



A guide to...

Having a Colonoscopy

Patient information

How to contact us

Booking and interpreting queries – please call the number on your appointment letter

Clinical queries – Hemel Hempstead 01442 287968 / Watford 01923 436095

Any other query – Please call Hemel Hempstead 01442 287681 / Watford 01923 217530

If you need this leaflet in another language, large print, Braille or audio version,
please call **01923 217 198** or email westherts.pals@nhs.net



Author	Dr Alistair King
Department	Endoscopy
Ratified / Review Date	April 2025 / April 2028
ID Number	25-2412-V16



What Is a Colonoscopy?

A colonoscopy is a procedure used to examine the lining of the large bowel (colon and rectum). A thin, flexible tube (colonoscope) with a light and tiny camera is gently passed into the anus. It's guided around the bowel to inspect the lining for any abnormalities. The procedure typically takes around 30 to 45 minutes to complete.

During the examination, small tissue samples (biopsies) may be taken for laboratory analysis. Polyps (abnormal growths on the bowel lining) can be removed using specialised instruments passed through the colonoscope.

Depending on the clinical findings, additional techniques or procedures may be performed. These can include marking an abnormal area with a tattoo or clip, spraying a dye (chromoendoscopy) to enhance visualisation of the bowel lining, or treating areas of bleeding with injection, banding, or heat (diathermy). Images of the bowel lining and any abnormalities observed are typically captured and stored in your medical record.

The risks and benefits of the procedure are detailed in this leaflet for your reference.

Benefits of the procedure

A colonoscopy is a valuable tool for diagnosing potential causes of your symptoms by allowing us to examine the lining of your bowel for abnormalities. Based on the findings, we can provide tailored advice, which may include recommending further tests, specific procedural treatments, or prescribing medications to manage your condition effectively.

In some cases, the procedure is performed to review findings from a previous flexible sigmoidoscopy or colonoscopy. This helps us adjust your treatment plan or follow-up period as necessary to ensure you receive optimal care.

Preparation

To ensure a clear view of your colon, it must be completely free of waste material. You will have been sent a laxative solution to drink before your procedure. It is vital that you follow the instructions provided in the bowel preparation leaflet. **If the preparation is not followed correctly, the procedure may need to be cancelled.**

- **Medications:** Please bring a list of all the medications you are currently taking, including the reasons you take them.
- **Iron tablets:** Please stop taking these five days before your procedure.
- **Blood thinning medications:** If you are taking blood-thinning medications such as Rivaroxaban, Edoxaban, Dabigatran, or Apixaban, do not take these on the morning of your procedure. All other blood-thinning medications should be taken as usual.
- **Diabetes Medications:** You will receive an information leaflet with specific guidance. You may also wish to consult your diabetes specialist nurse.
- **Parkinson's, blood pressure, and other medications:** Continue taking Parkinson's and blood pressure medications as usual. For other oral medications, avoid taking them within one hour before or after consuming the bowel preparation, as this may affect absorption.

If you are having a gastroscopy on the same day as your colonoscopy, stop drinking fluids two hours before your appointment time.

On arrival

When you arrive, the nurse will explain the procedure and answer any questions you may have. You will be asked to sign a digital consent form, which outlines the same risks detailed below for your consideration prior to arrival.

It will be necessary for all patients undergoing a colonoscopy to have a cannula inserted into their arm or hand. Even if sedation is not requested, we may administer Buscopan through the cannula. This medication helps to relax bowel spasms and does not carry the same post-procedure restrictions as sedation. We will also provide you with a gown and dignity shorts for your comfort.

Keeping you comfortable

We offer two options to help keep you comfortable during the procedure:

1. Entonox (gas and air):

This analgesic gas is an effective pain relief option for many patients undergoing a colonoscopy. If you choose Entonox, you will need to rest briefly after the procedure, after which it is safe for you to drive.

2. Intravenous conscious sedation:

This involves administering a sedative through a small IV line in your arm or hand. It helps you to feel relaxed and may have a light sleep. You will remain conscious and be able to respond to people talking to you. After receiving sedation, you will need to rest in the unit for a short time. **It is vital to arrange for a responsible person to escort you home and stay with you for 24 hours after the procedure.** Without these arrangements, the investigation may need to be cancelled. Please note that conscious sedation is not the same as a general anaesthetic.

In the procedure room

The nurse will ask you a few safety questions before the procedure begins. You will be asked to lie on your left side. The Endoscopist will first check your back passage with a gloved finger before gently inserting the endoscope.

It is normal to experience some abdominal cramping during the procedure, which will be intermittent. You may also feel the urge to go to the toilet, but as your bowel is already empty, there is little risk of this happening.

During the examination, you may be asked to adjust your position. You may be asked to lie on your back, to assist with the procedure.

Risks

Colonoscopy is generally a safe procedure. Like any medical test, it carries some risks:

Standard Colonoscopy

- **Common (1 in 20):**
 - Pain/discomfort during and following the procedure
 - Inability to complete the procedure
 - Rectal bleeding (in the days following the procedure)
- **Less Common (fewer than 1 in 20):**
 - Complications of sedation
 - Missed pathology (colonoscopy is not 100% accurate)
 - Need for further treatment (following the procedure)

- **Rare (fewer than 1 in 100):**
 - Perforation of the large bowel (1 in 1,700)
 - Significant bleeding (1 in 2,400)
 - Injury to the spleen (1 in 5,000 chance)
 - Should injury to spleen occur, risk of 1 in 20 of death. (in total of 1 in 100,000)
 - Bowel preparation complications -dehydration and electrolyte imbalance. (In the days following the procedure.)

Colonoscopy with polyp removal additional risks:

- **Rare (fewer than 1 in 100):**
 - Incomplete removal of the polyp

Colonoscopy with endoscopic mucosal resection (large polyp removal) additional risks:

- **Less Common (fewer than 1 in 20):**
 - Significant bleeding
- **Rare (fewer than 1 in 100):**
 - Incomplete removal of the polyp
 - Post-polypectomy coagulation syndrome (abdominal pain at polypectomy site and fever)
- **Common (1 in 20):**
 - Late risk (In the months or years after the procedure): Recurrence of the polyp (2 in 10 cases within a year of initial removal)

If you have concerns about any of these risks, please speak to your doctor or a member of the team before your procedure.

Travel advice

If you need endoscopic therapy (eg a large polypectomy), we may recommend that you avoid travelling for 14 days after your procedure. Please call us if you would like to discuss this.

Afterwards

After the procedure, you will be encouraged to rest for a short while before going home. The length of your recovery time will depend on what was completed during the procedure:

- If you had **Entonox**, your recovery period will be at least 15 minutes.
- If you had **sedation**, you will need to rest for at least 30–45 minutes.
- If a **polypectomy** was performed, you may need to stay in the unit for up to two hours.

You will be offered a drink and a sandwich before leaving.

When will I get the results?

You will receive a copy of the report before leaving the department. The doctor or nurse will explain the findings at the end of the procedure. If tissue samples have been sent to the laboratory, the endoscopist will review the results. We will contact you if there is anything of concern.