



GIBRALTAR HEALTH AUTHORITY
MEDICAL INVESTIGATION UNIT

COLONOSCOPY

What is a Colonoscopy?

Colonoscopy is a procedure that enables your doctor to examine the lining of the colon (large bowel) by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

What Preparation is Required?

The colon must be completely clean for the procedure to be accurate and complete. Instructions regarding the dietary restrictions and the cleansing routine are explained overleaf. The instructions must be followed strictly, otherwise the procedure may have to be cancelled and repeated later.

What can be expected during Colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Your doctor will give you medication through a vein to help you relax and better tolerate any discomfort. The colonoscopy is advanced slowly through the large intestine and the lining is carefully examined. The procedure usually takes 15 to 60 minutes. In some cases, passage of the colonoscopy through the entire colon cannot be achieved. The doctor will decide if the limited examination is sufficient or if other examinations are necessary.

What if the Colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a biopsy (a sample of the colon lining) is taken through the colonoscope. If colonoscopy is been performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscopy by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain.

Remember, the biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon which vary in size from a tiny dot to several inches. The majority of polyps are benign (noncancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer. The polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

What are the possible complications of Colonoscopy?

Colonoscopy and polypectomy are generally safe. One possible complication is a perforation or tear through the bowel wall that could require surgery, although this is very uncommon. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Other risks include the reaction to the sedatives used and complications from lung or heart disease.

What happens after a Colonoscopy?

After colonoscopy, your doctor will explain the result to you. If you have been given medications during the procedure, someone must accompany you home because of the sedation used during the examination. Even if you feel alert after the procedure, your judgement and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate machinery.

If you have any questions about your need for a colonoscopy please do not hesitate to speak to your doctor or endoscopy nurse before the procedure.

PATIENT PREPARATION FOR COLONOSCOPY

1. Please do not take any iron tablets for 7 days before the test.
Roughage supplements must be stopped 3 days prior to the test.
Anti-diarrhoeals must be stopped 3 days prior to the test.

2. All other medications including steroids should be continued, but in the day of the colonoscopy, may be taken following the investigation depending on the time of the procedure, but if you are taking *Metformin* for your diabetes, then you should take that as normal.

3. Please inform your doctor or endoscopy nurse if you are on anti-coagulation treatment (e.g. warfarin or aspirin) or if you are taking insulin for diabetes, as special arrangements can be made for you if necessary.

4. The success of the test depends on your lower bowel being completely clean.

For 3 days prior to the test you must follow a low fibre diet:

Foods allowed: grilled or poached fish or chicken, white rice or white bread, pasta, eggs, cheese, clear soups and liquids, honey, butter, margarine, tea, coffee, Bovril, oxo, tea or coffee (with milk until 1 day before the test).

Foods not allowed: vegetables, brown rice or brown bread, fruit, bran including bran cereals.

From 24 hours before the time of your test, you may only consume clear liquids (meaning fruit juices without pulp, black tea or coffee and strained clear soups).

5. **BOWEL PREPARATION:** The day before the test take 1 sachet of PICOLAX (enclosed) dissolved in water between 0700hrs. and 0900hrs, followed by the second sachet between 1500hrs and 1800hrs.

Please note: This medication is intended to cause diarrhoea, please make sure you take BOTH sachets. Everybody responds differently to the above laxative. We advise you to remain within easy reach of a toilet. You will also need to drink at least 3 pints of fluid during the day to replace the fluid lost because of the diarrhoea. On the day of the examination continue with clear fluids up to 2 hrs prior to the test then nil by mouth.

Remember that the success of the examination depends on you taking all medicine. Please persevere!

6. Please inform the endoscopy staff, prior to the colonoscopy if you are aware that you may require prophylactic antibiotics for artificial heart valves, or suffer any allergies, although most of this information should be in your medical records and will be available to the doctor performing the procedure.

7. If you suffer from angina or asthma please bring your GTN spray or inhalers with you, you may need to use them prior to colonoscopy.

8. Please make arrangements for someone to collect you at the Endoscopy Unit after your test. The procedure will probably last from 20 mins. to 1 hr. If you are having sedation it will be approximately 2 hrs. before you are able to leave, meanwhile you will be monitored in the endoscopy area until most of the effects have worn off. You will need a responsible adult to accompany you home. You should NOT drive or operate any machinery, drink alcohol, sign any important legal documents, look after small children nor return to work for the rest of the day, particularly if the procedure was performed under sedation, as sedatives may affect your judgement and reflexes for the following 24 hrs. Occasionally, we require people to stay overnight after the test particularly if a therapeutic procedure is carried out such as removal of a polyp, so please come prepared.

9. *If you develop any alarming symptoms following your colonoscopy such as severe acute abdominal pain or profound rectal bleeding contact the Medical Investigation Unit Immediately on telephone 72266 ext: 2247 up to 5p.m., or contact the Accident and Emergency Department on 72266 ext:2121.*

If you cannot attend on the date given please contact The Medical Investigation Unit immediately on telephone 72266 ext: 2247, so that your appointment can be offered to another patient, Thank-You.

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CONSENT FORM
FOR COLONOSCOPY

NAME : D.O.B...../...../.....

ADDRESS :

I confirm that I have understood and read the information given to me on Colonoscopy and the preparation necessary for its procedure.

I hereby consent to undergo a Colonoscopy of which the nature and risks involved have been clearly explained to me by my Endoscopist.

Dr / Mr.....

Signature:..... Date:...../...../.....

Name (printed).....

ENDOSCOPIST

I confirm that I have explained a Colonoscopy and such appropriate options as are available, and the type of sedation, to the patient / guardian / parent in terms which in my judgement are suite to the understanding of the patient / guardian / parent.

Signature :.....

Date :...../...../.....

Name (printed).....