

## Maag Darm Leverziekten (MDL)

# Coloscopie met sedatie - Engels

## Coloscopy with sedation

### Introduction

In consultation with your treating doctor, you have decided that a coloscopy (an internal examination of the colon) is necessary. Your doctor has already given you the necessary information. You can read over everything here in your own time.

### What is a coloscopy?

A coloscopy is an examination of the colon, whereby the endoscopist uses a coloscope to view and examine the colon. The endoscopist may be a doctor or a specially trained nurse.

The endoscopist operates the coloscope. This is a controllable, flexible tube with a diameter of about 1 cm. The coloscope is inserted into the colon via the anus and then moved around. There is a small light at the end of the coloscope that lights up the inside of your intestines. There is also a video chip in the coloscope, which enables the examination to be seen on a television display. In order to make the intestines more easily visible, carbon dioxide (CO<sub>2</sub>) is blown into the intestines via the coloscope. Moisture can also be sucked out via the coloscope. Photos can be taken during the coloscopy, so that the images can be viewed later.

### Why have a coloscopy?

A coloscopy is able to detect abnormalities in your colon and the last part of your small intestine.

These could include ulcers, inflammation, bleeding, diverticulitis (bulges), constrictions, polyps and tumours. Procedures can also be carried out via the coloscope. To do so, the endoscopist positions instruments in the right place via the same coloscope. A piece of tissue can be removed for further examination (a biopsy). Polyps can also be removed, constrictions stretched and bleeds staunched.

### Initial discussion

Before the coloscopy takes place, you will have an initial discussion with a nurse.

Why have an initial discussion?

It is important to prepare you, as a patient, as thoroughly and safely as possible for the coloscopy. The initial discussion reduces the likelihood of problems before, during and after the intestinal examination as much as possible. After the initial discussion, the coloscopy will be scheduled.

### **What to take to the initial discussion**

- Your hospital pass and a valid form of ID
- An Acute Medication Overview (AMO) You can request this from your pharmacy.

### **Blood-thinning medication**

During the initial discussion, the nurse will tell you when you need to stop taking blood-thinning medication. He or she will discuss this with the Thrombosis Centre, the NOAC consultant or the treating doctor. After the colonoscopy, the Thrombosis Centre or the NOAC consultant will determine the further approach with you.

### **Diabetes**

If you take medication for your diabetes (insulin injections), contact your diabetes nurse. They will then discuss with you how you should use the medication.

#### **Iron supplements**

If you take iron supplements (iron tablets), you must stop taking these seven days before the examination.

### **Pacemaker or ICD**

Do you have a pacemaker or ICD (Implantable Cardioverter Defibrillator)? If so, an appointment will be arranged with the pacemaker technician. He or she will set your pacemaker or ICD in such a way that the examination can take place safely.

### **Laxatives**

The nurse will give you a prescription for laxatives. You can collect these from the pharmacy at the Venray or Venlo hospital or from your own pharmacy. You will also receive an instruction letter with this leaflet. The letter explains how to use the laxatives. Closely follow the instructions in this letter and disregard the package insert from the pharmacy.

## **A few practical things**

There are a few practical things to take note of for this examination.

- Arrange in advance for someone to accompany you and transport you home. On the day of the examination, you cannot be discharged on your own due to the medication's after-effects. You may not drive a vehicle or travel independently by public transport or taxi. Your personal companion must come to collect you from the Endoscopy Centre. Your personal companion will be telephoned 1 hour to 1.5 hours after your appointment began. At which point, this individual may immediately come to collect you.
- You may not drive or travel independently by public transport or taxi for the entire day!
- In order to ensure your privacy, only patients and nurses are present at the department. For that reason, your companion cannot be with you before, during and after the examination. The nurse will inform your companion when you can go home.
- We advise you to leave large sums of money, jewellery and other valuables at home. Unfortunately, there is a risk of items being lost or stolen. In most cases, the hospital is not liable for this.
- Because oxygen levels and heart rate are monitored via a small device clipped to your finger, you must remove any nail polish and artificial or gel nails from at least one finger on your left hand prior to the examination.

- It is advisable to shower a few hours before the procedure. Do not use any moisturiser or body lotion afterwards.
- Do you use a mask for sleep apnoea? If so, bring it with you to the examination.
- Do you have a colostomy bag? If you have not received a 'high output bag' from the nurse during the initial discussion, ask your supplier of medical devices or the colon care nurse for 'high output bags'. You can then empty the bag more easily.

## **Preparation**

### **Colon cleanse (laxatives)**

It is important that the colon is fully cleansed for this examination. For this reason, you will have to follow certain rules for 3 days prior to the examination.

One day before the examination, you will start taking laxatives at home. An instruction letter will explain how to take the laxatives. If the laxatives are not taken properly, it is possible that the colon will not be fully cleansed, and this could mean that the examination is not able to (fully) take place.

### **Effect of laxatives on other medication**

Laxatives can reduce the effect of medications such as antibiotics and the contraceptive pill. You can ask your treating doctor or your pharmacist any questions about your medication and laxatives.

### **Vomiting/nausea**

You may need to vomit while taking laxatives. Try to follow the instructions and drink the desired quantity of liquid. In the event of prolonged nausea and/or vomiting, you must contact the Endoscopy Centre from 8 a.m.

### **Sudden illness**

The combination of taking a laxative and not being able to eat may make you feel unwell. You may feel unsteady or even faint. So, bear this in mind when doing work or activities as well as moving from one place to another.

### **Headache**

As you will be losing a lot of liquid, you may get a headache. You can take a painkiller for this, for example, paracetamol (500mg).

### **The examination**

Report to the agreed department at the agreed time. Make sure you know whether you need to be at the Venlo or Venray location.

Do not forget to bring your hospital pass and a valid form of ID with you to the hospital.

### **Before the examination**

- At the department, you will undress from the waist down and take a place in a bed.
- An IV needle will be inserted into your forearm or hand.
- You will be connected to a datascoper. This will monitor your blood pressure, heart rate and oxygen level. For this, a cuff will be attached to your arm and a monitor will be clipped to your finger.
- You will be taken to the examination room.

## **The examination**

The examination will take place in the endoscopy room. Before the start of the colonoscopy, you will lie down on your left-hand side.

The datascope will be set to take your blood pressure every five minutes. Your heart rate and oxygen level will be continually monitored. The endoscopist will ask several control questions and then administer the medication (sedative) via the IV needle to make the examination as comfortable as possible for you.

You may fall asleep as a result of this, but you may remain awake and will be aware of the examination.

## ***Inserting the coloscope***

Before the coloscope is inserted, the endoscopist uses a finger to feel inside the anus. In doing so, they leave some lubricant behind, so that the coloscope can be easily inserted. The coloscope is carefully inserted into the rectum via the anus. Afterwards, it is slowly and gradually inserted further into the colon. In order to make the intestinal wall more easily visible, carbon dioxide (CO<sub>2</sub>) is blown into the intestines via the coloscope.

This gas may result in painful intestinal cramps, and you may need to pass wind.

## ***Changing position***

During the examination, you may be asked to lie on your back or other side.

Sometimes, the nurse will press certain places on your stomach in order to support the coloscope and to simplify the progress of the examination.

## ***Inspection***

If the start of the colon has been reached, the last part of the small intestine may be examined. This can exert some extra pressure. Afterwards, the coloscope is slowly retracted, whereby the intestinal wall is inspected very closely. If the endoscopist deems it necessary, he or she will remove a piece of tissue for investigation or remove a polyp during the colonoscopy. This is not painful.

## **Duration of the examination**

The examination will take about thirty minutes. This depends on the length of your intestine, the curves in your intestine and the procedure that may be carried out.

## **After the examination**

After the examination, you will be taken back to the department. Here, you can take time to recover from the sedation. You will stay here for between 30 and 60 minutes. Your blood pressure will be taken every 10 minutes. We will also continually monitor your heart rate and oxygen level.

During the initial period after the examination, you may experience some pain (cramps) as a result of the CO<sub>2</sub> gas that has been blown in. The sooner you get rid of the CO<sub>2</sub> gas by passing wind, the sooner the pain will disappear.

## **Returning home**

As long as no exceptional circumstances occur and you are fully awake, you may have something to drink. The IV needle will be removed, the datascope will be disconnected and you can put your clothes back on. The nurse will take you to your personal companion, and you can then return home.

After the examination, you can take your medication again as prescribed before the examination, unless otherwise agreed.

### **The results**

You will receive the results of the examination from your doctor (or general practitioner) who requested the examination. If a polyp has been removed, you will be given an appointment with the GIL doctor (gastroenterologist) or a physician assistant (PA). He or she will discuss the results and further approach with you.

### **Complications**

A colonoscopy is a safe examination. Despite all care, complications can arise. If therapeutic treatment, such as the removal of a polyp, has been carried out, the likelihood of complications is 1 to 2%. Without treatment, the likelihood of complications is even less.

#### **Tear in the intestinal wall**

This is more likely if the intestinal wall is seriously inflamed, there are constrictions or bulges or if a polyp has been removed. Symptoms of a tear in the intestinal wall include a worsening stomach ache and fever.

#### **Bleeding**

Bleeding can occur after the removal of a polyp. This is possible up until two weeks after the procedure.

#### **Breathing**

The medications used have an inhibitory effect on your breathing and can cause complications for people with heart and/or lung diseases and with certain neurological disorders.

#### **Limited examination**

For approximately 10% of people, it is not possible to reach the start of the colon, which means that only part of the colon can be examined.

### **What should you do in the event of problems at home?**

(Venlo and Venray)

Contact the Endoscopy Centre if you suffer from any of the following:

- Substantial loss of bright blood
- Prolonged or worsening stomach pain
- Fever

During office hours ☎ +31(0)77 320 51 32

Out-of-office hours ☎ +31(0)77 320 58 10 (A&E Department)

### **You are expected**

.....day.....at                      a.m./p.m.

**Venlo location**

Endoscopy Centre, route number 83

- Venray location**  
Gastroenterology Department (4th floor), route number 90

Don't forget to bring your hospital pass and a valid form of ID to the hospital with you.

### You are expected on

.....day.....

at .....am/pm

- Venlo location**  
Department of endoscopy  
Internal Medicine  
route number 83
- Venray location**  
Department of functional examination  
route number 23

### Questions?

If you should have any questions after reading this brochure, you may call the department of functional examination.

**Venlo location**  
☎ (077) 320 51 20

**Venray location**  
☎ (0478) 52 25 55 *sein 793-080*

## VieCuri Medisch Centrum

**Locatie Venlo**  
Tegelseweg 210  
5912 BL Venlo  
☎ (077) 320 55 55

**Locatie Venray**  
Merseloseweg 130  
5801 CE Venray  
☎ (0478) 52 22 22

Meer informatie [www.viecuri.nl](http://www.viecuri.nl)

Bekijk uw medische gegevens op [www.mijnviecuri.nl](http://www.mijnviecuri.nl)