



Preparing for your Colonoscopy and Flexible Sigmoidoscopy

Reviewed: March 2025
Next review: March 2026
Version 15

Appointment details

Date: _____ Time: _____

Location of Endoscopy: _____

Please note this is your arrival time and **not** the time of your procedure.

If you have an enquiry about your appointment please call 0141 951 5000 and ask to speak to either the Endoscopy Booking team or Endoscopy Nursing Staff depending on your enquiry.

If you are unable to attend please let us know as soon as possible.

About this leaflet

This booklet will provide you with information about your upcoming colonoscopy appointment. This includes details of your procedure, why you have been referred for a colonoscopy/ flexible sigmoidoscopy and what to expect in the lead up to your appointment.

What is a colonoscopy and flexible sigmoidoscopy?

A **colonoscopy** is an investigation of your large bowel (colon) with the use of a colonoscope, a long flexible tube with a small light and camera at the end to let an endoscopist see the lining of your bowel.

A **Flexible Sigmoidoscopy** is an investigation of the first part of your large bowel with the use of a colonoscope.

During both procedures, carbon dioxide gas is passed into the bowel to give a clear view of the lining. This may cause “wind” like discomfort.

During your procedure, there may be some periods of discomfort as the colonoscope goes around the natural bends in the bowel. These typically ease once the bend has been passed. The procedure will generally last between 20 and 40 minutes, however, it may take longer.

Why do I need a colonoscopy or flexible sigmoidoscopy?

You have been offered this test because:

- You have had a positive result (blood in your bowel motions) through the NHS bowel screening programme or through other testing carried out.
- You recently saw a doctor who recommended a colonoscopy or flexible sigmoidoscopy. The aim of this is to investigate the cause of your symptoms, to follow-up previous disease, or to assess an abnormality which were identified on a Computed Tomography (CT) scan or other test.

Are there any risks or complications?

Colonoscopy and flexible sigmoidoscopy are generally very safe procedures. However, as with any invasive procedures, there is a small risk of complications.

The main risks include:

- Bleeding from the biopsy site or the site where a polyp removal (approximately 1 in 100-200 cases). In most cases, the bleeding may stop on its own and if not, controlled by cauterisation or injection during the procedure.
- A small tear or damage to the lining of the bowel(approximately every 1 in 1,000 cases). An operation is nearly always required to repair the tear. The risk of perforation is higher with polyp removal and with poor bowel preparation.
- While most abnormalities within the bowel will be identified, in a few cases, small or subtle abnormalities may be missed.
- Another possible complication is that sedation may cause problems with your breathing, heart rate and blood pressure.

We will carefully monitor your condition throughout your procedure, so if any of these problems arise, these will be quickly identified and treated.

In some cases, the procedure is not able to be successfully completed. This may mean you need another test. If this happens, the specialist nurse or doctor will discuss this with you.

My medication

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

If you are taking a stool bulking agent such as Fybogel, Regulan, Proctofibe, or a constipating agent such as Loperamide (Imodium), Lomotil or Codeine Phosphate you must stop taking them 3 days before your appointment.

Diabetes

If you have diabetes and use insulin or tablets to control your condition, please ensure that the endoscopy unit is aware so that your procedure can be booked for the beginning of the list. Please contact your diabetic nurse to get advice on your medication.

Anticoagulants and Antiplatelets

If you are taking blood thinning medicines, such as Warfarin, Dabigatran, Daltaparin, Apixaban, Edoxaban, Clopidogrel or Rivaroxiban the dose of these may need to be altered or stopped before your procedure.

Please contact the unit on 0141 951 5000 (ask for endoscopy unit) for more information.

Contraception

If you are taking the oral contraceptive pill, you should take the pill at least 3 hours before taking the bowel cleansing preparation. You should continue taking the pill as normal from the next day. Alternative contraceptive precautions should be taken for the rest of your cycle.

If you have further questions or concerns, please contact your GP or practice nurse for more information.

Epilepsy

If you suffer with epilepsy, please contact your neurologist to discuss the procedure and decide on an individual plan for your medication during the bowel preparation.

If they advise you to continue your oral antiepileptic medication, please take these 2 hours before or after your bowel prep.

Pregnancy and Breastfeeding

If you are pregnant or breastfeeding, please contact the Endoscopy unit..

Preparing for your colonoscopy

1 week before your colonoscopy

- If you are taking iron tablets, you must stop them.
- If you are on anticoagulants, (blood thinners) and have not yet contacted the endoscopy unit do so now.
- If you are diabetic on medication or insulin and have not yet sought advice do so now. .

3 days before your colonoscopy

- If you are taken stool bulking agents such as Fybogel or Loperamide you must stop taking these.
- You will need to follow a low fibre diet and make sure to drink plenty of fluids.

Low fibre dietary advice

You may eat:
Cereals cornflakes, rice krispies.
White bread (you may use butter/ margarine).
White pasta, white rice.
Potatoes without skins.
Savouries: chicken, turkey, cheese and eggs.
Puddings, pastries, cakes, milk pudding, mousse, jelly(not red), sponge cakes, rich tea biscuits.
Soup: clear or sieved.
Miscellaneous-salt, pepper, mayonnaise, Vinegar, mustard, salad cream.
Preserves, sweets, jelly jam, marmalade, honey, syrup.

You should avoid:
Wheat bran, all bran, Weetabix, oat bran, Bran flakes, muesli, porridge, ready break.
Wholemeal bread, high fibre white, doft grain, granary bread, Oatbread.
Wholemeal pasta, brown rice.
Fruit and vegetables
All red meat, processed meats, sausages.
Cakes, puddings biscuits containing wholemeal flour, oatmeal, nuts, dried fruit, fruit cake, Ryvita, Digestives, Hobnob biscuits.
Chunky vegetable soup, lentil or bean soups.
Nuts, Quorn, fresh ground peppercorns, hummus, anything containing nuts/seeds.
Jam or marmalade with pips, skins, seeds, sweets and chocolates containing nuts, fruit, cereal/ muesli bars.

Diet for diabetic patients

People with diabetes need to include fluids containing sugar such as:

- 250mls lemonade
- 150mls unsweetened clear apple juice
- 150mls sweetened fruit squash (choose a pale colour not red or dark coloured such as Ribena)
- 130mls Lucozade original
- In addition to the above you can drink water freely

In you have any hypoglycaemic symptoms, drink either 170ml Lucozade or 200ml of a clear surgery fizzy drink or take 6 glucose tablets.

Day before your examination

You will be sent an oral bowel cleansing preparation packet along with an instruction leaflet along with this booklet.

Please begin your bowel cleansing preparation the day before your appointment, ensuring you follow instructions carefully. The preparation is important to ensuring you have a clean bowel and help ensure clear images are obtained during your procedure.

Failure to take your preparation may result in your procedure being cancelled.

Please note: the oral bowel cleansing preparation is a medicine and may cause some mild side effects. These include nausea (feeling sick) and vomiting (being sick). It is normal to have diarrhoea when you take your preparation medicine.

If you experience severe side-effects, you can contact the unit on 0141 951 5000 or after 6pm NHS 24 (111) for advice.

Day of your appointment

- On the day of your appointment, you can continue to drink water
- Do not eat any solid food
- Do not take any anticoagulants
- You should continue to take your normal blood pressure and heart medication.

Coming to the hospital

When you arrive for your appointment, you should expect to spend between 2 and 4 hours in the hospital.

We aim to carry out the test as soon as possible after your arrival, however, it is possible due to the volume of patients that your procedure may be delayed.

What should you bring?

- Your information booklet
- Insulin if you have diabetes
- A list of medication you are currently taking

What happens when I arrive?

When you arrive at your appointment, the clerical staff will check your details, and you will be directed into one of our patient pods with toilet facilities.

You will be required to change into a hospital gown and lie on a trolley. A nurse will go over your admission paperwork including general health questions, current medication and arrangements for discharge.

At this time, you will be given the opportunity to ask any questions. Following this, the nurse or the person performing your colonoscopy will confirm your consent to proceed.

Colonoscopy and flexible sigmoidoscopy can be uncomfortable at times. To alleviate this, you will be given the option to have Entonox (gas and air) or sedation. Nursing staff will discuss these options with you.

Entonox

You may wish to consider using Entonox (gas and air) as pain relief. With this, you can drive within 30 minutes of your procedure and do not need anyone to stay with you.

You are not able to have Entonox if you have any of the following conditions:

- Severe emphysema with bullae or Chronic Obstructive Pulmonary Disease (COPD) where there is concern over high flow oxygen.
- Recent middle ear or eye surgery.
- Early pregnancy.
- If you have any conditions where air is trapped inside the body such as a collapsed lung or decompression sickness.

You also cannot have Entonox if you are currently taking the following: Methotrexate, Bleomycin, Amiodarone or Nitrofurantoin.

Sedation

Sedation is a mix of a Benzodiazepine drug and a strong opiate painkiller, you will require a cannula to be placed in your hand or arm.

If you choose to have this procedure under sedation you must have someone over the age of 18 to escort you home and stay with you overnight.

Please note if you have not organised someone to escort you home or stay with you overnight you will not be able to have sedation.

If you have sedation, for the next 24 hours you will not be able to:

- Drive or go to work.
- Drink alcohol or take sleeping tablets.
- Operate machinery.
- Sign any legally binding documents.
- Be responsible for the care of small children or vulnerable adults.

What will happen during the colonoscopy?

You will be taken into the procedure room on a trolley. The team will introduce themselves and you will be given a further opportunity to ask any final questions. You will be asked to lie on your left side with your knees drawn up towards your chest. If you wish, you will be able to watch the procedure on the television screen.

If you wear glasses, you may be asked to remove them. Blood pressure and pulse monitoring equipment will be applied at this time, if you are having sedation a nasal cannula for oxygen will also be applied.

The Endoscopist will perform a finger examination of your rectum before inserting the scope. Your colonoscopy involves moving the scope around the entire length of your large bowel. Carbon dioxide gas is gently passed into the bowel to assist the passage of the colonoscope. There are some naturally occurring bends in the bowel and these may be uncomfortable for short periods of time.

During the procedure it is sometimes necessary to ask you to turn onto your back or onto your right side. A nurse may also have to apply abdominal pressure. This is done to help the endoscopist move the scope and to make you more comfortable.

During the procedure, biopsies or polyps may be taken from the colon and sent to the pathology lab. We will take photographs of your bowel during your colonoscopy.

Golden Jubilee University National Hospital is a teaching hospital and as such your procedure may be performed by a trainee, under close supervision. It is also possible a student may be present in an observational capacity.

If you have any concerns or objections, please contact the endoscopy unit before your test.

Biopsies

During the colonoscopy a small set of forceps may be passed down the scope to allow us to obtain samples of the lining of the bowel, this is painless.

What is a Polyp?

A polyp is an overgrowth of cells that make up the lining of the bowel. Some polyps have a stalk and look like a very small cauliflower floret, whereas others are flat without a stalk.

When found, polyps are generally removed or sampled by the endoscopist as they have the potential to grow and cause problems if left untreated.

Flat or larger polyps are sometimes a little more difficult to remove, you may need to come back later to have this done.

Polypectomy

Removing a polyp is painless and 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. For smaller polyps a biopsy forceps is used.

For larger polyps we may use an electrical current to generate heat energy which assists in their safe removal.

During a polypectomy we may use a dye solution before removal to assist us to ensure all abnormal tissue has been taken off.

After your procedure

You will return to your pod where you will have your observations checked. When you are assessed ready for discharge you will be allowed to change into your own clothes and then transferred to the discharge area.

When will I know the results?

Before you leave the unit, a nurse or the endoscopist will discuss the findings of your procedure, inform you if any further investigations are required and of any follow-up arrangements that you may need.

If a sample (biopsy) has been taken during the procedure, the results may take several weeks. Details of results and any necessary treatment should be discussed with your general practitioner (GP) or the consultant who referred you to have the test.

Before leaving the unit, you will receive a copy of your report, your aftercare leaflet and, where relevant, any information leaflets on newly diagnosed conditions.

Going home

You will be able to leave once you have received your report and the nurse has assessed you as fit for discharge. Please remember if you are having sedation your escort must come to the unit to collect you.

Giving consent

Please ensure you have read the information in this booklet. This is an important part of you consenting to undertake this procedure.

When you have read and understood all the information in this booklet, including the possibility of complication and you agree to undergo the test, please sign and date the consent form at the back of this booklet and bring it with you.

If there is anything you do not understand or wish to discuss further, then do not sign the form. Instead, please bring it with you and you can make a final decision once you have spoken to the nurse or doctor.

The decision to go ahead with the test is entirely yours. You can withdraw consent at any time even after you have signed the confirmation form. You may want to discuss this with your family.

We do encourage people who have blood or symptoms from their bowel to have the colonoscopy. While very few people have bowel cancers, we have found that a larger number of people have had polyps or other minor disease of the bowel.

Consent form

Patient agreement to colonoscopy investigation

You have the right to change your mind at any time, including after you have signed this form.



Patient statement:

- I have read and understand the information in this booklet including the benefits and any risks.
- I agree to the test described in this booklet and on the form.
- I understand that you cannot guarantee that a particular person will perform the test.
- I understand that any procedure in addition to that named on this form eg; transfusion of emergency blood/blood products will only be carried out

If it is necessary:

- Is reasonable in the circumstances,
- In relation to the medical treatment proposed,
- And to safeguard or promote physical or mental health.

Consent signature:

Signed: _____ Date: _____

Name (print in capitals): _____

Staff only:

Confirmation of consent (to be completed by health professional on admission)

- I confirm that the patient understands what the test involves including any risks.
- I confirm that the patient has no further questions and wishes the test to go ahead.

Signed: _____ Date: _____

Name (print in capitals): _____

Job title: _____

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: **0141 951 5513**