

The doctor will insert a small needle into a vein in your arm through which the sedation is given.

You will be asked to lie on your left side on a trolley bed with your knees drawn up towards your chest. This position will make it easier for the doctor to pass the colonoscope.

During the colonoscopy your pulse and oxygen levels are monitored using a painless probe placed on your finger. You will receive oxygen through a mask or short prongs placed in your nostrils.

The doctor can view pictures from inside the colon on a TV monitor. If your doctor sees anything abnormal during the examination, he/she may take small samples of tissue (biopsies). Also, the doctor may remove any abnormal areas, (e.g. polyps) from the colon through the colonoscope. Biopsies and polyps are removed using a special flexible wire passed down through the colonoscope.

Polyps are often removed using an heated wire (diathermy) to prevent bleeding.

A video recording and/or photographs may be taken for your records.

DOES IT HURT?

The sedation is very effective for most people. It is given minutes before the procedure begins through the needle in your arm. The sedation works very quickly and helps to make you sleepy and relaxed.

Air is passed through the scope into the colon

so that your doctor can view as much of the colon as possible. This air can cause some discomfort during or after the procedure. Every effort is made to minimise this.

Some people continue to feel 'cramps' after the colonoscopy is completed. This usually settles quickly.

The removal of biopsies and polyps does not cause pain.

YOU MUST CONTACT THE NURSE 1 week in advance of your procedure if any of the following applies to you:

- You are diabetic.
 - You take medication to thin your blood (aspirin, warfarin or plavix).
- You had this procedure previously and it could not be completed for some reason (e.g. you could not take the 'prep' or the 'prep' did not clear the bowel completely).
- You have any chronic medical condition that may affect your ability to fast or to have sedation for this procedure.

DO NOT STOP TAKING MEDICATION UNLESS TOLD TO DO SO BY THE DOCTOR OR NURSE.

WHEN WILL I KNOW THE RESULTS?

Tissue removed is tested in the laboratory to assist the doctor in diagnosis. The results of the biopsies may not be available for several weeks. A follow up appointment will be arranged for you prior to your discharge.



THE ENDOSCOPY DAY UNIT. COLONOSCOPY

**PLEASE READ THIS
INFORMATION CAREFULLY.**

**FURTHER INFORMATION OR
ENQUIRES.**

A nurse is available to speak to you if you have any questions about the procedure:

Tel: 4144183 MON-WED 8:30-4pm.

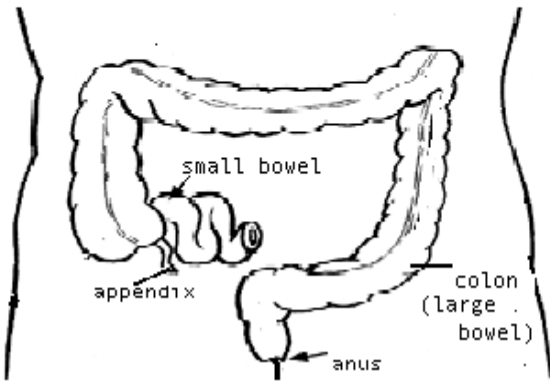
If the telephone is unattended leave your name & contact details & your call will be returned.

Confirmation/Cancellation of appointment or other clerical queries:
Tel: 4144143

Patient Information Leaflet

WHAT IS A COLONOSCOPY?

A colonoscopy allows the doctor to look directly inside the colon (bowel/large intestine). The doctor guides a slim, flexible, lighted tube, (a colonoscope) through the back passage (anus) as far as the appendix. Then the colonoscope is slowly withdrawn. The procedure takes from 15 to 45 minutes.



Colonoscopy is done while you are sedated. You will not need an anaesthetic.

ALL PATIENTS RECEIVING SEDATION MUST HAVE SOMEONE TO DRIVE THEM HOME FROM THE HOSPITAL. THEY WILL ALSO NEED SOMEONE TO STAY WITH THEM OVERNIGHT.

WHY DO I NEED A COLONOSCOPY?

A colonoscopy is a way of looking directly for causes of bowel problems such as diarrhoea, constipation or bleeding from the back passage. It can also help your doctor make a diagnosis when someone has lost a lot of weight quickly or has a low blood count (anaemia) with no obvious cause.

WHAT ARE THE RISKS?

All medical procedures carry a risk of complications.

Serious risks are severe bleeding (although bleeding from biopsy sites is usually minimal and stops quickly) and a perforation (tear) of the bowel. These would require a hospital admission and perhaps surgery.

Sedation can affect breathing, heart rate and blood pressure but you will be observed closely so that if problems do arise you will be treated rapidly. Drugs are available to reverse the effects of the sedative quickly.

Serious complications are very rare.

We make you aware of them so that you have all the information you need when deciding if you wish to have a colonoscopy done or not.

HOW DO I PREPARE FOR A COLONOSCOPY?

If you are taking iron you should stop this 7 days before your procedure.

To ensure that your colonoscopy is completed successfully it is very important that your colon is clear. To achieve this you must take a bowel cleaning medication (prep). The 'prep' used in our hospital is called 'KLEAN PREP'. You buy Klean Prep at your chemist. You will need to take 3 sachets.

HOW DO I TAKE THE PREP?

The 'prep' is taken on the day before your colonoscopy.

Follow the instructions on the leaflet enclosed with your appointment.

If you have been advised to take a different 'prep' follow the instructions enclosed with it or call for advice.

'PREPARATION FOR COLONOSCOPY'

It is important to take all of the 'prep' if you can. The examination may not be possible if the colon is not clear. The prep will cause you to have diarrhoea.

If you take oral medication, take these at least 1 hour before or 1 hour after finishing the prep.

WHAT HAPPENS ON THE DAY OF COLONOSCOPY?

A doctor will talk with you about the procedure and the risks. He/she will ask you to sign a consent form. Your consent confirms that you understand the procedure and risks.