

Endoscopy Unit

Patient information Colonoscopy (With Moviprep)

THIS PROCEDURE REQUIRES YOU TO MAKE DIETARY CHANGES, TAKE LAXATIVES, FAST AND STOP SOME MEDICATIONS UP TO 7 DAYS BEFORE YOUR PROCEDURE.

This document contains essential information about your upcoming investigation and should be read IMMEDIATELY.

Please contact the nurse helpline straight away if you:

- **May be pregnant**
- **Have a pacemaker**
- **Have an implantable cardiac defibrillator**

Useful contact numbers:

Endoscopy Nurses: 020 8934 3633/2363/3011 (2pm – 4pm ONLY)

Call for questions relating to your procedure/medication/preparation for your test, which is not included in this leaflet and needs to be answered before you attend your appointment.

To confirm, re-schedule or cancel appointments only.

Your appointment is valuable, if you need to re-schedule your appointment, please give as much notice as possible, preferably a minimum of 10 days' notice; this allows us to offer this appointment to another patient.

Please note the booking team cannot answer clinical questions relating to your procedure. Endoscopy Booking Team: **020 8934 2099 option 2**. Calls taken 09:30-11:30am only.

Kingston Hospital NHS Foundation Trust
Colonoscopy
Information for patients

Please read this information carefully, including the enclosed information for pain relief and bowel preparation for the test.

We will be happy to answer any questions when you come for your appointment, if you wish to discuss any aspect of your clinical care in private then please ask.

We always endeavour to see you close to your appointment time; however this may not always be possible. Please allow up to 3 hours in total for your visit.

The procedure will be performed by or under the supervision of a consultant endoscopist.

COLONOSCOPY

It is a procedure to look at the lining of large bowel (or colon), using a flexible telescope. It is useful for diagnosing a range of gastrointestinal conditions.

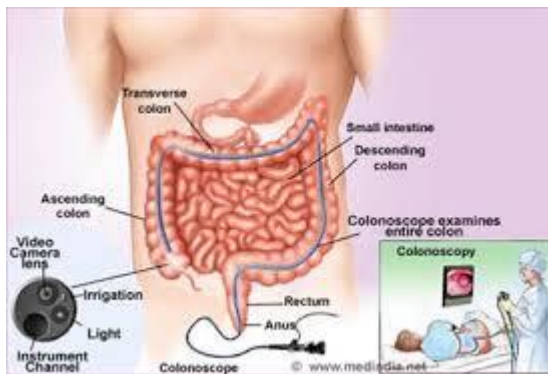


Figure 1

ALTERNATIVE INVESTIGATIONS

It is possible using a CT scan, however, these tests can be less accurate, and have the disadvantage that biopsies or polyps cannot be taken/removed for further investigation. If an abnormality is found using a CT scan, a subsequent investigation with a colonoscopy may be required.

RISKS

Colonoscopy is generally safe; however, there are some risks with this test. These include:

- Damage known as a perforation (a tear/hole in the lining of the bowel). This is a serious complication which occurs in approximately 1:1000 procedures. This typically requires an operation to repair, and may involve forming a stoma (your bowel opening onto your skin).
- The risk of perforation is 1:500 when a polyp is removed.
- Bleeding following polyp removal, this can be excessive and require further colonoscopy, surgery, and or transfusion, the risk is 1:100 for large polyps, 1 cm and larger.
- Sedatives can affect breathing, heart rate and blood pressure. These problems are normally short lived and easily managed by the endoscopy unit staff. Sometimes these complications are more serious, and may need more intensive management.
- It is not possible to complete the procedure in approximately 1:10 cases.
- A 10% risk that a polyp or other abnormality may be missed.

PREPARING FOR YOUR COLONOSCOPY

IT IS IMPORTANT TO FOLLOW INSTRUCTIONS CAREFULLY WHEN PREPARING FOR YOUR PROCEDURE.

- Stop iron tablets 7 days before your procedure.
- Stop stool bulking (e.g. Fybogel) or anti diarrhoea (e.g. Codeine, Imodium) medication 7 days before your procedure.
- If you take **Warfarin**, this may need to be stopped before your colonoscopy. You will be referred to the anti-coagulation clinic at Kingston Hospital, if required. They will make the necessary arrangements for you. If you have not heard from them 7 days before your colonoscopy is due, please contact them on 020 8934 2030.
- Please note that interrupting your anticoagulation therapy may carry a slightly increased risk of a clot forming. (You can discuss with the anticoagulation nurse on 020 8934 3576). **DO NOT STOP WARFARIN WITHOUT MEDICAL ADVICE.**
- If you take Warfarin we will check your INR with a finger prick test before your procedure.
- If you take any other blood thinning medication please contact the endoscopy unit 0208934 3633, **IF** you have not been given advice regarding this. It is very important that you **do not stop these medications without medical advice.**

Diabetes

- If you have diabetes, it may be necessary to adjust your treatment whilst preparing for this test. Please discuss this with your GP or Diabetes Nurse specialist at least 3 days before your test.
- If you take **Insulin**, you should have an early morning appointment, **IF NOT SO**, please contact the booking team to re-schedule. Do not take your Insulin before your procedure.

Medication

- In order to ensure that your medicines are absorbed, take them at least 2 hours before, or 2 hours after taking the laxatives.
- On the morning of the test, please take your regular medications with a sip of water unless advised not to.
- Please **BRING A LIST** of your current medication. If you use asthma inhalers or angina sprays, it is important to bring these with you.

Please check Box 1 carefully for any medicines which you are taking and follow the relevant advice.

Please contact the nurse line 020 8934 3633/2363 if you are worried about stopping these medications or if you have been advised by your GP or specialist not to do so.

Box 1.

<u>ACE inhibitors:</u>	ADVICE
Captopril Cilazapril Enalapril Fosinopril Imidapril Lisinopril Moexipril Perindopril Quinapril Ramipril Trandolapril	Discontinue 24hrs before procedure, do not restart until 72 hrs after procedure – <u>do not stop if you have severe heart failure. Contact the nurse advice line.</u>
<u>Angiotensin II receptor blockers:</u> Azilsartan Candesartan Eprosartan Irbesartan Losartan Telmisartan Valsartan	Discontinue 24hrs before procedure, do not restart until 72 hrs after procedure – <u>do not stop if you have severe heart failure. Contact nurse advice line.</u>
<u>NSAID's:</u> Ibuprofen / Naproxen / Diclofenac / Indomethacin / Mefenamic acid / Ketoprofen / Fenoprofen / Piroxicam / Tolfenamic acid / Celecoxib / Sulindac	Discontinue 24hrs before procedure, do not restart until 72 hrs after procedure.
<u>Anti-coagulants/anti-platelets</u> Clopidogrel Dabigatran Rivaroxaban Apixaban Edoxaban Clopidogrel Ticagrelor Prasugrel Do not stop without medical advice	It is not always safe to stop these medications. IF YOU HAVE NOT BEEN GIVEN ADVICE about what to do, please contact the nurse advice line. The nurses cannot advise you on this, but they will contact your Consultant if necessary.
<u>Warfarin</u> Do not stop without medical advice	Contact anti-coagulation team on 020 8934 2030.
<u>Oral Contraceptive Pill</u>	Do not stop the medication, but take additional precautions until your next cycle, as the pill may be less effective.
<u>Epilepsy / Anticonvulsant medication</u>	Do not stop the medication but please be aware there may be a reduced effect from your medication and therefore a higher risk of an epileptic seizure.
<u>DIURETICS (Water Tablets)+</u> Chlorothiazide (Diuril) Chlorthalidone Hydrochlorothiazide (Microzide) Indapamide Metolazone Bumetanide (Bumex) Ethacrynic acid (Edecrin)	Please do not take the day before your procedure, or on the day of your procedure. Follow the drinking advice in this leaflet. If you have heart failure, please call the nurse advice line - <u>do not stop without advice.</u>

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 Next review: March 2020

Furosemide (Lasix) Torsemide (Demadex) Amiloride Eplerenone (Inspra) Spironolactone (Aldactone) Triamterene (Dyrenium)	
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BOWEL PREPARATION

If there has been a delay between you seeing the doctor and taking this bowel prep, contact the unit. If there have been any significant changes in your health, particularly deterioration in your kidney, heart or lung function, contact the unit.

YOUR LARGE BOWEL MUST BE EMPTY FOR THE COLONOSCOPY.

The Moviprep will cause multiple bowel movements and eventually diarrhoea at any time after starting the laxatives.

Remain within easy reach of a toilet, you may find the urge to open your bowels can be sudden, resulting in little time to reach a toilet. Moviprep may give you nausea, stomach cramps and bloating.

Very rarely, the patient may experience a severe reaction to this preparation, if you feel significantly unwell or collapse/fainting, please contact your GP or go to A&E. Take this information sheet with you.

3 DAYS BEFORE YOUR PROCEDURE you should increase your fluid intake up to 200 mls (one large cup) per hour and commence a low fibre diet.

DIET you should reduce the amount of fibre you eat in the days before your colonoscopy. Please follow the dietary advice below.

FOODS TO CHOOSE FOR 3 DAYS BEFORE YOUR PROCEDURE	FOODS TO AVOID FOR 3 DAYS BEFORE YOUR PROCEDURE
Tender meat, white fish Eggs, Tofu, cheese, milk, cream, butter/spread, ice cream	Nuts including coconut, and seeds Nut roast
Smooth yogurts (no bits)	Jams, pickles, chutneys, digestive biscuits, or biscuits containing bran
Potatoes (peeled) – boiled, mashed	Jacket potatoes
Cauliflower florets, marrow flesh, parsnips (peeled), courgettes (peeled), cucumber (peeled) and radish.	All fruit and vegetables not mentioned on the 'foods allowed list'
Grapefruit (avoid pith), lychees, pears, apples and bananas (all fruit must be peeled)	Fruit juice with 'bits'
Rice Krispies, White bread Marmalade (no shred), honey, white pasta	All breakfast cereals except Rice Krispies Oatcakes Ryvita and all crispbreads
White rice, Yorkshire puddings, plain biscuits, cream crackers, plain madeira cake, ice lollies, crisps, marmite, plain/milk chocolate (no nuts/fruits), clear pureed soups. A small amount of alcohol.	Avoid all bread except for white bread Oatmeal, oat bran, and oat germ Rye flour Bran Beans and pulses

WHEN TO TAKE YOUR LAXATIVES: Do not eat any solid food from when you start your laxatives until after the procedure. Please choose fluids as below.

MORNING APPOINTMENT: (08:00 – 12:45) THE DAY BEFORE YOUR COLONOSCOPY

At 3.00 pm: Dissolve the contents of the first packet (sachets A&B) of Moviprep in 1000mls (a litre) of cold water. Drink this mixture over the next 1-2 hours. Try to drink a glassful every 10-15 minutes.

At 7.00 pm: Take the second dose (Sachets A&B) of Moviprep as above.

AFTERNOON APPOINTMENT: (13:00-17:30) THE DAY BEFORE YOUR COLONOSCOPY

At 7.00 pm: Dissolve the contents of the first packet (sachets A&B) of Moviprep in 1000mls (1 litre) of cold water. Drink this mixture over the next 1-2 hours. Try to drink a glassful every 10-15 minutes.

ON THE DAY OF YOUR COLONOSCOPY

At 07.00 am: Take the second dose (sachets A&B) of Moviprep as above.

Ensure you have a supply of the drinks you will need before starting your laxatives.

<p>CHOOSE Sugary drinks to maintain a source of energy and savoury drinks to replenish the salt levels, otherwise you may find yourself feeling weak or dizzy and you may possibly faint.</p>	<p>AVOID</p>
<ul style="list-style-type: none"> • Squashes • Fizzy drinks • Apple juice • Orange juice • Black tea or coffee (sugar is allowed) • Oxo/Bovril/Marmite • Horlicks – made with water • Ovaltine – made with water • Hot chocolate- made with water • Consommé • Water <p>You may also have</p> <ul style="list-style-type: none"> • Lemon or lime Jelly • Sorbet – no fruit bits 	<ul style="list-style-type: none"> • Milk/milkshakes • Smoothies • Red coloured drinks • Fruit juice contain 'bits' • Alcohol • Soups • Ice cream

FASTING:

Stop all fluids apart from water 4 hours before your appointment. You may SIP WATER only up to 2 hours before your appointment.

On arrival at the hospital

- Report to the reception of the Day Surgery Unit.
- Your details, blood pressure and pulse will be checked by your nurse.
- The endoscopist will see you before your investigation and check you have signed your consent form, which is attached to this information leaflet – please bring these with you.
- You will be asked to remove jewellery, spectacles, contact lenses or dentures just before the investigation - ideally leave jewellery and valuables at home.
- You will change into a hospital gown and offered dignity shorts to wear.

During the procedure

- Your blood pressure, heart rate and oxygen levels are monitored.
- You may be given oxygen via a small sponge in your nostril.
- You will lay on your left side for the procedure.
- The endoscopist will examine your rectum using their finger and then insert the lubricated telescope into your back passage and pass it around the lower bowel.
- Bends in the colon can make passing the scope uncomfortable and in some cases cause pain, occasionally pain can be severe and the procedure has to be stopped.
- Air passed into the bowel may cause bloating, abdominal cramping and pressure.
- Passing some wind is normal. Do not feel embarrassed as the staff will expect this to happen.
- A sensation of needing to go to the toilet is normal even when the bowel is empty. Remaining fluid in the bowel will be removed by the telescope.
- Biopsies (painless, small samples of tissue), may be taken for the laboratory for further tests.
- Photographs are taken and kept on your hospital records.
- Polyps (projections of tissue, a bit like warts) may be removed if found.

Will I need pain relief?

The discomfort/pain experienced during a colonoscopy varies greatly from person to person. Some patients do not feel any discomfort; others feel pain to the extent that the procedure has to be stopped. To help minimise discomfort and pain, we offer either Entonox or an intravenous sedation and pain killer. A nurse is with you during the colonoscopy; if you find the discomfort/pain unmanageable, the nurse can help you discuss this with the Endoscopist.

Intravenous Sedation and Pain Killer – YOU WILL NEED A RESPONSIBLE ADULT TO TAKE YOU HOME AND STAY WITH YOU FOR 24 HOURS FOLLOWING INTRAVENOUS SEDATION. The sedative (Midazolam) will be given via a cannula in your vein. The sedative makes you feel relaxed and a little drowsy; however it DOES NOT 'PUT YOU TO SLEEP.' A pain killing drug (Fentanyl or Pethidine) is also given. The endoscopist measures the dose of the medications according to your response and comfort but is guided by national guidance as to how much of these drugs you may safely have. The endoscopist CANNOT 'KNOCK YOU OUT.'

Side effects: Intravenous sedation and pain killers occasionally cause problems with breathing, heart rate and blood pressure. Normally short lived and can be managed by the endoscopy unit staff. Rarely, these complications are more serious, and may need more intensive management.

Entonox also known as 'laughing gas' or 'gas and air' has a rapid onset and short duration of action and is ideal for short term pain relief during colonoscopy as it has proved to be safe and effective, with minimal side effects. Entonox also provides a mild sedative effect.

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Entonox is inhaled through a disposable mouthpiece, attached to a handset and tubing. The mouthpiece is held between the teeth, and the lips closed around it to ensure a good seal. The patient has complete control over how often and how much they use, although it is generally recommended that it is used continuously throughout the procedure. If you wish to use Entonox, a nurse will advise you how to use it before the procedure starts. If you are not shown, please ask.

Side effects: Entonox may make you feel drowsy and a little light-headed. Other less common side effects include dizziness, nausea, tingling fingers and a dry mouth.

Entonox is NOT suitable if: you have or have recently had an ear infection or operation, have had eye surgery with gas bubble insertion, have been scuba diving within the last 2 days, have emphysema, COPD or other chronic breathing problems or have recently had a pneumothorax.

AFTER COLONOSCOPY

- You will rest on the ward area for 30-60 minutes.
- Crampy wind pains/bloating are normal and usually settle quickly, passing wind will help.
- A small amount of blood from your back passage if biopsies were taken or a polyp removed is normal.

GOING HOME

Following intravenous sedation and pain killer:

- You must arrange to have a responsible adult to take you home and stay with you for 24 hours.
- Your escort must be readily available upon us contacting them, please arrange for them to be close to the hospital whilst you are having your procedure, or within 30 minutes travel time.
- You may not travel by public transport or travel alone in a taxi.
- Allow 24 hours to rest before resuming normal activities or work. You cannot be responsible for small children.

Following Entonox:

- You will be allowed to go home within 30-60 minutes.
- If you are driving home, you will need to wait up to an hour before driving.
- You may prefer to arrange for a friend or relative to escort you home, but it is not essential.

CONSENT

This procedure requires your formal consent. This booklet has been written to enable you to make an informed decision about agreeing to the procedure. If having read this information you do not wish to go ahead with the procedure, or want to consider alternative methods of investigation, please discuss this with your GP or hospital doctor as soon as possible **BEFORE THE DATE OF YOUR APPOINTMENT.**