



Colonoscopy and flexible sigmoidoscopy instructions (pre op)

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> About this leaflet

The purpose of this leaflet is to tell you about colonoscopy and flexible sigmoidoscopy and what you need to know before, during and after your procedure.

> What is a colonoscopy and flexible sigmoidoscopy?

- **Colonoscopy** is an investigation of your large bowel with the use of a colonoscope, a flexible tube with a small light at the end to let the doctor see the lining of your bowel.
- **Flexible sigmoidoscopy** is an investigation of the first part of your large bowel with the use of a flexible sigmoidoscope, which is also a flexible tube with a small light on the end to let the doctor see the lining of your bowel.

These procedures take place in our Endoscopy Suite. Sedation is optional for both procedures.

Why do I need this procedure carried out?

Your doctor feels that an inspection of your large bowel may help to find the cause of your problem, which may not have been apparent during other investigations.

> Risks of your procedure

Lower gastrointestinal endoscopy is classified as an invasive investigation and because of that it has the possibility of associated complications. These occur very rarely; however you should consider the risks before providing your consent. The doctor who has requested the test will have considered the risks; these must be compared to the benefit of having the procedure carried out. The risks can be associated with the procedure itself and with administration of the sedation.

- Perforation (risk approximately 1 for every 1,000 examinations) or tear of the lining of the bowel. An operation is nearly always required to repair the hole. The risk of perforation is higher with polyp removal.
- Bleeding may occur at the site of biopsy or polyp removal (risk approximately 1 for every 100-200 examinations). Typically minor in degree, such bleeding may either simply stop on its own, or if it does not, be controlled by cauterisation or injection treatment.
- Abnormalities may be missed.

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are normally short lived. Careful monitoring by a fully trained Endoscopy Nurse ensures that any potential problems can be identified and treated quickly. Older patients and those who have significant health problems (for example, people with significant breathing difficulties due to a bad chest) may be assessed by a doctor before having the procedure.

Alternative investigations

There are 2 alternatives to colonoscopy: a barium enema or a CT colonography. The advantages of these investigations are lower complication rates; the disadvantages are that small lesions are often missed, tissue samples cannot be taken, and there is a significant exposure to x-ray radiation. If an abnormality is found with these investigations, an endoscopic procedure may still be required.

Patients with diabetes

- If you are a tablet-controlled diabetic, do not take your medication while fasting, but bring it with you on the day of your procedure.
- If you are an insulin-dependant diabetic, please contact the Endoscopy Suite on 0141 951 5750 2 days before your procedure.

Preparing for your colonoscopy

1 week before your Colonoscopy

If you are taking iron tablets you must stop taking them 1 week before your appointment.

- If you take medicine for a heart problem, high blood pressure or epilepsy, on the day of your procedure please ensure you still take this with a small amount of water at your usual time. Please bring this medication with you.
- Bring a list of all medications you take regularly.
- If you take Warfarin, you should remember and bring your coagulation/INR card with you for your appointment. We will check your INR level on arrival.
- If you are on anticoagulation medicine (Clopidogrel, Apixiban, Dabrigatran, Rivaroxaban, Ticagrelor) please contact the Endoscopy Suite on 0141 951 5750 when you receive this appointment.








3 days before your Colonoscopy

If you are taking stool bulking agents (eg Fybogel, Regular, Proctofibe) or Loperamide, Lomotil, or Codeine Phosphate , you must stop taking these 3 days before your appointment.

For best results in cleansing, you should follow a restricted diet and avoid high fibre foods.

The following dietary approach is advised.

Foods which are preferred	
	Tender meat, chicken, turkey
	Fish and seafood
	Tofu
	White bread/toast/butter/margarine
	Shredless marmalade or jam
	Eggs
	Tea, coffee
	Croissants
	Water, fizzy drinks, fruit squash (not blackcurrant)

Foods which should be avoided	
	Cereals
	All fruit or salad
	Yoghurts
	Bacon, sausages, black or white pudding
	Wholemeal or brown bread
	Fruit and nuts
	Baked beans

1 day before your Colonoscopy

This is when to start taking your Laxatives

Please ensure you follow the instructions preparing for your appointment. Please ensure you take all the sachets and remember to drink at least another 500mls of water/clear fluid with each sachet. If you do not take the laxatives, we will not be able to see your colon and may not be able to complete the Colonoscopy.

When you start taking your laxatives it is important you stay close to a toilet. At some point you will start to experience watery bowel movements. This is quite normal and means the laxative is working.

On admission

You will be directed to the Endoscopy Suite reception area, where our receptionist will take your details. You will then be called into the pre assessment area.

What happens in the pre assessment area?

We will talk to you about:

- what medication you are taking;
- your past medical history;
- any known allergies;
- previous surgeries; preparation for the procedure; and the procedure.

Please inform the pre assessment nurse if you feel your bowel preparation has not worked properly.

We will also:

- explain your procedure to you again;
- take your blood pressure and pulse;
- ask you to sign the consent form; and
- ask you to change into a gown and sit on a chair ready for your procedure.
- We will insert a cannula if required.
- If you have any questions, please ask any of the staff; they will be more than willing to help.

Your procedure

- If you choose not to have sedation, you can still ask to be sedated at any time.
- You will be escorted into the procedure room.
- The Endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.
- The nurse looking after you will ask you to lie on your left side.
- They will then place the oxygen monitoring probe on your finger.
- If you choose, you will be given sedative drugs via a cannula (tube) in your vein.
- The colonoscopy involves moving the colonoscope around the entire length of your large bowel. There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time, however sedation and analgesia will minimise any discomfort.
- Air is gently passed into the bowel to facilitate the passage of the colonoscope.
- Samples may be taken from the lining of your bowel for analysis in our laboratories. These tissue samples will be retained for histology and further analysis for clinical purposes only.

Drugs to help with the procedure

Sedation

A conscious sedation medication can be used which makes you less aware of the procedure and may make you feel a little groggy for a short time afterwards.

This will require, a small tube (cannula) to be put in the vein in the back of your hand, so we can give you medication to sedate you during the procedure. This is optional and is not a general anaesthetic; it will not knock you out.

Advantages of sedation

- You will be less aware of the procedure.

Disadvantages of sedation

- You will be unable to drive, operate machinery, sign any legal documents or drink alcohol for 24 hours afterwards.
- You will need someone to drive you home and stay overnight with you.
- You will need to spend around 1 hour in the recovery area.
- You will not be able to drive yourself home.

Entonox gas

We may offer you Entonox gas (nitrous oxide or “gas and air”)
This is gas you breathe in yourself via a mouth piece. It is a very good painkiller.

The benefits of this are that it works very quickly and leaves your body quickly. It is self-administered and gives you the control over the timing of the pain relief.

You start to use Entonox just before the colonoscopy starts. Entonox is administered via a mouthpiece which you hold in your hand. Place the mouthpiece between your lips and breathe in and out deeply for 1 or 2 minutes before the colonoscopy starts. This is to make sure you have an effective amount of Entonox in your body. The pain relief stops shortly after you stop breathing in the Entonox, normally within 1 minute.

Entonox is in general very safe, however please be advised that it should be avoided:

- In severe emphysema with bullae or COPD where there is concern over high flow oxygen.
- After recent middle ear surgery.
- In early pregnancy.
- If you take any of the following Methotrexate, Bleomycin, Amiodarone.

You should not have Entonox if you have any conditions where air is trapped inside the body such as a collapsed lung or decompression sickness. You cannot have Entonox after 48 hours deep sea diving.

Common side effects are light headedness, hyper-ventilation (over breathing), tingling sensation in your fingers and dry mouth.

What will happen to me during the colonoscopy?

The colonoscopy involves working the colonoscope (flexible tube) around the entire length of your bowel. Flexible sigmoidoscopy will look at the left hand side of your bowel.

There are some bends that naturally occur in the bowel and negotiating these may be uncomfortable for a short period of time. The sedation or Entonox will reduce any discomfort.

During the procedure we will need to put air into your bowel, to get a good view of the lining of the bowel. You may feel some windy type pains like stomach cramps. You may also get the feeling that you want to go to the toilet. As the bowel is empty, there is no possibility of this happening.

You may also pass wind. Don't be embarrassed, this is common because we are putting air into your bowel.

The endoscopist may want to take a biopsy (a small piece of tissue) for examination in the laboratory or remove a polyp.

What is a polyp?

Polyps are small growths rather like warts, on the lining of the bowel. They are common, especially in patients with a positive bowel screening test.

Polyps can range in size from a few millimetres to a few centimetres. Some people may have one and other people may have several. Most bowel cancers start off as polyps, but most polyps do not become cancerous.

However we cannot tell which polyps will or will not transform into a cancer, therefore it is standard practice at the time of colonoscopy to remove all the polyps, we find where appropriate. We remove these painlessly using tiny instruments, which we pass through the flexible telescope.

Sometimes large polyps may need to be removed at a later date.

Removing a polyp is painless and is done in different ways depending on its size and shape. Polyps are removed by placing a thin wire loop around them and cutting them free from the bowel wall. With large polyps we often use a high frequency current to generate heat energy and help remove them.

We commonly inject a solution of fluid (adrenaline and dye) underneath the polyp before removal, in order to increase safety to help us tell if all the polyp has been taken off.

Sometimes we may place a small tattoo on the bowel wall afterwards to help us find the site where the polyp has been at a later date.

After your procedure

- You will be taken into the recovery room for a short time.
- When you are fully awake you will be given something to eat and drink.
- If you have taken Entonox you will be able to leave as soon as you feel able and do not require an escort home. You can drive within 30 minutes of your last dose of Entonox.
- The doctor who carried out the procedure may come and see you.
- You will be given aftercare instructions.
- The sedation may temporarily affect your memory, so it is a good idea to have a relative, or a friend with you when you are given this information.
- If your relative or friend isn't waiting with/for you, the nursing staff will telephone them when you are ready for discharge.
- If you have had sedation, the drug remains in your blood for about 24 hours and you may feel drowsy, with intermittent lapses of memory. If you live alone, you must arrange for someone to stay with you overnight.
- Please note as you have had sedation you must not drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure.
- A letter will be sent to your GP and Hospital Consultant within 2 weeks of the procedure.

Results

Scope test results

- We will tell you (and your escort if required) the results of your test before you go home. You will receive a copy of your results and we will also send one to your GP.

Biopsy samples (small samples of the lining of your bowel)

- If biopsies are taken during the procedure they will be sent to a laboratory for tests.
- Results of biopsy samples usually take 2 to 6 weeks and will be sent to your GP and/or your own consultant.

Urgent samples

- Wait can be shortened to 7 days.

Frequently asked questions

1. How long will the scope test take?

Tests usually take between 15 and 30 minutes. Your arrival time is not your procedure time. Please plan to be in hospital for 4 to 6 hours; this will allow you to register, have your pre-operative check-in, the test itself, and the postoperative recovery. Our patients' average stay is about 1-1.5 hours after the test. In some cases, due to circumstances outwith our control, your stay may be longer.

2. What medication will I receive?

If you have sedation you will have 2 medications. One is for pain (Fentanyl or Pethidine) and the other is to make you sleepy (Midazolam). You may be conscious for the scope test (i.e. awake) but you may not remember the test itself.

3. Will the scope test be painful?

You may feel some cramping as your colon is being inflated with air and/or as the scope is being advanced. However, everything will be done to make you as comfortable as possible.

4. How soon will I be able to eat after my test?

You will be able to eat immediately after your colonoscopy.

Contact

If you have any concerns or questions, please call 0141 951 5000 and ask for Endoscopy Unit on 5750 between 8am and 5.30pm. Outside these times ask for the Senior Nurse who will give advice. They are there to help you make your visit as pleasant as possible.

If you have to visit your GP or your nearest hospital accident and emergency, please take a copy of your endoscopy report with you.

