

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at patient.information@ulh.nhs.uk

Colonoscopy

Procedure Information

Please read this booklet as soon as possible and well in advance of your appointment. If you do not follow the advice on how to prepare for your procedure it may not be possible to do it and you may have to return on another day

Please bring this booklet and consent form with you when you attend for your appointment

Helpline or enquiries (8.30am to 5.00pm Monday to Friday)

For appointments and general enquiries

Boston	01205 445072
Grantham	01476 464366/01205 445072
Lincoln	01522 573849
Louth	01522 573849/01507 631437

For procedure related enquiries (8.30am to 6.00pm Monday to Friday)

Boston	01205 446559
Grantham	01476 464085
Lincoln	01522 573016
Louth	01507 631236

For more information please see: www.ulh.nhs.uk

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Feedback about our services

‘Patient Opinion’ is an independent feedback service that aims to promote honest and meaningful conversations between patients and health services. It believes that telling your story can help make health services better.

Stories relating to United Lincolnshire Hospitals NHS Trust can be found at—<https://www.patientopinion.org.uk/opinions?nacs=RWD>

We would like to know more about your experience so we know how we are doing. Your experience counts.

Visit www.ulh.nhs.uk to find out other ways to leave us your feedback

Informing us of your concerns – the first step

If you have a concern about the care or treatment you received, or are still receiving, the first step is to bring this to the attention of staff (you can ask to speak to the manager, if necessary) in the department as soon as possible. If you are unable to get the support you need, then contact Patient Advice & Liaison Service.

PALS is a confidential, on-the-spot advice and support service for patients, relatives and carers. Please see page 8 of the Welcome to Endoscopy booklet for full contact details.

NHS Friends and Family Test

We value your feedback and want to make our services as good as possible for you. That's why we'll be asking you the following simple question:

“How likely are you to recommend our services to friends and family if they needed similar care or treatment?”

This will be sent to you either by text or as an automated telephone survey within 48 hours of leaving our services which will ask you to rate your experience. We will use your feedback to assess the quality of our service so your response would be very much appreciated. However if you do not wish to take part you can simply reply STOP when you receive the message. Responses to the survey are FREE.

For more information on the Friends and Family Test, please visit www.nhs.uk/friendsandfamily, email patient.experience@ulh.nhs.uk or speak to a member of staff.

Aim of the booklet

The aim of this booklet is to help you make a choice about having a colonoscopy. It describes how a colonoscopy is carried out and explains the benefits and risks. It will also help you prepare for the procedure.

Introduction

You have been advised by your GP or hospital doctor to have an investigation known as a colonoscopy.

If you are unable to keep your appointment, please notify the department as soon as possible as your appointment may be used for someone else. The booking team will arrange another date and time for you. Please bring this booklet with you when you attend.

Enclosed with this booklet is a consent form. **Your signature is needed for the test to go ahead.**

The consent form is an important document, please read it carefully together with the information given in this booklet. Once you have read and understood the information, including the possible risks and you agree to have the test please sign and date the consent form. Please bring both copies to your appointment.

If there is anything you do not understand or wish to discuss further, do not sign the form but bring it with you. You can sign it after you have spoken to a nurse or doctor if you are then happy to go ahead with the procedure.

IN CASE OF ANY PROBLEMS PLEASE CONTACT

Name.....

Contact telephone number.....

What is a colonoscopy?

The test involves looking at your large bowel (colon) with a narrow flexible tube called a colonoscope (scope). The scope is inserted through the back passage (bottom) and passed around the bowel. The procedure is performed by, or under the supervision of, a trained doctor or nurse (endoscopist). A light and camera at the end of the scope relay pictures onto a television screen. Carbon dioxide is blown into the bowel to inflate it and help the endoscopist see better.

Samples of tissue (biopsies) may be taken during the test. This is done through the scope. It does not cause any pain and the samples are kept to be looked at under a microscope in the laboratory. Photographs may also be taken for your medical records and may be used for teaching purposes.

The procedure generally takes about 30 to 40 minutes but may take up to an hour.

What are the benefits of having a colonoscopy?

If you have been troubled by symptoms the cause may be found and help decide if you need treatment or further tests.

If a polyp is found this can often be removed during the procedure (there is more information about polyps on page 11 of this booklet).

Colonoscopy may be done as a follow up inspection if you have had a polyp in the past or other disease of the large bowel.

If a scan or x-ray has suggested there may be something wrong in the large bowel, a colonoscopy allows a closer look at the area.

Frequently asked questions

- **Vending machines in the waiting area?**
Unfortunately due to patient starvation for procedures this is not possible, however, food and drink facilities are available nearby within the hospital
- **More sedation?**
We work to national guidelines depending on age and health
- **Can I return to work after the procedure?**
Patients who opt-out of sedation can return to work if they feel fit and able. If sedation is chosen then it is advised that they do not return to work for 24 hours afterwards

What must I remember?

- If you are unable to keep your appointment please notify the endoscopy department **as soon as possible** (see telephone numbers on the front of this booklet)
- Follow the instructions for taking the bowel preparation starting on page 14. If you are unsure please contact the endoscopy unit on the numbers on the front cover of this booklet
- It is our aim for you to be seen as soon as possible after your arrival. However, the department is very busy and your appointment may be delayed. If emergencies occur, these patients will be seen before less urgent cases
- If you have sedation please arrange for someone to collect you and for someone to stay overnight if possible
- The hospital cannot accept any responsibility for the loss or damage to personal property during your time on the premises

If you have any questions or concerns about any of the information given in this booklet, please contact the endoscopy unit on the telephone numbers given on the front cover of this booklet.

What are the risks of the procedure?

Complications are rare. These may be linked to the procedure itself or the sedation medicine.

Perforation or tear of the bowel (about 1 for every 1,500 cases). If this happens you may need an operation.

Bleeding may happen where a biopsy is taken or a polyp removed (about 1 for every 150 cases). This can happen up to 2 weeks after the procedure. It usually stops on its own but may need cauterization or injection treatment. In some cases a blood transfusion may be needed.

There is a small chance that a polyp or cancer may not be seen (about 5 in every 100 cases). This might be because the bowel was not completely empty or, on rare occasions, that the endoscopist missed seeing it.

There is also a small chance (about 10 in every 100 cases) that the endoscopist may not be able to pass the scope along the entire length of the bowel and a different investigation will be needed.

Sedation can sometimes cause problems with breathing, heart rate and blood pressure. If any of these problems do occur, they are usually short lived. Careful monitoring by a specially trained endoscopy nurse means that potential problems are picked up early and dealt with quickly.

In extremely rare cases the procedure can lead to death. Current evidence suggests that this may happen in around one out of every 10,000 procedures.

What are the alternatives?

CT colonography (virtual colonoscopy) is another way to look at the large bowel. This is carried out in the x-ray department and

involves radiation exposure. If this test shows something wrong in the bowel a colonoscopy may still be needed to look at the area.

Preparing for the investigation

To reduce the risk of complications and to give clear views, your stomach and bowel must be empty. You will have been prescribed a laxative medication (also called 'bowel preparation') which will cause you to pass watery stools. Please read the leaflet that is in the packet of laxative but follow the instructions provided in *this* booklet for when to take it. You will find the instructions later in the booklet starting on page 14. Different medications are used so it is important to follow the instructions for the particular medication prescribed for you.

The instructions are different for a morning or afternoon appointment so please make sure you check your appointment time.

If, since the laxative was prescribed for you, your health has become worse in any way or you feel you will not be able to drink the amount of fluid advised, please contact the person named in the front of this leaflet before you start taking it.

Please make sure you read all of the instructions for your particular appointment and laxative a few days before your appointment. It is important that you follow the instructions given, especially the amount of fluid you should drink, as the laxative can cause you to become dehydrated.

Symptoms of dehydration include dizziness or light-headedness (particularly on standing up), thirst, headache or reduced urine production (passing less water).

How long will I be in the Endoscopy department?

Overall you may expect to be in the department for 1 to 3 hours.

It is important to drink an additional 500ml of clear fluids during the morning (choose from the list above).

Once again you will have watery bowel movements which will stop after 1 to 2 hours. Allow 2 hours for the Moviprep to work after finishing the second litre, before leaving for your appointment. If you have a distance to travel and your appointment is early in the afternoon, you may wish to take the Moviprep earlier than 9.00 am.

How to prepare MOVIPREP

Step 1

- Each box of Moviprep contains two sealed plastic bags
- Each plastic bag contains one sachet marked **A** and one sachet marked **B**
- Open **one** plastic bag and remove sachets **A** and **B**
- Pour the contents of **one** sachet **A** and **one** sachet **B** into a jug. Adding lukewarm water make up to **1 litre** and stir until the powder is completely dissolved and the solution is clear or slightly hazy. Cordial may be added (not blackcurrant). If you wish, make up ahead of time and chill in the fridge. The reconstituted solution should be used within 24 hours. Some people find it easier to drink through a straw.

Step 2

- Drink one glassful (250ml) of the Moviprep every 15 to 30 minutes until you have drunk it all (taking about 1 to 2 hours). **Take your time, there is no need to rush**
- You should also drink an **additional 500ml of water or clear fluids** with each litre of Moviprep taken

PLEASE DO NOT DRINK ALCOHOL ON THE DAYS YOU TAKE THE MOVIPREP

The solution will cause you to pass watery stools so you should stay near a toilet.

When to take MOVIPREP

If your appointment is after 1.00 pm

The day before the procedure

For your meals the day before the procedure choose only foods from the following list: **Do not eat after 4.00 pm**

Milk, plain yoghurt, cheese, eggs, butter, margarine
White fish or chicken - boiled, steamed or grilled (not fried)
White bread (no seeds), pitta, rice, pasta
Chapattis made with white flour
Clear soups - no bits
Plain ice cream (any flavour - no fruit or nut pieces)
Clear jelly, boiled sweets, chocolate (no fruit or nut pieces)
Salt, pepper, sugar, sweeteners, honey, marmite

Do not eat anything after 4.00 pm but drink plenty of clear fluid from the following list: tea and coffee (with only a *small* amount of milk), herbal teas, water, squash, fizzy drinks, sports drinks, meat extract drinks (e.g. Bovril or Oxo), vegetable bouillon, very clear soups (no bits) clear apple juice (no other fruit juice is permitted), clear jelly.

At 6.00 pm

Make up the first litre of Moviprep and drink it over **1 to 2 hours**.
(see opposite for instructions on how to prepare Moviprep)

It is important to drink an additional 500ml of clear fluids during the evening (choose from the list above).

The day of the procedure

Do not eat anything solid until after the procedure. At **9.00 am** make up and drink the second litre of Moviprep over the next 1 to 2 hours.

What if I take regular medication?

If any of your regular medication needs to be stopped before the procedure, the person who booked the test should have discussed this with you. Most medication should be continued as normal, however, you must try to take it at least an hour before or after the laxative. If you are taking the oral contraceptive pill you should take other precautions for the week following your test.

If you are taking **iron tablets** you should stop these 5 days before the procedure. If you are taking Fybogel, Regular, Proctofibe, Loperamide (Imodium), Lomotil or Codeine, please stop taking these 3 days before.

If you rely on strong pain killers and would find it difficult to stop them before the test please speak to your GP as you may need a regular laxative for a few days before you start taking the bowel preparation.

Blood thinning medications (anticoagulants)

Sometimes these medications need to be stopped and if this is the case the person who referred you for the test should have given you clear instructions. If you are unsure please contact your consultant's secretary. For your safety, if the correct instructions are not followed, it may not be possible to do the colonoscopy and you may have to return on another day.

Warfarin: unless you have been advised to stop this medication, continue taking it and have your INR checked within the week before the test. The procedure may be cancelled if your INR has not been checked within the last 7 days. It should be within your target range. If you have been advised to stop your Warfarin you should do so for 5 full days before the procedure and have your INR checked the day before the procedure. It needs to be less than 1.5 for the procedure to go ahead. **Please bring your yellow book to the appointment.**

Dabigatran, Rivaroxaban, Apixaban or Edoxaban: please do not take on the morning of the procedure. If you have been advised to stop taking this medication you should do so for 2 full days before the procedure.

Clopidogrel (Plavix), Prasugrel or Ticagrelor: these medications can generally be continued but if you have been advised to stop you should do so for 5 full days before the procedure.

Diabetes

If you have **diabetes controlled on insulin or tablets**, please make sure the endoscopy appointments team is aware so that a morning appointment can be arranged for you if possible. You will find more advice on page 12 of this booklet.

What happens when I arrive?

When you arrive for your appointment please book in at reception. It is our aim for you to be seen as soon as possible after your arrival. However, if the department is very busy your appointment may be delayed. The department looks after emergency patients who will be seen first if needed.

A nurse will take you through to the admission room and ask you about your general health to check if you are fit to have the procedure. You will also be asked about your plans for getting home afterwards.

The nurse will make sure you understand the procedure and discuss any further concerns or questions you may have. If you have not already done so and you are happy to go ahead, you will be asked to sign your consent form.

Your blood pressure and heart rate will be checked and you will be asked to remove your lower clothes and put on a hospital gown.

It is important to drink an additional 500ml of clear fluids during the morning (choose from the list opposite).

Once again you will have watery bowel movements which will stop after 1 to 2 hours. Allow 2 hours for the Moviprep to work after finishing the second litre, before leaving for your appointment.

How to prepare MOVIPREP

Step 1

- Each box of Moviprep contains **two** sealed plastic bags
- Each plastic bag contains one sachet marked **A** and one sachet marked **B**
- Open **one** plastic bag and remove sachets **A** and **B**
- Pour the contents of **one** sachet **A** and **one** sachet **B** into a jug. Adding lukewarm water make up to **1 litre** and stir until the powder is completely dissolved and the solution is clear or slightly hazy. Cordial may be added (not blackcurrant). If you wish, make up ahead of time and chill in the fridge. The reconstituted solution must be used within 24 hours. Some people find it easier to drink it through a straw

Step 2

- Drink one glassful (250ml) of the Moviprep every 15 to 30 minutes until you have drunk it all (taking about 1 to 2 hours).
Take your time, there is no need to rush
- You should also drink an additional **500ml of water or clear fluids** with each litre of Moviprep taken

PLEASE DO NOT DRINK ALCOHOL ON THE DAYS YOU TAKE THE MOVIPREP

The solution will cause you to pass watery stools so you should stay near a toilet.

Take your usual medication (unless you have been advised to stop it) at least one hour before or after you take the bowel preparation. If you are taking the oral contraceptive pill you should take other precautions for one week after the test.

When to take MOVIPREP

If your appointment is between 8.00 am and 1.00 pm

The day before the procedure

For your meals the day before the procedure choose only foods from the following list: **Do not eat after 1.30 pm**

Milk, plain yoghurt, cheese, eggs, butter, margarine
White fish or chicken - boiled, steamed or grilled (not fried)
White bread (no seeds), pitta, rice, pasta
Chapattis made with white flour
Clear soups - no bits
Plain ice cream (any flavour - no fruit or nut pieces)
Clear jelly, boiled sweets, chocolate (no fruit or nut pieces)
Salt, pepper, sugar, sweeteners, honey, marmite

Do not eat anything after 1.30 pm but drink plenty of clear fluid from the following list: tea and coffee (with only a *small* amount of milk), herbal teas, water, squash, fizzy drinks, sports drinks, meat extract drinks (e.g. Bovril or Oxo), vegetable bouillon, very clear soups (no bits) clear apple juice (no other fruit juice is permitted), clear jelly.

At 5.00 pm

Make up the first litre of Moviprep and drink it over 1 to 2 hours. (See opposite for instructions on how to prepare Moviprep).

It is important to drink an additional 500ml of clear fluids during the evening (choose from the list above).

The day of the procedure

Do not eat anything solid until after the procedure.

At 5.00 am make up and drink the second litre of Moviprep over 1 to 2 hours. If your appointment is at 9.00am and you have a distance to travel you may wish to take this a little earlier (do not take before 3.00 am).

A cannula (small plastic tube) will be inserted into a vein so that medication can be given during the procedure (sometimes this is done in the procedure room).

If you have sedation for the procedure you will not be able to drive afterwards and it is advisable not to use public transport (further information about sedation is given on page 10 of this booklet). It is important that you arrange for someone to collect you. Please give the nurse their telephone number so that we can ring them when you are ready to go home.

What will happen during the procedure?

The nurse will take you through to the procedure room where you will be able to ask any final questions. A blood pressure cuff will be placed on your upper arm (this will be checked every 10 minutes) and an oxygen monitoring probe on your finger. You will be asked to lie on your left side with your knees bent. You will receive oxygen through the nose and if you are having sedation it will be given into the cannula in your vein.

The endoscopist may examine your back passage with a gloved finger before inserting the scope. The bowel has natural bends which may cause some discomfort but this should not last long. You may also feel bloated due to the gas that is used.

The endoscopist may ask you to change your position during the procedure as this can help with the passage of the scope.

What happens after the procedure?

After the procedure you will be taken through to the recovery area where you will be allowed to rest. Your heart rate, oxygen levels and blood pressure will continue to be monitored and when the recovery nurse feels you are ready you will be able to get dressed. You will be given a drink and a biscuit before the cannula is removed.

Before you leave the department the nurse or doctor will explain the findings and if any medication or further tests are required.

Conscious sedation

Conscious sedation is generally given for this procedure to improve your comfort and is often administered with a pain killer into a vein in your hand or arm. This will not make you go to sleep but should help you feel more relaxed.

It is important that you are awake for the procedure so that you can change position if required and tell us if you feel any discomfort.

Some people prefer not to have a sedative or pain killer for the test. If you wish to start the procedure without sedation you may do so. Medication can be administered part way through the test if you feel you need it. Because it is given into the vein, it works within a few minutes.

'Gas and Air' (Nitrous Oxide) is also available for pain relief. This is a gas that you inhale through a mouthpiece and can be used in addition to, or instead of, medication into the vein. If you have Nitrous Oxide you will need to wait for at least 30 minutes before you can return to normal activities such as driving. If you would like more information please ask the admitting nurse.

Please note that if you have sedation into the vein you are not allowed to drive, drink alcohol, go to work, look after children on your own, operate heavy machinery or sign legally binding documents for 24 hours afterwards and you will need someone to accompany you home and stay for at least 4 hours and overnight if possible.

Take the first sachet at 6.00 pm.

Mix the contents of the sachet with approximately 150ml of cold water and stir for 2 to 3 minutes before drinking. Do not worry if the solution becomes warm or hot - allow it to cool a little before drinking.

The morning of the procedure

Do not eat any solid food until after the examination. **Take the second sachet at 9.00 am**

Mix the sachet as before.

You must continue to drink plenty of fluid from the list given - start at 8.00 am and drink at least 250ml every hour **up to 1 hour before the examination.**

**PLEASE DO NOT DRINK ALCOHOL ON THE DAYS YOU
TAKE THE PICOLAX OR CITRAFLEET**

The solution will cause you to pass watery stools so you should stay near a toilet.

Take your usual medication (unless you have been advised to stop it) at least one hour before or after you take the bowel preparation. If you are taking the oral contraceptive pill you should take other precautions for one week after the test.

When to take PICOLAX OR CITRAFLEET (Sodium Picosulfate)

If your appointment is after 1.00 pm

The day before the procedure

For your meals the day before the procedure choose only foods from the following list: **Do not eat after 4.00 pm**

Milk, plain yoghurt, cheese, eggs, butter, margarine
White fish or chicken - boiled, steamed or grilled (not fried)
White bread, pitta, rice, pasta. Chapattis made with white flour
Clear soups - no bits
Plain ice cream (any flavour - no fruit or nut pieces)
Clear jelly, boiled sweets, chocolate (no fruit or nut pieces)
Salt, pepper, sugar, sweeteners, Honey, marmite

You **MUST NOT EAT** red meat, pink fish (e.g. salmon), fruit, vegetables, salad, potatoes, granary, seeded or brown bread, brown or wild rice, brown pasta, pickles or chutneys.

From 4.00 pm do not eat any more solid food until after the examination. However it is important that you **drink plenty of fluid** as follows:

Drink at least one large glass (approx. 250ml) of clear fluid (see list below) every hour from **1.00 pm to 9.00 pm.**

Check times

() 1 pm () 2 pm () 3 pm () 4 pm () 5 pm

() 6 pm () 7 pm () 8 pm () 9 pm

You may drink any of the following: tea and coffee (with only a *small* amount of milk), herbal teas, water, squash, fizzy drinks, sports drinks, meat extract drinks (e.g. Bovril or Oxo), vegetable bouillon, very clear soups (no bits) clear apple juice (no other fruit juice is permitted), clear jelly.

What happens if a polyp is found?

A polyp is an overgrowth of cells on the inner lining of the bowel. Polyps may be raised on a stalk like a mushroom (pedunculated) or flat (sessile). Polyps are generally removed or sampled by the endoscopist as they could grow over time and cause problems in the future. This does not cause any pain.

Polypectomy (removal of a polyp)

Polyps with a stalk are usually removed using a wire loop (snare) which is placed around the stalk. Heat is passed through the wire which cuts through and cauterises any blood vessels. Flat polyps are often removed by injecting the tissue around the polyp with fluid to raise the area away from the deeper layers. A hot wire snare is then used to remove the polyp.

Smaller polyps may be removed with a cold wire snare or pinched off the bowel wall with forceps. Polyps are sent to the laboratory to be looked at under a microscope. Your consultant may write to you with the results or give them to you at your next clinic appointment if you have one. You may also contact your GP. Results are usually available within 7 to 10 days but can sometimes take a little longer.

What are the risks of removing polyps?

After removal of a polyp there is a risk of bleeding and/or a hole forming in the bowel wall while the area heals. The healing process can take up to 2 weeks. It is advisable not to travel abroad for this period if large polyps are removed. Please tell the nurse or doctor if you have plans for travel after your procedure.

If you have had a polyp removed there is no need to alter your general activity afterwards. However, it is important to attend the accident and emergency department if you pass any fresh blood or clots (more than a small cupful) or if you have severe pain and swelling in the abdomen (tummy) which persists and does not get better.

Specific instructions for people with diabetes

Treatment with diet alone

If you control your diabetes with diet alone, you simply need to follow the instructions given at the end of this booklet to prepare for your colonoscopy.

Treatment with tablets and/or insulin

You should inform the endoscopy appointments team about your diabetes and request a morning appointment. If needed please contact the Specialist Diabetes team on the numbers given on page 4 of the Welcome to Endoscopy booklet for advice on how to manage your diabetes medication.

Please follow the bowel preparation instructions given later in this booklet and consider the following advice.

Adjusting your diabetes medication to prevent hypoglycaemia

You may need to adjust your diabetes medicines the evening before and the morning of the procedure to reduce the risk of hypoglycaemia (low blood sugar level). Your blood sugar may be higher than usual but this is only temporary to maintain your blood sugars during the procedure and you should be back to your usual level within 24 to 48 hours. Please contact the Diabetes Nursing Team (contact details can be found in the Welcome booklet) well in advance of your appointment for advice.

Carrying glucose to treat hypoglycaemia

On the day before and day of the procedure carry glucose tablets in case of hypoglycaemia. As these are absorbed quickly through the tissues of the mouth if sucked, they will not interfere with the procedure. If you have symptoms of low blood sugar take 4 to 6

Take one sachet between 4.00 pm and 6.00 pm.

Mix the contents of the sachet with approximately 150ml of cold water and stir for 2 to 3 minutes before drinking. Do not worry if the solution becomes warm or hot - allow it to cool a little before drinking.

The morning of the procedure

Do not eat any solid food until after the examination.

Take the second sachet at 5.00 am

Mix the sachet as before. If your appointment is around 9.00 am and you have a distance to travel you may wish to take this a little earlier (do not take before 3.00 am).

You must continue to drink plenty of fluid from the list given – start at 6.00 am and drink at least 250ml every hour **up to 1 hour before the examination.**

**PLEASE DO NOT DRINK ALCOHOL ON THE DAYS YOU
TAKE THE PICOLAX OR CITRAFLEET**

**The solution will cause you to pass watery stools so
you should stay near a toilet.**

Take your usual medication (unless you have been advised to stop it) at least one hour before or after you take the bowel preparation. If you are taking the oral contraceptive pill you should take other precautions for one week after the test.

When to take PICOLAX/CITRAFLEET (Sodium Picosulfate)

If your appointment is between 8.00 am and 1.00 pm

The day before the procedure

For your meals the day before procedure choose only foods from the following list: **Do not eat after 1.30 pm**

Milk, plain yoghurt, cheese, eggs, butter, margarine,
White fish or chicken - boiled, steamed or grilled (not fried)
White bread, pitta, rice, pasta. Chapattis made with white flour
Clear soups - no bits
Plain ice cream (any flavour - no fruit or nut pieces)
Clear jelly, boiled sweets, chocolate (no fruit or nut pieces)
Salt, pepper, sugar, sweeteners, honey, marmite

You **MUST NOT EAT** red meat, pink fish (e.g. salmon), fruit, vegetables, salad, potatoes, granary, seeded or brown bread, brown or wild rice, brown pasta, pickles or chutneys.

From 1.30 pm do not eat any more solid food until after the examination. However it is important that you **drink plenty of fluid** as follows:

Drink at least one large glass (approx. 250ml) of clear fluid (see list below) every hour from **1.00 pm to 9.00 pm**.

Check times

() 1 pm () 2 pm () 3 pm () 4 pm () 5 pm

() 6 pm () 7 pm () 8 pm () 9 pm

You may drink any of the following: tea and coffee (with only a *small* amount of milk), herbal teas, water, squash, fizzy drinks, sports drinks, meat extract drinks (e.g. Bovril or Oxo), vegetable bouillon, very clear soups (no bits) clear apple juice (no other fruit juice is permitted), clear jelly.

tablets initially, followed by a further 4 to 6 if your blood sugar remains low after 10 minutes.

Blood glucose monitoring

If you usually test your blood sugar levels, check them as usual on the morning of the procedure and carry your testing kit with you to the appointment. If you do not usually test your blood, do not worry, your blood sugar will be checked when you arrive for the procedure.

Please report to the nursing staff if you have needed glucose before arriving and inform them immediately if you feel 'hypo' at any time during your visit.

If you take tablets for diabetes (no insulin)

Day before colonoscopy

- The evening before the procedure aim to replace your usual carbohydrate intake from the list of permitted clear fluids (these can be found in the section on bowel preparation). You can have sugary fluids such as sports drinks, clear apple juice or clear jelly (NOT low sugar)
- If you usually check your own blood sugar monitor this approximately every 2 hours
- If you take Metformin do not take the evening before and the morning of the procedure

The day of the colonoscopy

- You should continue to monitor your blood sugar and take clear sugary fluids to maintain your blood glucose level

If you are on insulin

Day before colonoscopy

- The evening before the procedure replace your usual carbohydrate intake with sugary fluids from the list given in the bowel preparation section of this leaflet
- You may need to adjust your insulin dose while taking the bowel preparation to prevent your blood glucose levels dropping too low. If you are unsure how to do this please contact the Specialist Diabetes Nursing Team for advice. Contact details can be found on page 4 of the Welcome to Endoscopy leaflet which accompanies this booklet

The day of the colonoscopy

- You may need to reduce your morning insulin dose
- You should continue to monitor your blood sugar and take clear sugary fluids to maintain your blood glucose levels

How to take your bowel preparation (laxative)

On the following pages are instructions for how to take each type of bowel preparation. These are different for morning and afternoon appointments. If you have been prescribed **KleanPrep** or **PLENVU** please follow the instructions that are in the packet. (For PLENVU follow the 2 day split dosing schedule).

The person who arranged your procedure will have given you the most suitable type of bowel preparation. This will cause you to have watery stools so you should stay near a toilet. The amount of time this takes varies from person to person - it may start working in 30 minutes to 1 hour but it may be several hours before you feel the need to go to the toilet.

If possible, please do not eat seeded bread for 2 to 3 days before the procedure as the seeds can take a while to clear from the bowel and make it difficult to get clear views.

If you have problems with long term constipation, taking a laxative for 2 to 3 days before you start the bowel preparation medication may help to empty the bowel more effectively.

If you have been given senna in addition to the bowel preparation please take it two days before the procedure i.e. the evening before you start taking the bowel preparation medication.

It may be advisable to have some incontinence pads available for your own comfort whilst taking your bowel preparation.

If you are having a gastroscopy procedure at the same appointment as your colonoscopy you may drink water up to 2 hours before your appointment time.

If you have any problems or concerns after taking the bowel preparation or you are worried about any symptoms you experience after the colonoscopy, you may ring the enquiry numbers on the front cover of this booklet. Out of hours please contact the NHS non-emergency service on 111.