

# Colonoscopy using Picolax

## GI Endoscopy Unit Patient Information Leaflet

### Introduction

This leaflet is for people who are having a colonoscopy with a bowel preparation called Picolax. It gives information on what a colonoscopy is, the benefits and risks of this and what happens before, during and after the procedure.

### What is a colonoscopy?

A colonoscopy is an examination of the large bowel or colon. The instrument used to perform the procedure is called a colonoscope. This is a slim, flexible tube with a light at the tip which is passed into your rectum. The rectum is your back passage.

The image from the colonoscope is transferred to a screen. This allows the operator to view the areas of the bowel which require close inspection, to make a diagnosis.

The procedure is not usually painful but may be a little uncomfortable. Some patients experience a feeling of fullness and bloating which is mainly due to air which is passed into the bowel through a channel in the colonoscope.

The air is important as it inflates the bowel slightly, allowing the operator to inspect the bowel thoroughly. Any feelings of bloating or abdominal discomfort should quickly pass once the procedure has been completed.

## **What are the benefits?**

Your GP or hospital doctor will have advised that you have your bowel inspected very carefully. This procedure is a good way to investigate symptoms such as:

- Passing blood from the back passage
- Pain in the abdominal (stomach) area
- A change in bowel habits
- Anaemia

There may be other reasons why your doctor has referred you for this test. You may already have had a barium investigation in the X-ray department but a colonoscopy is a better way of inspecting the lining of the bowel more closely. Your consultant may have suggested you have a colonoscopy if you have a family history of bowel problems.

Sometimes it is necessary to take small tissue samples of the lining of the bowel (biopsies). This can be undertaken during the colonoscopy. The samples or biopsies are sent to the laboratory for analysis and this helps make a diagnosis.

You may have been told that you have polyps in your bowel, detected when having a barium enema, sigmoidoscopy or scan. Colonoscopy is the best way to remove polyps from the bowel quickly, easily and safely.

## What are the risks?

The majority of Colonoscopies are straightforward. However, as with any procedure there is a small chance of complications or side effects. You may have some wind for a couple of days after the Colonoscopy. National studies have shown that serious complications are infrequent.

They include:

- Reactions to drugs
- Bleeding
- Perforation of the bowel
- Missed lesions (unable to see an abnormality)

Bleeding: occurs in approximately 1 in 150 cases. Perforation: (a hole or tear in bowel wall) occurs in approximately 1 in 1500 cases and this is more likely if a polyp is removed. Severe complications are rare, but may require emergency surgery, blood transfusion or, in extremely rare circumstances, result in death.

Some patients experience discomfort due to trapped wind. This usually settles quite quickly once the wind has passed.

The sedation and pain relief we use is safe with few side effects.

We will give you aftercare information before you leave hospital.

## What are the alternatives?

People are often referred for a barium enema which is performed in the X-ray department. For this test, the bowel is filled with a solution containing barium metal which sticks to the lining of the bowel and shows up as white on X-ray.

A barium enema will show anything unusual in the bowel including polyps or diverticular disease. It is good at picking up problems and is very safe. However, it is not possible to take biopsies or remove polyps during this examination.

## What preparation will I need?

You should stop eating foods which contain fibre **three days before** your procedure. Fibre cannot be digested and adds bulk to your stools. Your bowel needs to be completely empty to ensure your procedure goes well.

### Foods to avoid include:

- Whole grain breads, pasta, nuts and seeds.
- Fruit peel, dried fruit and fruit containing seeds.
- Vegetables with skins, for example, peas, broad beans and sweetcorn.
- Vegetables that have stalks, for example, broccoli, cauliflower and cabbage.
- Tough, coarse meat.
- Fruit juices containing fruit pulp.

To ensure that your bowel is empty, you will need to use a bowel preparation called Picolax.

## Instructions for taking Picolax

**The day before your test** you need to do the following:

**8am** – From 8am do not eat anything as your bowel needs to be completely empty for the examination. You can have clear fluids such as water, clear soup, squash (not blackcurrant as it stains the bowel), black tea or coffee. Make up one sachet of Picolax and drink it. Please follow these instructions:

### Making up Picolax solution

Mix the contents of one sachet in a cup of cold tap water (approximately 150ml), stir for two to three minutes and drink the solution. If it becomes hot when you mix it with the water, wait until the solution cools down before drinking it.

**2pm** – Make up the second sachet as before and drink this over the next hour.

Have a liquid evening meal such as clear soup.

**Be sure that you drink at least three pints of liquid during the course of the day.**

### **On the day of the procedure**

Remember not to eat anything until after your procedure. You can have sips of water on the morning of the procedure as long as this is at least six hours before the time of your appointment.

### **Information for patients who have a stoma**

As you have had some of your bowel removed by surgery, it is unlikely that you will need all of the bowel preparation.

Please prepare the drinks as explained in the instructions.

Once you start to pass **clear fluid** via your stoma you will not need to drink any more Picolax.

### **What other preparation will I need?**

- Please bring with you a note of any medication you are currently taking, and contact details of the person who will be collecting you.
- Please remember not to bring valuables into the hospital and to remove jewellery before coming to your appointment. You can wear your wedding ring.
- As you may be sedated for the procedure:
  - You will need to arrange for a responsible adult to take you home afterwards, either by car or taxi. You will not be able to go home on public transport.
  - Someone should stay with you overnight.
  - You cannot, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
  - The medication (Midazolam) we give some patients before a colonoscopy relaxes and makes you comfortable. However, it may affect your memory for up to 24 hours afterwards. You may not remember information given to you by the endoscopist but we will give you a report to take home.

- The effect of the sedation (Midazolam) may be prolonged by other medication you are taking. We will discuss this with you when you come for the procedure.

Some patients may prefer to have their colonoscopy with just Equanox and pethidine to relieve any discomfort and not have the sedation (Midazolam).

If you do decide that you do not want to have sedation, this will mean that your memory will not be affected and you do not need to arrange for anyone to stay with you overnight if you live alone.

However, you are still not allowed to drive a car or be in charge of moving machinery for 24 hours, and you will still need to arrange transport home.

**If you have a pacemaker, please ring the GI unit as soon as possible** before you come for the procedure. This is because we have to arrange for someone from Cardiology Department to see you at your appointment.

## What about my medication?

You should take your usual tablets as normal but **do not take** iron tablets, and stool-bulking medication such as:

- Fybogel
- Regularan
- Loperamide
- Lomotil
- Codeine phosphate – if you are taking this medication frequently, or have been taking it for a long period of time, please seek advice from your GP or pharmacist before stopping it suddenly

If you usually take any of the medications listed, you should **stop taking them ten days before your appointment.**

## Anticoagulants

If you are taking medication that thins the blood, such as **warfarin, aspirin, clopidogrel** or **rivaroxaban**, you should be advised on whether to continue or stop taking the medication before the procedure. If not, please contact the GI Unit for advice on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday).

## Diabetic medication

If you are a diabetic and need advice on how to manage your condition while you are taking the bowel preparation, you should contact the GI Unit as soon as you get your appointment. We will send you an advice leaflet.

Please check your blood glucose level regularly while you are taking your bowel preparation, and before you leave the house to have the procedure.

## Will the colonoscopy hurt?

You may experience some discomfort during the test. This is because the bowel has bends which the endoscopist needs to steer the colonoscope around. You may feel a little bloated and that you want to go to the toilet. This feeling is due to the stretching of the bowel by blowing air into it. The feeling will pass quickly.

You may have a sedative injection called Midazolam which will make you feel relaxed and sleepy, and also pethidine to help relieve any discomfort. Most patients remember very little about the procedure afterwards.

If biopsies are taken, or polyps removed, you should not feel any discomfort.

People who do find the procedure too uncomfortable to tolerate, (possibly due to certain medical conditions) may be offered Equanox, in order to provide pain relief and help with discomfort (please see 'Equanox' section for more information).

This will enable the endoscopist to complete an important investigation to assist with diagnosing the problem.

# Equanox®

## What is Equanox?

It is a mixture of 50 per cent nitrous oxide and 50 per cent oxygen. You may know it as 'gas and air'.

## Why is it used?

Equanox is given for the relief of short term pain and discomfort. It is used in hospitals and in the community for various treatments. This may include dressing changes, particularly patients with burns, or patients with injuries such as broken bones or dislocated joints after having accidents.

It can also be used to relieve discomfort during examinations or procedures such as colonoscopy as it is safe and quick to use and has few side effects.

## Who can have Equanox?

It is available to all people who need it. However, we cannot give Equanox to people who have the following medical conditions:

- Severe emphysema
- A recent chest injury
- Pneumonia
- Recent keyhole surgery
- A blockage in the bowel (this will be assessed by your healthcare professional)
- A recent head injury
- A middle ear blockage or infection
- Recent ear surgery
- Abdominal distension
- People who are physically incapable of holding the equipment
- People who have recently undertaken an underwater dive
- People taking some medications as these could increase the effects of Equanox



- People who are intoxicated with alcohol (drunk) as this could increase the effects of Equanox

### **How is Equanox used?**

Nursing staff will show you how to use the equipment. We will give you a mouthpiece which you will need to hold between your lips. You will need to take in deep breaths to inhale the Equanox. You will hold the handset yourself so that you can use it when you need it.

Equanox may make you feel drowsy for a short time and you may lose your hold on the handset. When you feel less drowsy, you can continue to use the Equanox if you still need it until your procedure has been completed.

### **Are there any side effects, risks or complications of using Equanox?**

When used appropriately and correctly, Equanox is very safe. Its effect will rapidly pass and you will be able to go home after half an hour, providing all is well.

Some patients have reported feelings of nausea (feeling sick), dizziness, disorientation, a dry mouth and light headedness after using Equanox. In these cases, you may need to stay for longer in the unit recovery area until all your symptoms have settled and you have returned to your normal self.

### **What happens when I get to the hospital?**

Once you have reported to the GI Unit admissions desk, an endoscopy nurse will take you through to the unit. They will:

- Take your blood pressure
- Check your pulse
- Write down your medical history and any other relevant information
- Explain the procedure to you and then ask if you are willing to sign a consent form (please see section 'Consent').
- Show you to a changing room as you will need to wear a patient procedure gown. If you have a lightweight dressing gown and slippers, you are welcome to bring them with you.

You will keep your belongings with you throughout your stay in the department. Once you are changed, we will show you to a waiting area. You may be joined by other patients of the same sex as you.

## **Who will be treating me?**

Your procedure will be carried out by a trained endoscopist. Within the GI Unit we have fully trained consultants, surgeons and nurse practitioners.

## **What happens during the test?**

- The nurse who will be taking care of you during your procedure will collect you from the waiting area and take you to the endoscopy room.
- In the endoscopy room, we will ask you to lie on the examination trolley.
- You will need to lie on your left hand side with your knees bent. You will be covered at all times.
- The nurse will place a cannula (small needle) in your arm or hand if you are having sedation (Midazolam) and pain relief (pethidine).
- You will receive oxygen through a small tube which will be placed just inside your nose. This is a normal part of the procedure.
- Nurses looking after you will monitor your pulse and oxygen levels throughout the procedure.
- If polyps are detected in the bowel, the endoscopist will remove them during the colonoscopy using a special instrument which is passed down a channel in the colonoscope. They will take biopsies of the lining of the bowel in a similar way. This should not hurt.
- When polyps are found, they must be removed to prevent progression to cancer. Once removed, we send the polyps to the laboratory for analysis to assist with the diagnosis and subsequent treatment.

- Once the procedure has been completed, the endoscopist will gently remove the colonoscope.

## Will I need to stay in hospital?

Usually, you only need to come in for the day when having a colonoscopy. However, if you have bleeding, perforation or suffer severe effects from the sedation, you may need to stay overnight in hospital for observation.

## What happens after the test is over?

After the procedure, we will give you aftercare information before you leave the department.

## When will I hear my results?

The endoscopist will tell you the results of your colonoscopy before you go home and give you an endoscopy report.

If we have taken biopsies, we will send them to the laboratory to be analysed. The results of this may take several days to process.

Your consultant may write to you with the results of the biopsies, or send you an outpatient clinic appointment in the post to receive them. Alternatively, you may need to make an appointment with your GP to receive the results. We will tell you if you need to do this before you leave hospital.

## Should I ask questions?

We want you to be fully informed at all times so you should always ask any questions you may have. The person you ask will do her/his best to answer your questions. If they do not know, they will find someone else who is able to discuss any concerns you may have.

## Is there anything I should tell people?

If there is any procedure you **do not** want to happen, you should tell the people who are treating you. It is important for them to know about any illnesses or allergies which you have suffered from in the past.

Remember to tell the team about anything that concerns you or anything which may affect your general health.

## Consent

You will need to give your consent before the doctor or health professional examines or treats you.

As part of your treatment some kind of photographic record may be made – for example clinical photographs or video recordings. You will be told if this is likely to happen.

The photographs or recordings will be kept with your medical notes and will be held in confidence as part of your medical record. This means that they will normally be seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

The use of photographs is extremely important for other NHS work such as teaching or medical research. However, we will not use yours in a way that allows your identity to be recognised without your permission.

We will ask you to sign a consent form once the procedure has been discussed with you. Health professionals must ensure that you know enough about the procedure beforehand, and that you are fully aware of the benefits and the risks of the procedure.

Once the consent form is completed, we will give you a copy to keep. If you later change your mind, you can withdraw your consent after signing.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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