



Colonoscopy

Internal examination of the colon





Introduction

You are due to have a colonoscopy soon. This is an internal examination of the colon. This leaflet provides important information about the procedures surrounding this examination and how you can prepare for this.

Important

- Certain foods may no longer be eaten from three days prior to the procedure. You will also have to take laxatives. You can find more information about the laxatives in the enclosed instructions.
- If you use anticoagulants, it is important that you consult with your treating doctor about whether you can continue to use these.
- This examination can take place “under sedation”. Your doctor will discuss this with you.
- Will you be receiving sedation? Then you may not leave the department without someone to accompany you. Someone must collect you from the Endoscopy department. Even if you are going home in a taxi or by public transport, then you still need to have a family member or acquaintance with you.
- The person accompanying you can sit in the waiting room, but can not enter the department and can not be present during the examination.
- If you know from previous experience that there have been problems with the insertion of an IV, please let us know about this in a timely manner.
- Are you sick or indisposed? Please inform us as soon as possible via telephone number 088 75 573 66.
- Please contact your doctor if you:
 - are allergic to certain medicines.
 - might be/are pregnant.
 - have a condition affecting your heart and/or lungs.

Aim of the examination

During this examination, the doctor will examine the mucous membrane of the colon and possibly the last section of the small intestine (ileum). If necessary, the doctor can collect small pieces of tissue (biopsies) for microscopic examination. The doctor can also perform a treatment, such as the removal of a polyp.

Duration of the examination

The examination will take approximately 30 to 45 minutes.

Preparations

Your colon needs to be thoroughly cleansed before the procedure. This means that the colon should no longer contain food residues or feces. This allows the doctor to examine the intestinal wall properly and uncover any abnormalities.

If your colon is not clean (enough) on the day of the procedure, then the procedure may not be able to go ahead.

Therefore, it is important that you read and perform the enclosed instructions thoroughly, so that you are properly prepared.

Laxatives

You will start a low-fiber diet three days before the examination. You will start taking laxatives one day before the examination. Please read the enclosed instructions thoroughly.

Medication

It is important that you discuss with your doctor which medications you are taking and whether you can continue taking these.

Anticoagulants

Do you use anticoagulants? In some cases you will have to stop taking the anticoagulants temporarily before the procedure. Always discuss this with the doctor who has requested the procedure.

Iron tablets

Iron tablets cause black deposits on the inside of the colon. As a result, the doctor will not be able to examine the wall of the colon properly. You need to stop taking the iron tablets 14 days before the colonoscopy. You can start taking the iron tablets again after the procedure, unless the doctor gives you other instructions.

Diabetes medication

Do you have Diabetes Mellitus and are you using insulin? Consult your doctor about adjusting the dose of insulin.

If you are using tablets, then you may take your normal dose on the day before the procedure.

On the day of the procedure:

- No medication before the procedure.
- If you take medication once daily, you can start taking the medication with your first meal.
- If you take medication two, three, or four times daily:
Resume with the usual dose at the next meal.

Oral contraceptives

If you use oral contraceptives (the "Pill"), then this is unreliable for the remainder of the cycle.

Other medication

If you need to take any other strictly necessary medication, then take these at least one hour before the Moviprep® laxatives, or at least one hour after drinking your Moviprep®. Otherwise your body will not absorb the medication.

Sedation

We want to make this procedure as comfortable as possible for you. Therefore, we recommend that you use sedation during the colonoscopy. This is also referred to as a sedative or sleep-inducing drug. We often also prescribe painkillers. Sedation is not the same as an anesthetic. The sedation ensures that you feel sleepy during the examination. The combination of the painkiller and the sedative reduces pain and any anxiety that you may experience.

The sedative and the painkiller will be administered via an IV needle in your arm. If you know from previous experience that there have been problems with the insertion of an IV, please let us know about this in a timely manner.

Without sedation

It is also possible to have the procedure without sedation. Discuss your preference in detail with the doctor who has requested the colonoscopy. It is not possible to request a sedative on the day of the examination.

During the examination

The person accompanying you can not enter the department and can not be present during the examination. The person accompanying you can sit in the waiting room.

The nurse will collect you from the waiting room and will take you to the preparation room. Here the nurse will discuss your details with you. You will undress the lower half of your body and you will lie down on the bed under a blanket. We will place your clothes in a locker. The nurse will insert an IV needle in your arm.

An endoscopy nurse will collect you and take you to the examination room. The doctor will ask you a number of questions, this is also called a "time-out".

If you are receiving sedation, then we will measure your blood pressure, heart rate and oxygen levels.

The insertion of the endoscope

You will lie on your left side on the examination bed, with your knees pulled up to your chest. The doctor will carefully insert the endoscope (a thin, flexible tube) via the anus into the rectum. The doctor will then gradually push the instrument further into the colon.

Air

Air (carbon dioxide) will be blown into the colon during the examination, so that the colon expands and we can examine your colon properly. You may find this unpleasant. This can cause intestinal cramping.

You will probably also pass gas as a result. This is completely normal, so you do not have to feel ashamed about this. This usually also reduces the pain. Do not keep the air inside, as this can cause more painful abdominal cramps.

Any fluid present in the intestines can be suctioned out during the procedure.

After the examination

Once the examination has been completed, the nurse will take you to the recovery room. If you have received sedation, you will have to stay here for up to an hour. Once you are fully awake, you will be given something to eat and drink.

After the examination, we will call the person accompanying you to inform them about the time at which you can be collected. You may not leave the department without someone to accompany you.

If you have not received sedation, then you can leave the department as soon as you have received all the paperwork.

You will receive a discharge letter. This contains the preliminary result of what was seen/done during the examination.

If a polyp has been removed or a tissue sample has been collected, this will be collected after the procedure and sent for microscopic examination by the pathologist. This usually takes about two weeks and the doctor will discuss the results with you in the outpatients' clinic or by telephone.

Participating in traffic and assistance after sedation

You may not drive a vehicle (car, motorcycle, moped, bicycle) for 24 hours after receiving sedation. Even if you are going home in a taxi or by public transport, then you still need to have a family member or acquaintance with you.

If you do not have anyone to accompany you to your home, then you can not receive sedation. In that case, we suggest that you consult with the doctor who has requested the procedure, to discuss a solution.

Possible complications

The colonoscopy and the removal of polyps is a safe form of treatment.

However, complications can occur:

- Sometimes you may experience abdominal pain in the days after the examination. This happens to 25% of the patients. The abdominal pain goes away without treatment within a few days. You must contact us if you develop a fever in addition to the abdominal pain, or if the abdominal pain is very severe.
- If biopsies or polyps were removed during the procedure, then you may experience slight blood loss via the anus after the procedure. This is not a serious problem, unless the bleeding becomes more severe. In that case, you must contact us. Bleeding can also develop some time after the procedure (up to 14 days).
- Occasionally a hole will develop in the wall of the colon (perforation). The risk of this increases if the wall of the colon is inflamed, if there are many protrusions (diverticuli) or if a polyp has been removed. A perforation can usually be treated using various endoscopic techniques.
- Breathing difficulties or heart function abnormalities can sometimes occur as a result of the sedation.

You must contact us if you experience severe abdominal pain, fever or severe blood loss.

You can contact the Endoscopy department on working days between 8:00am and 5:00pm via 088 75 573 66. After hours, you can contact the Gastro-enterology department via 088 75 562 22.

Division of internal medicine and dermatology

Department of gastro-intestinal and liver diseases

UMC Utrecht, Heidelberglaan 100, P.O. Box 85500, 3508 GA Utrecht

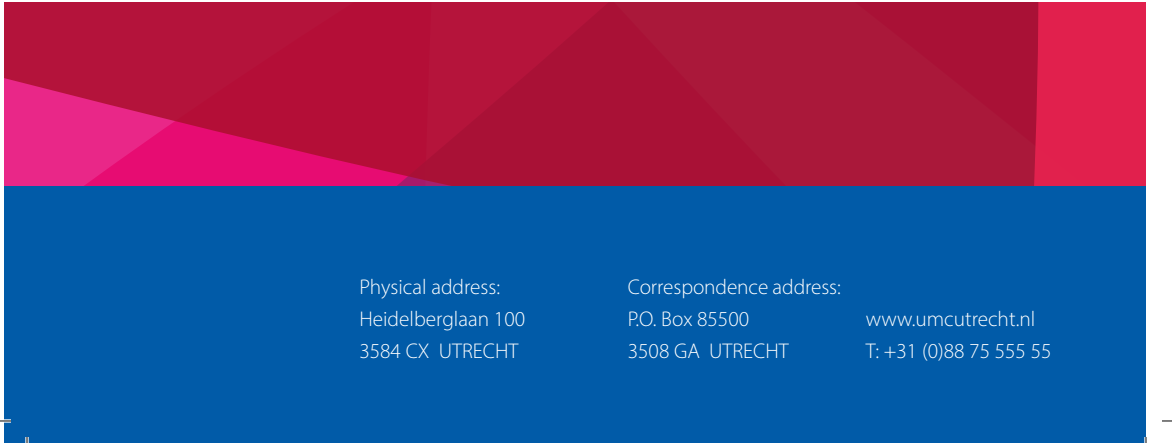
T: 088 75 555 55

www.umcutrecht.nl

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Physical address:
Heidelberglaan 100
3584 CX UTRECHT

Correspondence address:
P.O. Box 85500
3508 GA UTRECHT
www.umcutrecht.nl
T: +31 (0)88 75 555 55