopist will ensure you have enough information about the procedure to enable you to decide about your treatment. They will write this information on the consent form as well as discussing choices of treatment with you. We encourage you to ask questions and inform us of any concerns that you may have. It may be helpful for you to write these down as a reminder.

What are the key things to remember?

It is your decision.

It is up to you to choose whether or not to consent to what is being proposed. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

Can I find out more about giving consent?

For further information on consent you may wish to look at the NHS website as follow:

- www.nhs.uk/conditions/Consent-to-treatment/

What is a colonoscopy?

Colonoscopy is an examination of the large bowel (colon).

It is a very accurate way of looking at the lining of the bowel to establish whether there is disease present.

The instrument used is called an endoscope, which is a long flexible tube about the thickness of your index finger, with a bright light at the end. It also has a very small camera at the end, which sends a live image to the screen where it is viewed by the endoscopist.

Normally the endoscope is passed into the colon through the anus, but for your investigation it will be inserted through your stoma.

During the procedure the endoscopist may need to take some small tissue samples (called biopsies) or remove polyps, which are growths on the wall of the bowel. These samples will be sent to laboratories for analysis.

The tissue samples and associated clinical information will be kept and may be used for teaching or research purposes to improve diagnosis and treatment of bowel diseases. If you do not wish us to keep the tissue

samples for these purposes, please inform us before signing the consent form.

What is a polyp?

A polyp is a small clump of cells that form on the lining of the bowel. Some polyps are attached to the bowel wall by a stalk and look like a mushroom, whereas others are flat without a stalk. If a polyp is found, it is usually removed by the endoscopist as it may grow and cause problems later. Polyps are removed or destroyed painlessly, using a high frequency electrical current. Alternatively, the endoscopist may take some tissue samples from the polyp for further examination.

Do I have to have a colonoscopy? Is there another type of procedure available to examine the inside of my bowel?

For some conditions, it may be possible to perform a CT scan. The disadvantages of this procedure are that a biopsy cannot be taken or a polyp removed. Colonoscopy is also the most accurate method of detecting serious bowel abnormalities.

Can there be complications or risks?

The majority of colonoscopies are very safe and uncomplicated. However, as with any procedure there is small chance of risks, complications and side effects.

- **Bleeding** can sometimes occur where we take a tissue sample (biopsy) or remove a polyp. The risk is small, occurring in approximately 1 in every 150 people. This often settles without treatment, but if it continues it may be necessary to return to hospital for re-assessment. Bleeding can occur up to 7 to 10 days after polyp removal.

- **Perforation** (causing a small tear in the lining of the bowel). Nationally, this happens to approximately 1 in 1,000 people. The risk of a tear is higher with polyp removal, approximately 1 in 500 people. This would require a short stay in hospital with antibiotics or may require an operation to repair the tear.
- **Risk of a missed lesion.** Although colonoscopy is considered an accurate procedure, no procedure is perfect. There is a small risk in approximately 3 in 100 people that a polyp or other important finding may be missed.
- **Incomplete procedure.** Around 90% of examinations are completed, but up to 10% are incomplete and may require an additional investigation (such as an X-ray or scan) to be arranged.
- **Short term problems with breathing, heart rate and blood pressure** related to sedation. Older people and those with significant health problems (for example people with serious breathing difficulties) may be at higher risk.
- **Short term effects relating to Entonox** (gas and air) can include dizziness, nausea, disorientation and a dry mouth. A tingling sensation, usually in the fingers, can occur due to breathing the entonox too quickly.
- **Pain or discomfort.** 1 in 10 people may experience pain or discomfort due to the bowel being stretched.

If you are worried about any of the risks, complications or side effects, please contact the endoscopy department you are attending by telephone, or speak with one of the doctors or nurses during your visit.

Complications are more likely to occur as a result of the more complicated treatments that can be performed during these procedures. For example, if a very large polyp needed to be removed. The specific risks would be explained by the endoscopist beforehand.

Training at the hospital

The Sheffield Teaching Hospitals NHS Foundation Trust is a teaching organisation and has a responsibility to ensure that students, both medical and nursing, receive a high standard of training. The Endoscopy Department is also a regional training centre.

Occasionally, there may be students observing procedures in the department, or the doctor may be a trainee under the supervision of an experienced endoscopist. In all cases you will be informed beforehand. You do not have to allow students or trainees to be part of your care, so please tell us if you do not want them involved. This will not affect your treatment in any way.

Preparing for the investigation

In order to see clear views of your bowel, it must be completely empty of waste material. If it is not, certain areas will be difficult to see and the investigation may have to be repeated.

We will ask you to follow a low fibre diet for 2 days before your procedure. This should consist of minced or lean well cooked meat or fish, white bread, eggs, cheese or potato without skins. High fibre foods such as fruit, vegetables, cereals, nuts, salad and wholemeal foods **must be avoided**. You should also have plenty of clear fluids to drink. You will be given a detailed list of the foods you may eat and the ones to avoid.

You will also be given detailed instructions about how to clear your bowel. Usually, this will include using laxative powders. It is important that you follow any instructions carefully. Please note that some clinicians may prefer for you to use different types of laxative powders.

In some cases, it may not be necessary to take laxatives powders, this will be determined by your referring clinician.

On the day before your colonoscopy, if you are taking the laxative powders, you should stay close to the toilet, as your stoma is likely to be active. It is also a good idea to have hand towels close by and a mattress protector.

Drainable bags

It is advisable to ensure you have a supply of drainable stoma bags, so that you do not have to keep peeling off the bag each time it fills up.

Contact your stoma bag provider directly or the Stoma Team on 0114 271 4015 and ask for a variety of drainable bags. Make sure you have tried them out before you have your colonoscopy, to ensure the adhesive sticks and there are no leaks. For those who have not used drainable bags before, it helps to wash the outlet with antibacterial solution after each opening.

If you have trouble kneeling to drain the bag into the toilet, it may be helpful to put a bucket on top of the toilet to drain the bag into, and then empty the bucket into the toilet.

Medication

If you are taking essential medication (for example for epilepsy or a heart condition), you may take these as normal. There are some medications we would ask you to stop taking before your investigation:

- **Iron tablets** (Ferrous Sulphate, Ferrous Fumerate, Ferrous Gluconate) should be stopped at least **5 days** prior to your investigation.
- **Anti-diarrhoea tablets** (Loperimide, Immodium, Lomotil, Kaolin) should be stopped **2 days** prior to your investigation.
- **Diuretics or water tablets** (Furosemide, Bumetanide, Spironolactone) should be omitted **on the day** of your investigation.

- **ACE inhibitors** (Ramipril, Lisinopril, Enalapril, Perindopril - medications ending in "pril") and **Angiotensin receptor blockers / ARB** (Candesartan, Losartan - medications ending in "sartan") should be omitted **on the day** of your investigation.
- **Blood thinning tablets** Warfarin or direct oral anticoagulants (DOACS) (Rivaroxaban, Apixaban, Dabigatran, Edoxaban) and **Anti-platelets** (Clopidogrel, Ticagrelor, Prasugrel). The clinician requesting your procedure should have made a decision regarding whether these should be continued or discontinued, prior to the investigation.

If you are on **Warfarin** and this is to continue, you should have had a recent INR check to ensure it is within your usual target range. It is safe to perform endoscopies whilst on these medications, but additional interventions such as removing polyps would not be performed.

If you are taking a **DOAC** (Rivaroxaban, Apixaban, Dabigatran, Edoxaban) the clinician requesting your colonoscopy will need to decide whether these should be discontinued 2 to 3 days prior to your investigation, or whether they should be continued. If you have been advised to continue, you should still omit these **on the morning** of your investigation.

If you are taking Aspirin it is safe to continue this.

If you are diabetic, please refer to the 'Managing your diabetes' booklet which you received with your appointment letter. If you have any queries regarding your diabetes please contact us for advice.

If you are unsure about any of your medications and whether you should continue to take them, please contact the department you are attending on the telephone numbers below:

- Northern General Hospital: **0114 226 9174 or 0114 226 9730**
- Royal Hallamshire Hospital: **0114 271 2990**

Do bring your other tablets or medicines with you so that you can take them after you have had your investigation.

Please remember that if you are taking the oral contraceptive pill, you will need to take extra precautions until your next period. This is because the laxatives used to prepare your bowel for the procedure will affect the absorption and effectiveness of the pill.

Before your appointment

Before you come to the Endoscopy Department you should:

- ensure you have completed your pre-assessment questionnaire and returned it to the department you will be attending
- let us know if you are suffering from a sore throat, cold or chest infection, as it may be necessary to postpone your test because of the risks from sedation
- bring with you any letters or cards you have received from the hospital
- bring any tablets you are currently taking. It is especially important to remember any asthma inhalers, angina sprays or diabetic medication
- follow all instructions included in this booklet
- arrive on time for your appointment
- you should not bring any valuables or large amounts of money into hospital, as we cannot accept responsibility for them

If you are planning to have sedation, please ensure someone is able to collect you. You must have a responsible adult to accompany you home and remain with you for 24 hours after the procedure.

How long will I spend in hospital?

This will depend on your individual procedure and whether or not you choose to be sedated for your investigation.

If you choose sedation, please allow for a stay of anything from 2 to 4 hours.

If you choose not to be sedated, then your stay will be much shorter.

Please note your appointment time is for your pre-procedure assessment and not the time of your investigation. Occasionally, you may find your test is delayed. We do sometimes have to deal with unexpected emergency cases and this can prevent us seeing you as quickly as we would like. We apologise if such delays happen to you. If they do, we will try and keep them to a minimum and make sure you know the reason for the delay.

When you arrive at the Endoscopy Department

On arrival at the hospital, please go to the reception desk. A site map of the hospital is included with this booklet.

Once checked in, you will be asked to take a seat in the waiting room.

A nurse will call you in for pre-assessment. This involves checking your pulse and blood pressure, whether you have any allergies and they will also discuss discharge arrangements with you. Please feel free to ask questions or raise any concerns you may have about your investigation.

The nurse will explain the options of sedation (injection) and Entonox (gas and air). Both of these are available for you during the investigation. However, some medical conditions may determine which is more suitable. The endoscopist will discuss this with you.

If you find the procedure particularly uncomfortable, there are additional pain medications that can be given.

Sedation

This is a sedative injection which may make you sleepy. It is not like a general anaesthetic, so you may still be aware of having the procedure or experience some discomfort. It does however sometimes have a short term 'amnesic effect', which means you may not remember having the procedure. The pros and cons of sedation are that you:

- will be less anxious
- may be sleepy
- may not remember the test at all
- will need to be monitored carefully
- will take longer to recover
- will not be able to drive home
- will need to have a responsible adult to take you home

We advise that you do **not** take any sleeping tablets on the day of your investigation if you have had sedation.

Entonox

Entonox is a gas made up of 50% oxygen and 50% nitrous oxide. This gas is colourless and odourless and acts as a painkiller. You breathe this in through a mouth piece. The pros and cons of Entonox are:

- it is safe
- you are in control over the amount of Entonox you need
- you generally recover more quickly
- there is generally no delay in going home
- it acts as a painkiller, not a sedation
- you cannot drive for 30 minutes

After pre-assessment

After pre-assessment you will be taken through to a gender separate changing cubicle and asked to change into a hospital gown, a dressing gown and disposable shorts. When you put on the hospital gown, remember to have the opening to the front. The nurse may comment that the opening should be at the back, but point out that the colonoscopy will be carried out through your stoma.

You may be asked to remove any jewellery or metal objects in case a special piece of equipment called a diathermy is used.

All your other belongings will be put into a property bag, which will stay with you at all times.

If you have false teeth and it is necessary for these to be removed, you will only need to remove them in the procedure room just before the examination begins. These will be placed in a denture pot and labelled and will stay with you at all times.

Once you are changed, an intravenous cannula (small flexible tube) will be inserted into a vein either in your arm or hand. You will be seated in a gender separate waiting area until you are called to the procedure room.

What happens during the investigation?

We will ask you to lay on an examination trolley, resting comfortably on your back. A nurse will stay with you throughout the procedure.

If you have chosen to have sedation, a small peg will be placed on your finger to monitor your heart rate and oxygen levels, and a cuff will be placed on your arm to monitor your blood pressure. You will also be given oxygen via tiny tubes into your nose. The sedative injection will be given at this point. The sedation will help you to feel relaxed and you may not remember the examination, but it will not put you to sleep.

If you have chosen to have Entonox only, the nurse will give you instruction on how to use it correctly. We will still need to monitor your pulse and oxygen levels by attaching a small peg to your finger.

Once the endoscope has been inserted through your stoma, air will be passed through to distend the large bowel to give the endoscopist a good view of your bowel lining. This may give you a 'wind-like' pain, but it does not usually last long.

Sometimes, the doctor or nurse performing the investigation will need to take tiny samples of the bowel lining (biopsy) or remove polyps (small growths). Both these are taken painlessly using equipment through the endoscope and are sent to the laboratory for analysis.

What happens after the investigation?

You may feel pressure, bloating or cramping because of the air passed through the endoscope during the procedure. This should pass quickly. When you put your stoma bag back on it will fill with flatus (wind) so it is advisable not to cover the filter and to change it again before you get dressed.

If you had the investigation without sedation, or with Entonox only, you will be able to go home as soon as you are dressed and feel ready to leave.

If you had sedation, you will be taken into a gender separate recovery area where you will rest for about an hour.

Once you are fully awake, the cannula in your arm or hand will be removed. You will then be able to get up, get dressed and have a drink and biscuits.

If you had sedation, the effects can last for at least 24 hours and even though you will probably feel perfectly recovered, your judgement can remain impaired during this time.

It is important that you do not:

- **drive a car**
- **operate machinery or domestic appliances as your reaction times may be slowed**
- **drink alcohol**
- **sign legally binding agreements**

When can I get back to my normal activities?

You should be ready to get back to your normal activities by the next day.

Getting your results

The endoscopist may be able to tell you the results of your investigation straight away. However, if you had a sedative injection you may not remember what has been said. To make sure you have understood your results, the discharge nurse will discuss them with you again when you are fully awake.

If a biopsy has been taken or if polyps have been removed, these will be sent to the laboratory and the results from these may take up to 3 weeks. A copy of the procedure report will be sent to your referring doctor and your GP. Further details of the investigation and any necessary treatment should be discussed with your GP, or at your next outpatient appointment

What should I do if I have any problems when I get home?

Be sure to tell us if you have any pain, persistent bleeding or are feeling worse than you expected, in the hours or days after your investigation. Please contact the endoscopy department you attended on the telephone numbers given to you on discharge.

Frequently asked questions

What if my bowel preparation hasn't worked after 3 hours of taking the laxative?

Please be patient. We anticipate that the laxatives will work within a few hours as outlined in the manufacturer's guidelines, but this can sometimes take a little longer depending on your age, diet, if you have diabetes and whether you suffer from constipation. If you do have any concerns, please contact us for advice. Once it does start working please stay close to a toilet as sometimes no warning may be given.

Once it starts working, please stay close to a toilet as sometimes no warning may be given.

Will it hurt?

You may feel some discomfort from the air that is pumped into the large bowel so that the endoscopist can view the lining adequately. Some patients find the stretching of the bowel uncomfortable. If you are finding the procedure particularly painful please tell us, there are additional pain medications that can be given.

Can I drive home after the procedure if I choose to have sedation?

You will not be allowed to drive yourself home and must arrange for someone to collect you and accompany you home. Sedative medication given during the investigation will prohibit you from driving for 24 hours after the examination. Please do not plan to take public transport home.

If you are unable to arrange transportation we can arrange a taxi to take you home, however you are responsible for the fare.

You will need a responsible adult at home with you for 24 hours.

Will I get any results on the day?

Upon completion of the procedure, the findings will be discussed with you. We will be able to tell you any visual findings, however any samples will need to be sent to the laboratory for analysis which can take up to 3 weeks. A copy of the report will be sent to your referring doctor and your GP.

What is the address for the Endoscopy Department?

Endoscopy Department, Huntsman B floor
Northern General Hospital, Herries Road, S5 7AU

Endoscopy Department, B floor
Royal Hallamshire Hospital, Glossop Road, S10 2JS

Can I park at the hospital?

We have car parks at both hospitals. The rates are as follows*:

Northern General Hospital

Up to 4 hours = £2.40
over 4 hours = £3.70

Disabled car parking spaces are available near the main entrances to all major buildings. Blue Badge holders are also able to use the pay and display spaces free of charge; a valid badge must be displayed at all times.

Royal Hallamshire Hospital

Up to 2 hours = £2.50
Up to 4 hours = £3.70
Over 4 hours = £8.40

The multi-storey car park ground floor is dedicated to the use of Blue Badge holders. Disabled car parking spaces are also available near the main entrances to all major buildings. Blue Badge holders are also able

to use the pay and display spaces free of charge; a valid badge must be displayed at all times.

*Car parking rates are correct at time of printing. Please ensure you check the rates before parking.

Can I get public transport to the hospital?

You may use public transport. See below for details of how to find out which bus routes serve the hospital you are visiting.

- **01709 515151** (Traveline)
- **www.travelsouthyorkshire.com**

Please remember if you have sedation you will not be able to travel home using public transport.

Are there facilities for my family or friends to get refreshments while they are waiting for me?

We have refreshment facilities available at both hospitals.

- Northern General Hospital: situated in the main entrance, C floor
- Royal Hallamshire Hospital: situated on B Road in the main entrance, B floor



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