

NHS Forth Valley

Information about your Colonoscopy Procedure and Consent

Information for patients

A large, decorative graphic at the bottom of the page consisting of two light blue, wavy shapes that resemble stylized waves or a ribbon, set against a white background with a subtle gradient.

Your doctor has advised you to have a procedure known as a Colonoscopy.

Consent

You must read the following information as we need your formal consent for this procedure. The consent form is a legal document and is at the back of this booklet.

Once you:

- have read and understood all of the information, including the possibility of complications
and
- agree to undergo the procedure.

Please sign and date the consent form.

If there is anything you do not understand or wish to discuss further, please tell the nursing staff. They will assist you or arrange for the Endoscopist to give you more information.

Withdrawal of consent during the procedure

It is important to understand that you are allowed to withdraw consent at any point during this process.

During the procedure you may feel some discomfort and you may wish to end the procedure by withdrawing your consent. If this happens, the Endoscopist may be able to try and make it more comfortable for you so they can continue to complete the procedure. However if this cannot be done simply ask the Endoscopist to stop. The Endoscopist will discuss changes which could be made to make it more comfortable for you but if you absolutely wish him/her to stop then you can reconfirm this. If confirmation is ascertained by the endoscopist that you wish the procedure to be abandoned then the endoscopist will safely remove the colonoscope.

What is a colonoscopy?

A colonoscopy is a procedure which allows us to look directly at the lining of your large bowel (colon).

The colonoscopy is carried out by or under the supervision of a trained Endoscopist. We use an instrument called a colonoscope which is a long flexible tube with a camera that allows the Endoscopist to directly visualise the lining of your bowel.

We will make the procedure as comfortable as possible for you.

When you are having this procedure we will usually give you sedation and painkiller. However, you can decide whether or not to have these.

Why do I need to have a colonoscopy?

- You may have been advised to undergo this investigation of your large bowel to try and find the cause for your symptoms, to help with treatment, or to help with decisions about further investigation.
- Follow-up inspection of previous disease.
- As part of the Bowel Screening Colonoscopy Programme
- Assessing the clinical importance of an abnormality seen on an x-ray or CT scan.

Medication

It would be useful if you bring a list of your medications with you on the day of your appointment.

Routine and essential medication: (e.g. Epilepsy medication or anti-rejection medications) can be taken as normal, however do not take medications within an hour before or after Bowel Preparation (see enclosed leaflet: Moviprep/Plenvu/Picolax/Fleet) as the effects of your medication may be reduced.

Diabetic medications: Please see enclosed patient information leaflet "Advice for patients with Diabetes undergoing bowel preparation for colonoscopy".

Iron preparations: these must be stopped for 1 week before your appointment.

Stool bulking agents: Fybogel or Regulan must be stopped for 1 week before your appointment.

Anticoagulants/Antiplatelets: Warfarin, Rivaroxaban, Clopidogrel, Apixaban and Edoxaban can be continued to be taken as normal unless told otherwise. These would need to be stopped for removal of polyps but you would be informed of this on your appointment letter.

Diuretics (sometimes called water tablets): Furosemide, Amiloride, Spironolactone, Indapamide and Bendroflumethiazide should not be taken the day before or on the day of your procedure.

Non steroidal Anti-Inflammatory Drugs (NSAID'S): Ibuprofen, Diclofenac and Naproxen should not be taken the day before or on the day of your procedure.

Oral Contraceptive: You should use additional precautions during the week following the administration of Bowel Preparation as this could reduce the effectiveness of your contraceptive.

Addisons Disease: If you take hydrocortisone for pituitary problems or Addison disease, please call the endoscopy unit as you will require additional treatment prior to your colonoscopy. You must also double your normal dose of hydrocortisone the day before, the day of and the day after your procedure.

Three days before your procedure - start eating a low residue/low fibre diet

You need to start a low fibre diet for 3 days prior to your procedure; there is a list of foods you must try to avoid and food that you should choose in the separate Bowel Preparation leaflet (Moviprep/Plenvu/Picolax/Fleet). By following a low residue/low fibre diet it will allow the bowel preparation to work with your body to help with the emptying of your bowel. There are a list of food items that you should choose from and a list of foods to avoid. Please note this list is not extensive but as suggestions of the types of foods.

Bowel preparation

It is crucial for a colonoscopy that your bowel is empty, if your bowel is not clear the test may not be possible and may be cancelled. In order to achieve this, please follow all instructions fully.

Please follow the instructions on the separate Forth Valley Bowel Preparation leaflet (Moviprep/Plenvu/Picolax/Fleet). **It is essential to take the bowel preparation at the times highlighted** and after each dose of preparation you will experience diarrhoea which should start to work within approximately 30 minutes. However, it may take much longer for this to start so do not worry if this is the case.

For times of when you should start your bowel preparation and when to stop eating please follow separate leaflet enclosed. You can continue to drink clear fluids right up till 2 hours before your appointment.

Intravenous sedation

If you choose sedation, we will give this to you via a vein in your hand or arm which will make you slightly drowsy and relaxed but not unconscious. We call this conscious sedation, which means that although drowsy you will still hear what is said to you and therefore will be able to follow simple instructions during the procedure. As the sedation causes drowsiness and lapses of memory you may not remember all or part of the procedure.

Please note: After the procedure you will need someone to take you home and stay with you that night. If you have had sedation, for 24 hours after your procedure you are not allowed to:

- drive
- take alcohol
- operate machinery or sign any legally binding documents.

What happens on the day of my procedure?

On arrival to the Endoscopy unit please report to the reception desk. A member of the endoscopy nursing staff will meet you in the waiting area and take you to an admission room where they will check your medical notes.

The nurse will make sure that you understand the procedure and discuss any concerns or questions you may have.

You will be asked to sign your consent form at this point and it will be countersigned by the Nurse. The completed consent is an integral part of the overall process but does not waive your right to have the procedure stopped at any time. Your blood pressure, pulse rate, oxygen levels and respiratory rate will be checked. If you are diabetic your blood sugar will be checked and if you are on Warfarin your INR will be checked. At this point if you have friends or family they will be asked to wait for you in the waiting area and you will be taken into the endoscopy unit.

You will be taken to the admission area where you will be given a hospital gown to change into. If you have them you could bring your own dressing gown and slippers for your own comfort. A cannula may be inserted into either the back of your hand or arm in readiness for the sedation which is not given until you are in the procedure room immediately before your procedure.

The colonoscopy

In the endoscopy room the Endoscopist will introduce themselves.

You will have the opportunity to ask any final questions.

We will then ask you to lie on your left side on a trolley. We will place a nasal oxygen cannula (sponge) into your nostril to give you oxygen and place an oxygen and pulse monitor on your finger. We will give you the sedative drug and the painkiller through the cannula in your vein.

The colonoscopy involves manoeuvring the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time but the sedation and painkiller will help to reduce any discomfort.

During the procedure we will need to put air into your bowel to get a good view of the lining of the bowel. You may feel some windy type pains like stomach cramps. You may also get the feeling that you want to go to the toilet. As the bowel is empty, there is no possibility of this happening. You may also pass wind. Don't be embarrassed, this is common as we are putting air into your bowel. You may be asked to turn over onto your back or some other change of position during the procedure. Sometimes we may need to apply pressure to your abdomen which one of the nurses can do with his/her hands. This helps the scope round.

During the procedure we may take tissue samples (biopsies) for the Pathology Department to examine or remove a polyp. We remove the tissue painlessly through the colonoscope using forceps.

We may take photographs for your records.

What is a polyp?

Polyps are small growths, rather like warts. If we find Polyps we may take a sample or remove them if it is safe to do so as they can grow and may cause problems later.

How are polyps removed?

Removing a polyp is painless and is done in different ways depending on its size.

- Large polyps: we place a snare (wire loop) around the polyp. We apply a high frequency current and then remove the polyp.
- Flat polyps: we remove these using a procedure called EMR (Endoscopic Mucosal Resection). This involves injecting the lining of the bowel that surrounds the flat polyp. This raises the area and allows the wire loop snare to capture the polyp.
- Smaller polyps: we use biopsy forceps to remove the polyp completely.

Risks

Colonoscopy is an invasive procedure and because of this there is a risk of complications.

These don't happen very often, but we need to make you aware of them so that you can make an informed decision as part of your consent.

The Endoscopist who requested the procedure will have considered this and the benefits must out-weigh the risks of having the procedure.

The main risks include

- A perforation which is a small tear or damage to the lining of the bowel. The risk is approximately 1 in 1,000 cases. Depending on the level of tear you will need antibiotics or an operation that will involve abdominal surgery. The risk of perforation is higher with polyp removal and with poor bowel preparation so it is important you take the bowel preparation as instructed.
- Bleeding from the biopsy site or the site where a polyp was removed. The risk is approximately 1 in 100 -200 cases. In most cases the risks are minor, bleeding may either stop on its own or if it does not, it can be controlled by cauterisation or an injection.

Risks from sedation

Sedation can sometimes cause problems with breathing; your heart rate and blood pressure. If any of these problems do occur they are normally short term. We will carefully monitor you so that we can identify any potential problems and treat these quickly.

In a few cases the colonoscopy is not successfully completed and this may mean another procedure. The endoscopist will discuss this with you should this happen.

After the procedure

You will be able to rest after the procedure. The nursing staff will monitor you; they will check your blood pressure, pulse and oxygen levels.

When you have recovered we will take you to our second stage recovery area where you will be offered a hot drink and biscuit. You will be able to wait here until your friend or relative whom has been previously arranged to pick you up will meet you here.

We will send a procedure report to the doctor that is responsible for your care and a copy to your GP. You may also be offered a copy of the procedure report before you leave. In addition the doctor responsible for your care may write to you to advise you of what was found and any further investigations that you may require.

You may feel a little bloated after the procedure as some of the air may remain in your bowel. This discomfort will pass quite quickly and does not need medication.

If you had sedation you may feel fully alert after your procedure, however the sedation remains in your body for about 24 hours and you can feel drowsy with lapses of memory.

This is why you must have someone stay with you overnight.

If you can't go let us know!

Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

We are happy to consider requests for this publication in other languages or formats such as large print. Please call [01324 590886 \(9-5\)](tel:01324590886) to arrange this or email fv.disabilitydepartment@nhs.scot

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SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES

This includes corridors, doorways, car parks and any of our grounds. If you do smoke on NHS premises you may be liable to prosecution and a fine.



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Patient Information Label

Consent Form

Patient agreement to endoscopic investigation and/or treatment.

Name of Procedure: Colonoscopy +/- Polypectomy and/or other necessary procedure.....

Inspection of the lower gastrointestinal tract with a flexible endoscope (with or without biopsy and photography). Biopsy specimens will be retained.

Statement of Patient

I have read and understood the information in this booklet including the benefits and any risks.

I agree to the procedure described in this booklet and on the form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.

I understand that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.

I also give consent for any necessary biopsies and for photo recording +/- video recording for clinical and/or research purposes.

Have you ever been notified that you are at an increased risk of Creutzfeldt Jakob Disease (CJD) or Variant Creutzfeldt Jakob Disease (vCJD) for public health purposes? Yes No

Patient Consent and Signature

You have the right to change your mind at any time, including after you have signed this form.

Signed: _____ **Date:** _____

Name (print in capitals): _____

Please sign here if you refuse to consent to the emergency administration of blood or blood products.

Signature: _____ **Date:** _____

(For Staff Only)

Confirmation of consent (to be completed by a health care professional when the patient is admitted for the procedure)

I have confirmed that the patient understands what the procedure involves including any risks.

I have confirmed that the patient has no further questions and wishes the procedure to go ahead.

Signed: _____ **Date:** _____

Name (print in capitals): _____

Job Title: _____

Endoscopist Name: _____

Endoscopist Signature: _____