**Are there any alternatives?**
Your doctor has recommended a colonoscopy and EMR as it is the best way of treating your condition. Surgery may be an option and this should have been discussed with you.

**What happens if I decide not to have a colonoscopy and EMR?**
Your doctor may not be able to treat your problem. If you decide not to have a flexible sigmoidoscopy and EMR you should discuss this carefully with your doctor.

**Who can I contact if I have any questions?**
Please do not hesitate to telephone the department on 01442 287 968 for Hemel Hempstead Hospital or 01923 436 095 for Watford General Hospital (8.00am – 6.00pm Monday to Friday).

If after the investigation you experience severe tummy pain or bleeding (more than an egg cupfull), please attend your nearest acute Accident and Emergency department taking with you a copy of your Endoscopy report and this leaflet. Do not drive.

- Accident and Emergency at Watford on 01923 217 256 or your nearest Accident and Emergency.
- Please note: there is NO Accident and Emergency at Hemel Hempstead or St Albans City Hospitals.

*Other sources of information: www.bsg.org.uk*

If you need this leaflet in another language, large print, Braille or audio version, please call 01923 217 187 or email pals@whht.nhs.uk

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**Having a Colonoscopy and Endoscopic Mucosal Resection (EMR)**

If you are taking blood thinning medications such as warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban, please leave a telephone message on 01442 287 811. There is a chance these may need to be stopped prior to the procedure. There is an answerphone facility and a specialist nurse will call you back as soon as possible.

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**Patient information**

Endoscopy Unit
Hemel Hempstead Hospital
What is a Colonoscopy?
Colonoscopy is an investigation that allows us to look directly at your colon. A flexible tube is passed up into your bottom and around your whole colon. Through this tube we will be able to look for any abnormalities that may be present. If necessary, small tissue samples (biopsies) can be taken during the examination for laboratory analysis. Polyps, which are abnormal growths of tissue from the lining of the bowel wall, can also be removed.

What is an endoscopic mucosal resection?
An endoscopic mucosal resection is the removal of a polyp during the colonoscopy. The tissue removed will include a small area of the surface lining of the bowel. Once removed, the tissue is sent for analysis.

Preparation
To allow a clear view the colon must be completely free of waste material. You will have been sent a laxative solution to drink the day before your examination. It is very important that you follow the instructions on the bowel preparation leaflet when you take this solution. If you are taking iron tablets, stop these 7 days before your appointment. If you are taking aspirin please stop these 4 days before your appointment. If you are taking blood thinning tablets (warfarin, clopidogrel, ticagrelor, dabigatran, rivaroxaban or apixaban) please contact the department immediately. If you are taking diabetic medication a leaflet is available from the unit, on request, or you can contact your GP or nurse specialist for advice. Please take all other medication as you would usually.

Please make sure you bring with you a list of all medications you are currently taking.

Having Sedation
Having sedation means that you will be made drowsy while you have the test (Please note this is not a general anaesthetic).

Two kinds of sedation are available:
1. Sedation can be given to you through a small needle placed in the back of your hand. With this type of sedation it will be necessary for you to have a sleep in the unit afterwards. It is also essential that you arrange for a responsible person to escort you home after the test. Failure to make these arrangements may result in the investigation being cancelled. Because of the lingering effects of the drugs used it is important that, for the next 24 hours, you have someone to stay with you, you do not drive, return to work, operate machinery, sign any legal documents or drink alcohol. Please note that if you choose sedation you will be in the department for approximately 3 hours. Your escort may like to ring the department on the telephone number overleaf before coming to collect you. Please ask them to ring two hours after your appointment time so a collection time can be agreed.

2. Sedation can be given to you called Entonox, commonly known as Gas and Air. This is an anaesthetic gas that works well as an effective sedation. If you choose to have Entonox you will be asked to rest on the unit for half an hour after which time you are safe to drive.

What will happen?
When you arrive the nurse will explain the procedure and answer any questions you may have. You will be asked to sign a consent form, giving us your permission to have the procedure performed. You will be taken into the investigation room on a trolley and placed in a comfortable position on your left hand side. Throughout the procedure you may experience some abdominal cramping and pressure from the carbon dioxide that is introduced into your bowel. This is quite normal and the gas is absorbed very quickly reducing discomfort. You may also get the sensation of wanting to open your bowel but as the bowel is already empty there is little risk of this happening. During the procedure you may be asked to change your position (i.e. lie on your back).

Afterwards
After the procedure you will need to try and sleep for a short while before going home. You will be offered a drink and biscuit and you may get dressed as soon as you feel ready. Please phone the unit if you have any dietary requirements. For some time afterwards your tummy may feel bloated. This is caused by the carbon dioxide that was introduced into the bowel during the procedure. The discomfort should settle in a few hours but you may find walking around, massaging your tummy and passing wind helps. You may also find that you experience a small amount of bleeding from your bottom when you first have your bowels open following the investigation. This is quite normal and should soon settle.

When will I get the results of the procedure?
The doctor or nurse will talk to you at the end of the procedure explaining what has been found. The results of any biopsies will take several days to be processed and your GP will receive the results approximately 2 weeks after your appointment. It may then be necessary for us to arrange an out patient appointment for you.

Are there any risks?
Rarely a small hole in the colon wall can develop (perforation) or bleeding may occur. If no polyps are removed then the risk of a complication is one in every 1000 cases. When polyps are removed the chance of these complications increases with the size of the polyp, so a bleed may occur once in every 150 cases or a perforation once in every 500 cases. However as these risks will depend on the size of the polyp being removed and the doctor will discuss these risks with you before your procedure. If a complication does occur, observation in hospital is necessary and surgery may be needed. It is also possible for bleeding to occur for up to two weeks after the procedure. Although a colonoscopy is a very sensitive test, no procedure is 100% accurate and there is a small chance that abnormalities can be missed, this may occur 5 times in every 100 cases. If you are worried about any of these risks, please speak to your doctor or a member of the team before you are due to have this procedure.