

Dr. Rela Institute & Medical Centre is a multi-specialty quaternary care hospital located in Chennai, India.

The Institute is within the campus of Sree Balaji Medical College and Hospital, which is spread across 36 acres. It has 14 operating theatres with 450 beds, inclusive of 150 critical care beds.

The Institute is conveniently located 10 minutes from the Domestic and International Airport.

The hospital is designed to provide highly specialized care in various departments with a focus on multi-organ transplantation. Prof. Mohammed Rela, a world renowned surgeon in the field of Liver surgery and transplantation is the Chairman and Managing Director of the Institute.

In addition to quaternary & quality care, is also committed to provide day to day primary and secondary care to the local population, with facilities of international standards.

The Institute would provide comprehensive support to international patients travelling for medical treatment such as language assistance, stay, visa and travel.

24 Hr Emergency ☎ **044-6666 7788**



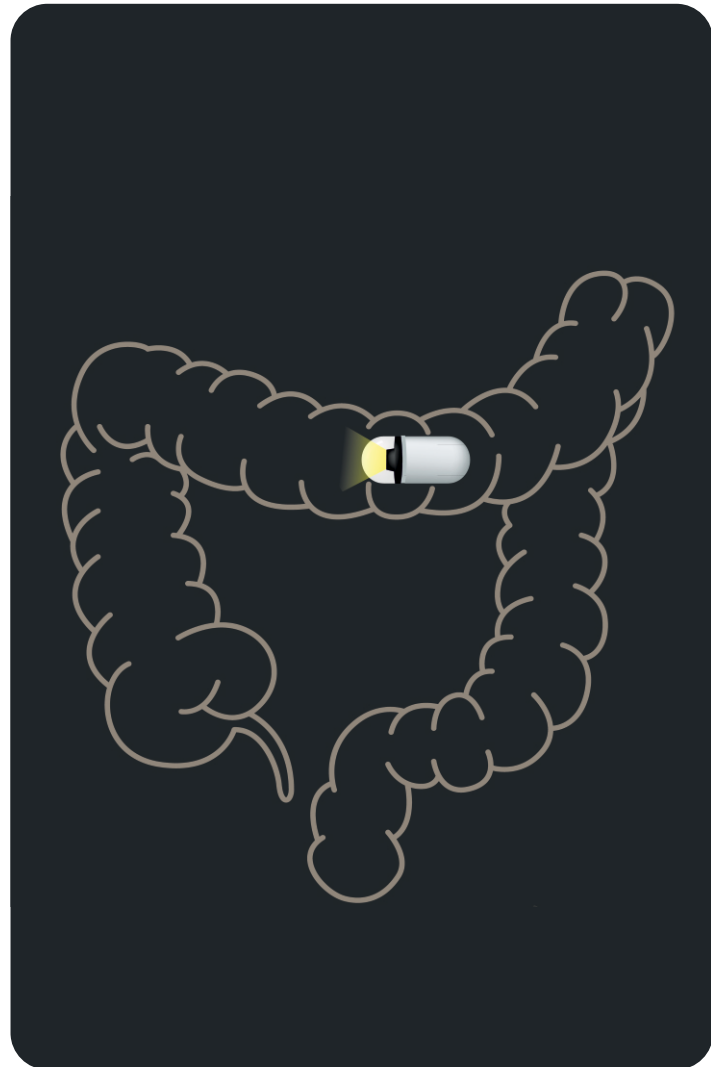
DR. RELA INSTITUTE & MEDICAL CENTRE

No. 7, CLC Works Road, Chromepet,
Chennai - 600 044, Tamil Nadu, INDIA.

Tel : +91 44 6666 7777

Email: helpdesk@relainstitute.com

www.relainstitute.com



Department of
Gastroenterology

Having a colonoscopy

Having a colonoscopy

examination of the large bowel

1 What is a colonoscopy?

A colonoscopy is a routine test to examine the lining of your bowel, also called the large intestine or colon. This is done using an endoscope, which is a flexible tube, about the thickness of a (little) finger, which has a camera and light at one end. It is passed through the anus (back passage) and carefully moved around the large bowel by a specially trained doctor or nurse called an endoscopist.

2 Why should I have a colonoscopy?

By looking down the endoscope, your endoscopist will be able to get a clear view of the lining of your colon. This will help us to diagnose your symptoms or check any bowel condition that you have had diagnosed in the past. You may have been advised to have a colonoscopy if you have,

- bleeding from your anus
- pain in the lower abdomen (tummy)
- persistent diarrhoea
- changes to your bowel habits
- a strong family history of bowel cancer
- been placed on a bowel cancer screening pathway
- have an existing condition that needs reviewing such as Crohn's disease or colitis.

3 What are the risks?

Serious complications are extremely rare. The most serious risk is the endoscope damaging your colon during the test. This can cause an infection, bleeding or a perforation (tear) of the lining of the bowel. If this happens, your abdomen may become painful and bloated and you may need medicine or surgery to treat the problem.

If a biopsy is taken or a polyp is removed during the test, you may pass a small amount of blood from your anus after the test. This should only happen up to 12–24 hours after the test and is usually no more than a few teaspoons full.

Please note that occasionally the test may need to be abandoned or may be incomplete. This can happen if you find the procedure too uncomfortable or if the bowel preparation did not empty your bowel completely. In this case, the test may need to be repeated or we may suggest an alternative procedure.

4 Are there any alternatives?

- CT (computerised tomography)/CT enema. This is a special type of X-ray machine that can give more details than normal X-rays. However, it cannot be used to take biopsies or remove polyps, so you may still need a colonoscopy.
- A sigmoidoscopy. This is similar to a colonoscopy but only looks at the lower part of the bowel. If your doctor or nurse cannot diagnose your symptoms after this test, you may still need a colonoscopy.
- Faecal occult blood test (FOB). This tests for hidden blood in your stool, but you may still need a colonoscopy if this test is positive.

The tests above are generally considered to be less accurate than a colonoscopy and some of them involve radiation.

Giving my consent (permission)

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form. This states that you agree to have the treatment and you understand what it involves.

If you would like more information about our consent process, please speak to a member of staff caring for you.

5 How do I prepare for colonoscopy?

For a successful colonoscopy, it is essential to empty the bowel thoroughly of all waste material, which can be done by taking a bowel preparation (see below). Failure to do this prior to colonoscopy may mean the doctor won't be able to see important markers, or you may have to return for another procedure.

A complete bowel preparation consists of:

1. Modifying your diet

This may involve following a special diet for several days prior to the colonoscopy.

2. Taking a bowel preparation medication

There are several effective bowel preparations (laxative medication that causes diarrhoea and empties the colon) available and, depending on your medical condition, the doctor will recommend the right one for you.

3. Increasing your fluid intake

Specific preparation instructions will be given to you by your doctor.

Patients should also inform the doctor of all medical conditions and any medications, vitamins or supplements taken regularly



How is colonoscopy performed?

Sedation

Before the procedure a light anaesthetic (sedative) is usually given – you will not receive a full general anaesthetic. You may be slightly aware of what is going on in the room, but generally you won't remember anything. The doctor and medical staff monitor your vital signs during the procedure and will attempt to make you as comfortable as possible.

A colonoscopy usually takes between 20 and 45 minutes.

Examination of the bowel

Once sedated and lying in a comfortable position on your left side, the doctor inserts the flexible colonoscope ('scope') through the anus and slowly guides it into the colon. A small camera in the end of the scope transmits a video image to a monitor, allowing the doctor to carefully examine the intestinal lining.

Once the scope has reached the opening to the small intestine, it is slowly withdrawn and the lining of the large intestine is carefully examined again.

Removal of polyps and biopsy

A polyp is a small tissue growth attached to the bowel wall. These are common in adults and are usually harmless, however, most colorectal cancer begins as a polyp so removing them early is an effective way to prevent cancer.

If polyps are found during the procedure they will usually be removed using tiny tools passed through the scope. Small tissue

samples or biopsies of the bowel may also be taken for examination. This allows the doctor to review it with a microscope for signs of disease

Before the procedure

If you are taking any medicines that thin your blood, such as antiplatelet medicines (for example aspirin or clopidogrel) or anticoagulant medicines (for examples warfarin or rivaroxaban), please tell your doctor or the nurse as you may need to stop them temporarily before your procedure. Also tell your doctor or nurse if you have diabetes as you may need to alter the dose of your diabetes medicines, as you will need to fast before the procedure. Further information on stopping any medicines will be given to you when you come for pre-assessment. Please ask us if you have any questions.

Please let us know if you are taking any regular medicines (including anything you buy yourself over the counter or any herbal or homeopathic medicines) and if you have any allergies to any medicines.

You should continue to take all of your medications as normal, unless you have been told otherwise by the doctor or endoscopy nurse.

When you arrive at the endoscopy unit

On arrival, please give your name to the receptionist or nurse. Please be aware that we have our endoscopist teams running up to five procedure rooms at the same time so sometimes another patient who arrived after you may be called in before you are. This does not mean you have been forgotten, but that the other person is on a different list to you. We do everything we can to avoid keeping you waiting any longer than necessary, but because every procedure takes a different length of time to complete, sometimes it's hard to give exact timings. We'll update you regularly as to how long you are likely to be with us. But please be prepared to be with us for the whole morning or afternoon, depending on whether you are a morning or afternoon admission.

At check in we will ask you to wait in the waiting area until you are seen by an endoscopy nurse, who will ask you about your medical history. Please tell the nurse if you have had any reactions or allergies to other examinations in the past.

In case there are polyps present, we will ask you to take off all your jewellery before the examination. This is because you should not wear any metal for the technique we use to remove polyps. Because of this, you may wish to leave any valuable jewellery at home, as we cannot be responsible for any valuables lost while in the unit.

6 What happens during the procedure?

This test is normally performed with sedation or an injection of painkillers but you can choose not to have sedation if you wish. This is medication that makes you relaxed and sometimes sleepy but does not put you to sleep. Your endoscopist will explain this to you in more detail.

The test itself only takes about 30 minutes and an endoscopy nurse will be present throughout for reassurance.

You will be asked to lie down on your left-hand side on a couch with your knees bent. The endoscopist will start by inserting a finger into your anus to perform a rectal exam, this will help lubricate the anal passage and identify if there are any significant haemorrhoids or growths able to be felt in your anal passage.

The endoscope will then be inserted into your lower bowel through your anus. Air will be passed down a channel in the endoscope, expanding your bowel to make it easier to see the lining. This may make you feel slightly bloated and you may feel the urge to go to the toilet, but you will not be able to do this as your bowel will be empty. Many people pass some wind during the test. This is perfectly normal and is nothing to be embarrassed about.

If polyps are present, your endoscopist can remove these. You will not feel this. When a polyp is particular big or in a difficult position the removal may be deferred and re-booked on a specialised list.

7 Will I feel any pain?

You may have some cramping and discomfort due to the air used to inflate your bowel or brief periods of discomfort particularly when the endoscope is first inserted and when the scope passes around bends in your bowel. Occasionally the

nurse will press gently on your stomach or your position may be altered to aid the passage of the scope. You will be given painkillers through a needle that will be inserted into a vein to help keep you comfortable. You will not feel anything if any biopsies are taken

8 What happens afterwards?

After the procedure you will be taken to the recovery area. If you have had sedation, you will need to rest quietly until your observations are stable (usually an hour). The nurse will check your blood pressure and pulse and will take you to the discharge area when you are stable. You can bring your own sandwich or other snacks with you if you are concerned that you will be very hungry otherwise you will be offered some tea and biscuits in the discharge waiting area. If you have not had sedation you will be escorted to the discharge area where a nurse will explain your results and give you a copy for your own records. You will be able to leave as soon as the nurse has given this to you.

If you choose to have sedation, you must arrange for a relative or friend to take you home approximately three hour after the test. This person should be 18 years of age or older. It is recommended that someone stays with you overnight. You will not be able to drive or operate any machinery for the remainder of the day and will need to rest quietly at home. Please note that your appointment will be cancelled on the day if you wish to have sedation but have not organised an escort home. . If you are unable to arrange someone to collect you, please contact us to discuss alternative arrangements.

9 How accurate is a colonoscopy?

Colonoscopy is considered to provide the most accurate assessment of the colon. However, no test is perfect and there is a risk that an abnormality may not be detected. A colonoscopy can miss lesions in the bowel in 2% – 8% of cases. For serious lesions such as cancer, the chance is much less, but still present. For these reasons, it is recommended that all patients over the age of 50, and those with a family history of colorectal cancer, perform a faecal occult blood (FOB) test every one to two years. The test kits are available from your chemist or local doctor.

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What do I need to do after I go home?

The sedation lasts longer than you may think and therefore you must not:

- drive or ride a bicycle
- operate machinery or do anything requiring skill or judgement
- drink alcohol
- take sleeping tablets
- go to work
- make any important decisions, sign contracts or legal documents.

You should rest at home following your procedure and should be able to carry out your normal activities 24 hours after the test.

You should consult your GP or go straight to your nearest Emergency Department (A&E) if you develop severe abdominal (tummy) pain, a fever or are vomiting or passing large amounts of blood after the test. (Please take your endoscopy report with you).

11

When will I get the results?

The doctor or specialist nurse will often be able to tell you your results before you leave the hospital. If you have had a sedative, it is a good idea to have someone with you when the results are being discussed, as you may not remember all of the details afterwards, due to the sedative.

If you have had biopsies taken the results may take up to 3 days to become available.

Preparation checklist

If you have not received your bowel preparation please contact the Endoscopy department.

- If you are planning or have been advised to have sedation arrange for a friend or relative (18 years of age or older) to escort you home after your appointment.

- If you do not organise an escort, or if s/he is under 18 years old, we will not be able to give you sedation and the procedure may be canceled.
- Make a note of the date of your appointment.
- If you are taking medications to prevent blood clots please contact us for advice before your appointment.
- DO NOT eat anything for six hours before your appointment or drink anything for four hours before. You may have small sips of water for up to two hours before.
- Wear loose-fitting clothes on the day of the test.

Take home points

- Endoscopy is a procedure used to see inside the colon and rectum
- Prior to the procedure, use a bowel preparation kit to empty all solids from the gastrointestinal tract. Read the instructions carefully
- During the Endoscopy a light anaesthetic is often used to keep the patient comfortable
- The doctor will usually remove polyps and biopsy abnormal-looking tissue during the Endoscopy
- Driving is not permitted for 24 hours after a Endoscopy to allow the sedative time to wear off.