

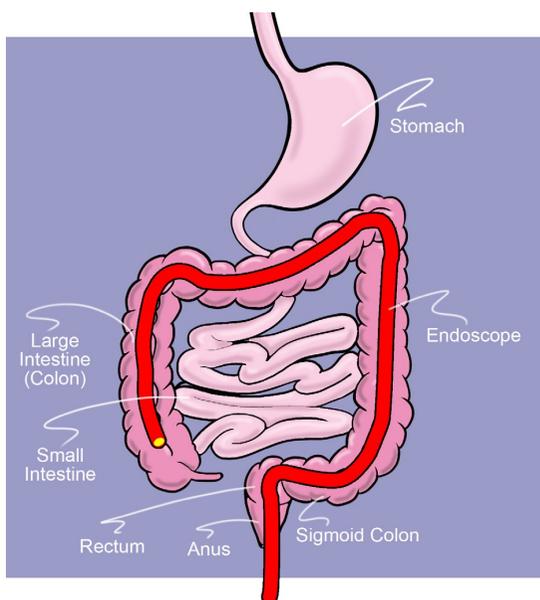
Having a Colonoscopy or flexible sigmoidoscopy & EMR Endoscopy Mucosal Resection.

Your Doctor has advised that you should have a test called a Colonoscopy/ flexible sigmoidoscopy & EMR. This leaflet explains why you need the investigation, how to prepare for it and what to expect immediately afterwards. If you have any remaining concerns or queries after you have read the leaflet, please contact us on the number shown above

What is a Colonoscopy / flexible sigmoidoscopy & EMR

A Colonoscopy/flexible sigmoidoscopy allows a Doctor or Nurse to look directly at the lining of the large bowel (Colon). The Colonoscope is a long flexible tube, no thicker than your finger, with a bright light at the end. It is passed into your back passage and round your colon. EMR Endoscopic Mucosal resection is used to remove polyps with a risk of becoming cancers. This is done through the Colonoscope by injecting special solution into the bowel tissues to separate the layers then a small wire loop is placed

around the base of the polyp closed tightly and a small electrical charge (Diathermy) is passed through the wire to remove the polyp from the colon wall. The alternative is a surgical operation under a general anaesthetic. If the EMR is unsuccessful or there are unsuspected cancer cells found within the polyp you may require an operation at a later date. Removing polyps is painless. All polyps removed will be sent to the laboratories for analysis. You will later be advised on when to expect the results and how you will be informed



Are there any alternatives to a Colonoscopy flexible sigmoidoscopy & EMR?

The alternative to the procedure would be an operation to remove the segment of large bowel where the polyp has grown. This would involve a general anaesthetic Or to do nothing.. You doctor can advise you about the alternatives.

What if I do not have a Colonoscopy/flexible sigmoidoscopy and EMR.

You may have already had a colonoscopy or flexible sigmoidoscopy which has shown that you have a polyp or polyps which need to be removed from your large bowel. If you do not have the polyps removed there is a chance that they will grow larger and turn to cancer or block the lumen of the bowel .

Preparation for the colonoscopy It is vital that your bowel is empty for the procedure to be carried out. To ease the process please avoid foods with seeds, i.e. multi-grain or whole meal seeded bread for 2 - 3 days before your appointment.

To ensure your bowel is empty it is necessary for you to restrict your food intake and drink a laxative solution to cleanse your bowel. Please carefully follow all of the instructions provided with the laxative solution.

If you have previously had a procedure where the preparation was not completely successful you may have to take additional preparation; in which

case additional instructions will be provided to you.

Medication

Please stop iron tablets 7 days before your appointment.

If you take Warfarin, Clopidogrel, Rivaroxaban, Dabigatran or other blood thinning drugs (excluding Aspirin) or if you are a Diabetic, please contact us and ask to speak to a Nurse. We may need to alter your medication before you take bowel preparation and have your Colonoscopy. You may take all other medications as normal.

Consent

You have been sent a yellow consent form; this document explains the risks associated with this procedure. We would like you to read through this thoroughly and sign it before the procedure if you are happy to have the procedure done.

If you have any questions related to the form you can discuss them with the Endoscopist or Nurse before your procedure.

If you are unable to complete the form do not worry your consent will be confirmed before you have your test. **Please bring the consent form with you to your appointment.**

On the day of the test

When you arrive at the Endoscopy Unit please report to reception desk, your details will be confirmed and you will then be asked to take a seat in the waiting area.

In readiness for your procedure a Nurse will invite you into a separate room to ask you questions about your health, explain

about the procedure and confirm your arrangements for going home.

You will then have the chance to ask any questions that you may have.

You will be asked to change your lower clothes and be given a pair shorts to wear that protect your dignity, but allow the scope to be passed through a flap at the back.

There may be a slight delay before you are taken through for your procedure; however a relative or friend is more than welcome to wait with you.

Pain relief and sedation

Sedation will be provided by an injection given into a vein in your hand or arm; this will make you feel drowsy and relaxed. Sometimes sedation may not be advisable because of your health or if you do not have anyone to care for you after the procedure.

Pain relief can be provided by injection into a vein or alternatively you will be offered Entonox (also known as gas and air) during the procedure; this is a ready-to-use medical gas mixture consisting of 50% nitrous oxide and 50% oxygen. Entonox plays an important role in overcoming the apprehension and any possible discomfort patients may experience during endoscopic procedures.

You will be able to discuss with the Nurse and your Endoscopist which method of pain relief will be most suitable for you.

The Colonoscopy/flexible sigmoidoscopy & EMR.

A Nurse will stay with you throughout your procedure. You will be made comfortable lying on your left side on a

trolley with your knees bent up.

If you have a sedative injection you will be given oxygen through a small plastic tube in your nostrils.

Throughout the Colonoscopy a monitor is placed on your finger to check your pulse and oxygen levels.

The Doctor or Nurse will examine your back passage with a gloved finger and then insert the Colonoscope. Lubricant jelly is used. The Colonoscopy can take anywhere between 15 minutes to 1 hour.

Air or carbon dioxide is passed through the Colonoscope into your bowel to allow clear views. This may cause you some discomfort and cramping and you may feel like you want to go to the toilet. Remember your bowel is empty so all you will pass is wind. Please do not feel embarrassed, this is normal.

During the Colonoscopy you are sometimes asked to change your position to help pass the Colonoscope around your bowel and to give a better view.

After the Colonoscopy flexible sigmoidoscopy & EMR.

After the procedure you will be cared for in the recovery area, on the trolley, until you are fully awake and it is safe for you to go home. This will take from 30 minutes to 2 hours as every patient reacts differently to sedation. You will be given something to eat and drink before you go home.

When it is time for you to go home you will be escorted to the waiting area by the nurse team to the person accompanying you, you will also be given written instructions to take with you.

Due to the sedation, it is vital that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, drive any vehicle, operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

These arrangements will be confirmed before your test and **your test will be cancelled if you do not arrange someone to be with you.**

When will I receive the results?

The Doctor or Nurse will give you preliminary results together with a copy of your report before you go home. A copy will also be sent to your GP.

What are the risks of having a EMR

The majority of Colonoscopies are straightforward. However, as with any procedure there is a small chance of complications or side effects, for example you may have some wind for a couple of days after the Colonoscopy.

National studies have shown that serious complications are rare. They include:

- **Adverse reaction to the drugs**

- **Bleeding.** Mild bleeding occurs in 2-3 in 100 cases. Serious bleeding: occurs in less than 1 in 200 cases
- **Perforation** (a tear or hole) of the bowel occurs in less than 1 in 500 cases
- Very rarely complications end in death.

If a complication does occur it may be necessary for you to stay in hospital and have an urgent operation.

Missed pathology is a possibility with all endoscopies. There are folds that can hide small lesions. Endoscopists are trained to thoroughly look at the colon, but still there is a small known miss rate.

Training

Walsall Healthcare NHS Trust Endoscopy Unit has Doctors and Nurses who are trainee Endoscopists. You may be asked if you would be willing to be examined by a Trainee Doctor / Trainee Nurse Endoscopist.

All trainees are under the direct supervision of an expert Consultant trainer until they are fully competent; the Consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

The Patient Relations Team is here if you need them:

Walsall Manor Hospital, Moat Road, Walsall, WS2 9PS

Tel: 01922 656463

Email: patientrelations@walsallhealthcare.nhs.uk