

Colonoscopy with Picolax

Endoscopy Unit Patient Information Leaflet

Please read all the information within this leaflet as it gives you instructions you need to follow.

The time of your arrival is indicated on your appointment letter. After your arrival time is given for the nursing team to go through your admission and pre-procedure assessment.

Therefore, your actual procedure time will differ from your arrival time, and you may well be in the Endoscopy Unit for the whole morning or afternoon, please be prepared for a wait if unforeseen alterations to the endoscopy list occur.

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, how to take your oral bowel cleansing preparation, 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. The colonoscope is passed into your back passage, into your rectum and into your large bowel.

The image from the colonoscope is transferred to a screen. This allows the endoscopist to view the lining of your bowel to make a diagnosis.

What are the benefits?

Your doctor will have advised you that you need a colonoscopy and referred you for the procedure.

A colonoscopy is a good way to investigate symptoms such as:

- Passing blood from the back passage
- Abdominal pain
- A change in bowel habits
- Anaemia

Other reasons for referral can include:

- An abnormality detected at a scan
- Removal of polyps found at previous scan or endoscopy
- A positive result when your stool has been tested for the presence of blood or inflammatory markers
- A family history of bowel problems

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

Polyps may be found during the colonoscopy, and if appropriate to do so they will be removed safely during the procedure.

Will the Colonoscopy hurt?

The procedure is not usually painful, but it may be uncomfortable. Some patients experience a feeling of fullness and bloating, this is mainly due to carbon dioxide (CO₂) gas which is passed into the bowel through a channel in the colonoscope. The CO₂ is important as it inflates the bowel to allow the endoscopist to inspect the bowel thoroughly.

Some patients also experience abdominal discomfort as the colonoscope moves around the bends of the colon.

Any feelings of bloating or abdominal discomfort should quickly pass once the procedure has been completed.

You are usually offered intravenous sedation, Midazolam and pain relief for your procedure. As an alternative, or in addition to sedation, Equanox (gas and air) may be used with your co-operation.

Midazolam

Midazolam is a light conscious sedation. It is not a general anaesthetic; you will not be knocked out. You will still be aware of and feel the procedure, and you will be able to hear the endoscopist and nurses reassuring you.

- The injection relaxes you and makes the procedure more comfortable.
- You can respond to commands that are given during the procedure; you may be required to move position to aid the passage of the scope around your bowel.
- You may not remember the results or information given to you after the procedure. Your memory may be affected for up to 24 hours after.

- You will need to stay in the recovery area after your procedure. The length of time may vary from half an hour to two hours, depending on how you respond to the sedation and how soon you return to your normal self.
- You will need a responsible adult to take you home afterwards by car or accompany you in a taxi. You will also need a responsible adult to stay with you overnight for your safety.
- You may not, by law, drive a motor vehicle or operate moving machinery for 24 hours afterwards.
- The effect of the sedation may be prolonged by other drugs you are taking.

Equanox

Equanox is a mixture of 50 per cent nitrous oxide and 50 per cent oxygen. You may know it as 'gas and air'. Equanox is given for the relief of short-term pain and discomfort.

It is very effective for relieving discomfort during colonoscopy, as it is safe and quick to use and has few side effects. 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.

Equanox is inhaled via a mouthpiece, you will hold the handset yourself so that you can use it when you need it. It may make you feel drowsy for a short time.

Its effect will rapidly pass, and you will be able to go home after half an hour, providing all is well. If you have driven to the hospital for your appointment, you will not be allowed to drive until at least half an hour has passed and the nursing staff are happy for you to go home.

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.

Are there any risks?

Most colonoscopy procedures are straightforward. However, as with any procedure, there is a risk of complications.

Some complications are very rare but can be very serious leading to an admission to hospital or an operation.

These serious complications include:

- Perforation (making a hole or tear in the bowel) can occur in 1 in 1700 cases.
- Bleeding, usually due to the removal of a polyp, can occur in 1 in 2400 cases.

Other risks to be aware of include:

- Incomplete procedure.
- Missed pathology (missing a polyp or even a cancer).
- Drug reactions, and sedation related complications.

Special situations where risk from colonoscopy is greater:

- Removal of larger polyps, over 2 centimetres in size can carry a greater risk of bleeding, perforation and recurrence and may require further procedures to check.

After effects of the colonoscopy procedure:

- 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.

Are there any alternative investigations?

A CT Colonography (CTC), also known as a virtual colonoscopy, can be performed in the CT Scanning department. It is a test that uses CT scans to check the large bowel. A small tube is inserted into the back passage and CO₂ gas is pumped in to inflate your bowel to aid in getting clear images of your colon.

A CTC 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, so you may still require an endoscopic procedure.

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.
- Fruit juices containing fruit pulp.

To ensure that your bowel is empty, you will need to use an oral bowel cleaning solution called Klean-Prep.

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.

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 the bowel preparation.

Please prepare the drinks as explained in the instructions.

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

What other preparation will I need?

- Please bring with you a list of medications you are currently taking.
- Please do not bring valuables into the hospital and remove jewellery before coming to your appointment. You can wear your wedding ring.

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

What about my medication?

If you are taking medication for high blood pressure, seizures, or if you are taking prednisone, **you may take these medications the morning of the procedure or at least two hours before the procedure with a sip of water.**

Iron Tablets

You must stop taking iron tablets for **7 days before** your procedure.

Anticoagulants and Antiplatelets

If you are taking tablets to thin your blood you must contact the Endoscopy Department for advice at least **one week before** your appointment. Please make contact on 01384 456111 ext. 2731 (8am to 6pm, Monday to Friday) if you take **clopidogrel, prasugrel, ticagrelor, warfarin, rivaroxaban, apixaban, edoxaban or dabigatran**, you can continue aspirin.

Diabetic medication

If you are a diabetic and need advice on management while you are taking the bowel preparation, you should contact the Endoscopy Unit or your Diabetes Nurse as soon as you get your appointment.

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

What happens when I get to the hospital?

Once you have reported to the Endoscopy Unit reception, 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 obtain your consent for the procedure.

- 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 Endoscopy 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.
- If you are having intravenous sedation a cannula will be placed in your arm or hand.
- Alongside sedation, you will receive oxygen through a small sponge on the end of a tube which will be placed just inside your nose.
- 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 specialist equipment.
- Biopsies of the lining of the bowel are taken in a similar way.
- When polyps are found, they must be removed to prevent progression to cancer.
- Once removed, polyps and biopsies are sent 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 a few hours when having a colonoscopy. However, if you have bleeding, perforation or suffer severe effects from medication, you may need to stay overnight in hospital for observation.

What happens after the test is over?

After the procedure, you will be transferred to the recovery area where you will be observed by nurses who will assess when you are ready to be discharged. You will be given 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 a printed copy of the results.

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 biopsies, or send you an appointment to discuss results in an outpatient clinic.

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 query or concern. If they do not know, they will find someone else who is able to discuss any concerns you may have.

Consent

You will need to give your consent before your colonoscopy. 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.

As part of your consent and treatment you must understand that photographs will be taken which form part of the endoscopy report.

Photographs are kept in your medical record and will be held in confidence. This means that they are seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

Once the consent form is completed and you have signed, we will give you a copy to keep.

If you change your mind, you can withdraw your consent after signing at any time.

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

Endoscopy 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

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

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm să sunați la 0800 073 0510.

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