



A guide to...

CT Colonoscopy

Patient information

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What is CT colonoscopy?

CT Colonoscopy is a procedure that uses a CT scanner to produce detailed images of the colon and rectum (the colon is the last part of the intestines or guts, the rectum is the passage between the colon and the anus).

CT Colonoscopy differs from a routine CT of the abdomen as a small tube is inserted into the rectum and the large bowel is inflated with carbon dioxide during the CT, enabling us to get detailed views of the lining of the bowel. To enable us to obtain good diagnostic images you will be asked to move into several positions on the table.

A CT scanner uses X-rays to obtain very detailed pictures of the body. The scanner is shaped like a large 'donut'. You will lie on a movable table and pass through the scanner whilst the X-ray images are being taken. The X-rays pass through the body and are detected by sensors on the other side of the machine. This information then passes to a computer, which produces an image of the structures inside your body.

What is CT colonoscopy used for?

The main reason for referral for CT colonoscopy is to look for polyps or cancers in the colon or rectum. Polyps are small growths on the inside of your bowel. They are usually harmless but some polyps can develop into cancer.

CT colonoscopy can be used if you have symptoms such as changes in your bowel habit, weight loss or blood in your faeces (stools). It can also be used to screen people who are at risk of developing bowel cancer.

CT colonoscopy is often used in people who are too frail to have a colonoscopy, or if there are other reasons why a colonoscopy would not be suitable.

What happens during a CT Colonoscopy?

The radiographer will put a small cannula (needle) into a vein the crease of your elbow, as during the CT scan you may be given an injection of a muscle relaxant to help relax the muscles of your bowel wall and contrast agent to demonstrate your bowel on the CT images.

In the CT scan room, you will be asked to lie on your side on the CT table. A very small flexible tube will be passed a small way into your back passage to allow gas (carbon dioxide) to be gently pumped into the colon. The gas is pumped in by an electronic pump and helps to widen the colon as much as possible smoothing the number of folds in the bowel that may

hide polyps or growths. During this process, you may briefly feel aches and pains similar to trapped wind. You may also have an urge to go to the toilet. As your colon is empty, this will not happen.

During the CT scan, the radiographer will leave the room but you will be observed closely throughout your scan. The table will move through the scanner and you may be asked to hold your breath for about 10 seconds. As you move through the scanner, the X-ray images will be taken. The radiographer will ask you to turn over onto your stomach or side and the scan will be repeated.

At the end of the scan you will remain on the CT table for a few minutes whilst the Radiographer checks the images that have been produced. Further scans may be required.

Once the scans have been completed, you will then be escorted to a changing room or toilets where you can get dressed.

The complete examination will take between 30 to 40 minutes in total. Sometimes your appointment may be delayed please be patient if this should happen. If you have had muscle relaxant or contrast you will be asked to wait for 30 mins after the examination to ensure you feel ok before we remove the cannula. You will then be able to leave.

Who will do the examination?

An experienced radiographer will perform this examination.

What happens afterwards?

- You will be asked to drink plenty of fluids following the examination.
- You should eat and drink as normal after the scan.
- You are welcome to bring something to eat & drink with you.
- Results will be returned to the Consultant/Specialist Nurse that referred you for the CT.

What are the possible risks?

Regular side effects

There are several side effects that Radiographers regularly see, these include:

- Muscle relaxants can make the mouth dry and vision blurred. This is expected to last 30 minutes. Please do not drive until your vision has returned to normal.

- Contrast agents are likely to feel very warm as the injection is given and may feel as though you have passed urine although you will not have done so. You may also have a strange taste in your mouth. All of these effects will disappear quickly.
- The gas that is used to inflate your bowel may make you feel a little bloated during and after the examination. This will soon wear off after you have been to the toilet.
- A haematoma (bruise) can occur at the injection site.

Rare complications

There are some more serious complications that are rarely seen but which the Radiographers and doctors are well prepared for:

- Cardio-vascular complications such as feeling faint following injections of the muscle relaxant.
- Allergic reaction and renal complications as a result of the contrast agents or bowel cleansing medicines.
- Severe abdominal pain. Perforation of the bowel. There is a very small chance (1 in 3,000) that your colon may be damaged during the procedure. This can lead to bleeding and infection, which may need treatment with medicines or surgery.
- The injection of the muscle relaxant may cause a painful red eye in people at risk of glaucoma.

The radiography staff will check that you have none of these symptoms before sending you home. If you are concerned about any of these symptoms after returning home, please contact the CT department or your GP.

Radiation dose

Unborn babies are more susceptible to radiation than adults, so please tell the Radiographer before the examination if there is any possibility that you are pregnant.

CT scanning uses X-rays to produce the images. Patients are often worried about being exposed to radiation. However, it is important to get the risks into perspective. The risk to your health from not having the required examination is likely to be much greater than any risk from the radiation itself.