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Colonoscopy

Patient Information Leaflet

Dr Corbett has decided that a Colonoscopy is needed to check your symptoms or confirm a diagnosis. This is a test that looks at the inner lining of your large intestine (rectum and colon). A thin, flexible tube called a colonoscope is used to look at the colon. A colonoscopy helps find ulcers, colon polyps, tumours, and areas of inflammation or bleeding.

Please note that the appointment time is for your pre procedure check, not the time of your examination. The length of time you will be here will vary enormously but may be anything from two to four hours or more.

Please follow the enclosed bowel preparation instructions carefully. Your bowel must be completely empty to allow Dr Corbett to have a clear view of the bowel.

- **Stop taking iron tablets seven days before the procedure.** All other medication (including aspirin) should be taken as normal but you must inform your consultant of **all** medication being taken especially any anticoagulants.
- If you take **Warfarin** please inform Dr Corbett or the hospital as you may need to have an INR test seven days before your procedure.
- If you have **diabetes** please inform Dr Corbett or the hospital.
- If you have any questions about the procedure or find that you cannot keep this appointment, please contact the hospital or Dr Corbett's PA as soon as possible.
- Taking the bowel preparation might prevent the absorption of the oral contraceptive pill. Additional contraceptive precautions should be taken until the next period begins.
- You **must** arrange for a responsible adult to come with you to the hospital and wait to take you home. You will not be able to drive yourself. **If you come without an escort, we will have to cancel the procedure.**

You will need to undress and put on a gown. You will then be brought to the endoscopy theatre. You will be asked to remove any glasses and you will then lie on a couch on your left side with your knees bent. For your comfort and reassurance, a trained nurse will stay with you throughout the procedure.

Dr Corbett offers colonoscopy procedures with either an injection of sedative medication or using Entonox (known as “gas and air”). The sedative medication will make you feel more relaxed during the procedure, and sometimes will allow you to sleep, however it also means you cannot drive or work for 24 hours after the injection. Entonox provides patient controlled pain relief (you breath the gas when needed) and has completely left your system 30 minutes after the last breath. It is entirely your choice which to use.

If you choose the sedative, we will give you oxygen through a facemask and put a plastic 'peg' on your finger to monitor your pulse and oxygen levels. The sedative will make you relaxed and drowsy; it will not put you to sleep.

If you choose the Entonox you will be given the Entonox mouth piece and shown how to use it when needed during the procedure.

The colonoscope will then be guided through your anus into your colon. During the procedure, air is passed into your colon to give a clear view of its lining. You may experience some wind-like pains, but they should not last long. At this time, you might feel as if you need to go to the toilet. This is a perfectly natural reaction but as the bowel will be empty, there is no need to worry. There may be periods of discomfort as the tube goes around bends in the bowel. If you find the procedure more uncomfortable than you would like, please let the nurse know and we will give you some more sedative or pain relief. In order to make the procedure easier you may be asked to change position (for example roll onto your back). However if you make it clear that you are too uncomfortable we will stop the procedure.

Potential Risks

Colonoscopy procedures carry a small risk (one in 1000 cases) of bleeding or perforation (tear) to the bowel. These are more likely to occur after the removal of a polyp. On very rare occasions, this may require an operation which may involve making a temporary opening (called a stoma) in the abdomen to allow the passage of waste (faeces).

Removing a polyp can sometimes cause bleeding although this is usually stopped during the procedure. Occasionally bleeding may occur when a patient has gone home and, even more rarely, some of these people may need a blood transfusion. Another rare complication is an adverse reaction to the intravenous sedative and pain relief medication.

Like all tests, this procedure will not always show up all abnormalities and, on very rare occasions, a significant abnormality may not be identified. If you have any questions about this please ask either at the time of the procedure or at your next appointment with Dr Corbett.

After the procedure

Following the colonoscopy, we will take you to a recovery area while the sedation wears off. When you are sufficiently awake, we will give you a drink before you get dressed. You can then go home; this may be up to an hour following the procedure.

If you have had a sedative injection you should not drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for a 24 hour period after the procedure. You should also have a responsible adult stay with you for the next 12 hours. You can eat and drink as normal. You may feel bloated and have some wind-like pains if some of the air remains in your bowel; these usually settle down quickly.

Dr Corbett would then like you to make a follow up appointment with the hospital to see him to discuss the results. If there is anything that needs immediate attention, you will be contacted.