



Colonoscopy

Bowel examination

Introduction

You are due to have a bowel examination; a colonoscopy. This leaflet explains the where, why and how of the examination and what preparation is needed.

You must follow the instructions for this examination and preparation carefully. If your bowel is not empty, the colonoscopy cannot proceed. Once the examination has started, if it becomes apparent that the bowel is not empty, the examination could be stopped. It will then have to be scheduled for another date, and you will be given the same preparation instructions for emptying your bowel again.

Information videos about a colonoscopy

Watch the 5 short videos about a colonoscopy. These will explain:

- How to prepare for the examination
- How the examination is done
- What to expect after the examination
- The risks of the examination
- What sedation is.

You will find the videos on the Spaarne Gasthuis website, [the Colonoscopy page](#) or by using this QR code.



Your appointment

Online questionnaire and appointment with the nurse

If this is your first colonoscopy or it has been more than one year since you had one, you will receive an online questionnaire via your MijnSpaarneGasthuis.nl well before the examination. If necessary, you will have an appointment with the nurse. The nurse will explain the preparation, your medication before the examination, the examination itself and the risks it entails. You can ask any questions you may have.

Invitation letter or online scheduling

- You will find the appointment for the colonoscopy in your invitation letter or, in some cases, you can schedule it online yourself.
- If you have a consultation with the nurse, you will find the appointment in your invitation letter.

On arrival at the hospital

On your first visit to the Spaarne Gasthuis, have your details checked at the reception desk in the central hall.

When you arrive at the hospital, sign in for your examination via the MijnSpaarneGasthuis app. If you don't have the app, report to one of the reception staff in the central hall.

You can then head to the Endoscopy Outpatient Clinic and report to the reception desk.

On each visit to the Spaarne Gasthuis, please bring:

- Proof of your health insurance registration.
- Valid proof of identity (passport, driving licence or identity card).
- A current overview of your medication if you take any.
- A (sports) bag to store your clothes.
- You may have to wait a while before the examination starts. Please bring something to read with you.

If you are being admitted to the hospital, you will be taken to the Endoscopy Outpatient Clinic.

Cancelling or rescheduling your appointment

You have been given a day and time slot for the examination. If you are unable to come for any reason, please call the outpatient clinic as soon as possible, preferably at least five days in advance. If you do not come to the appointment and did not cancel it at least 24 hours in advance, you will have to pay a no-show fee.

What is a colonoscopy?

A colonoscopy is an internal examination of the bowel. The inside of the bowel is viewed with an endoscope. This examination can detect almost all bowel abnormalities. An endoscope is a flexible tube inserted through your bottom into the bowel. The tube has a small camera at the end. This allows the gastroenterologist to view the lining of the bowel on a screen.



Zie hierboven een plaatje hoe de endoscoop werkt. De endoscoop buigt mee met de vorm van de dikke darm. Het lichtje aan het einde van de endoscoop zorgt voor licht in de dikke darm zodat de arts de dikke darm van binnen kan zien.

The above picture shows how the endoscope works. The endoscope bends with the shape of the bowel. The light at the end of the endoscope shines into the bowel so the doctor can see inside.

If necessary, pieces of tissue (biopsies) are removed for further examination. If there are polyps in the bowel, they can be removed during the examination. The lining of your bowel can only be properly examined if your intestines are empty. Preparations with laxatives are necessary.

Prescription for laxatives

You will be given a prescription for laxatives, or you will find the prescription in your MijnSpaarneGasthuis.nl if you schedule the appointment yourself via MijnSpaarneGasthuis.nl. You will also get a leaflet about the laxative.

Preparation

Are you pregnant?

If you are pregnant, or there is a possibility that you are pregnant, you must inform your doctor and the gastroenterologist. Your symptoms will determine whether and how the examination will be carried out.

Do you have diabetes?

If you have diabetes, you may have to adjust your medication before the examination. Please discuss this with your doctor or the diabetes nurse.

And tell them that you have diabetes when making the appointment. We will then try to schedule the examination at a time that minimises the risk of your blood sugar being disrupted.

N.B. Please bring your medication (insulin) and your own blood sugar meter (if you have one).

Do you have a stoma?

If you have a bowel stoma (colostomy), we advise you to use collection material that you can empty as soon as you have taken the laxatives.

If you do not have this collection material yourself, you can pick it up at the counter of the hospital's Endoscopy Outpatient Department.

Pacemaker or internal defibrillator

If you have a pacemaker or an internal defibrillator (ICD), please tell your doctor.

Medicine

Blood thinners

- If you take **blood-thinning** medication, put this on the questionnaire in MijnSpaarneGasthuis.nl. Or tell us when we schedule the examination and tell the doctor carrying out the examination. Sometimes it is necessary to stop taking this medication a few days before the examination. You will hear this from the Endoscopy Outpatient Clinic after consulting with the doctor doing the examination.
- If you take **blood-thinning medication via the thrombosis service**, have your blood tested for the INR value one day before the examination. Bring the results with you to the examination.

The most common blood-thinning medications are:

- Marcoumar® or Phenprocoumon
- Sintrom® or Acenocoumarol
- Ascal® or Carbasalate calcium
- Acetylsalicylic acid or Aspirin®
- Plavix® or Clopidogrel
- Persantine® or Dipyridamole
- Dabigatran
- Rivaroxaban
- Apixaban

Do not stop taking your blood thinners on your own initiative. Always consult your doctor. Also agree with your doctor when you will start your blood-thinning medicine again after the examination.

If you are taking **painkillers** such as Brufen, Ibuprofen, Voltaren, Diclofenac or Naproxen, please let us know when we schedule the examination.

If you take **iron tablets and steel tablets** such as Ferro-Gradumet or Ferrous fumarate, stop taking this **1 week** before the examination. After the examination, you can resume taking the iron tablets as normal.

If you take the **contraceptive pill**, diarrhoea may make contraception less reliable in the cycle in question. It is wise to use another form of contraception in the month of the examination.

If you take **other medication**, you can take them as usual unless your doctor says otherwise.

Clothing

On the day of the examination, wear comfortable, loose-fitting clothing. A pair of warm socks is also a good idea. Bring a (sports) bag to store your clothes and shoes in.

Emptying your bowel

For the examination, your entire bowel must be thoroughly empty for it to be possible to properly assess the mucous membrane. You have received a **prescription for the laxatives that are best for you**. You must follow the instructions for using this laxative in the 'Laxative Schedule' leaflet and not the pharmacy's instructions. You will be given the leaflet for the

appropriate 'Laxative Schedule' with this leaflet.

What if you have problems with the preparation?

Are you having trouble drinking the liquid? If you are suffering from nausea or vomiting, please contact the Endoscopy Department during office hours. The phone number is listed under 'Questions and phone numbers'.

Going home after the examination

Before the colonoscopy, you will be given a sedative and muscle relaxant and a painkiller. This is called sedation. After the sedative, you may feel a little sleepy and may not go home alone. Please arrange for someone to pick you up from the hospital. See the law explained below.

You are not legally allowed to drive on the road by yourself on the day of treatment. You may not drive a car or motorbike yourself on that day, nor may you cycle or travel by public transport unaccompanied. You must arrange for someone to accompany you and transport you. We will call them to let you know when you can be picked up from the Endoscopy Outpatient Clinic. If you do go home unaccompanied, you do so at your own risk.

Three days before the examination

Fibre preparations (medicines)

If you take fibre preparations such as Metamucil, Volcolon, Fibreform or Stimulance multi-fibre mix, stop taking these until after the examination.

Low-fibre diet

Your bowel must be empty for the examination. You must start a low-fibre diet 3 days before. You are only allowed food that is low in fibre. Below is the list of what you **can** eat. From the list of what you **can** eat, you may eat as much and as often as you want so you do not feel hungry.

You will follow this low-fibre diet from breakfast until the day before the examination. Only eat the foods listed below.

Breakfast/Lunch:	Hot meal:	Dessert:
Rusks (not wholemeal) Cornflakes, Cream crackers, toast.	Soup or broth with vermicelli and/or soup balls. No vegetables in the soup or broth.	Smooth custard or pudding.
White or light brown bread (without seeds, grains and crusts).	Boiled and jacket potatoes, Mashed potatoes.	Cottage cheese or yoghurt, without fruit or other filling.
Butter, margarine.	Cooked carrots, cauliflower, broccoli and beetroot.	Ice cream without fruit or other filling.
Mildly seasoned, lean meats, for example, chicken breast, sandwich sausage or ham.	White rice, pasta (not wholemeal).	
Cheese without seeds. Boiled or fried egg.	Lean lightly seasoned meat or fish. Chicken products without breadcrumbs or skin.	
Jam without pieces, honey, (apple) syrup, sprinkles, chocolate flakes, chocolate spread, sugar and peanut butter without pieces.	Low-fat gravy.	

Snacks

- Apples, pears and bananas, ripe and without seeds or skin.
- Canned fruit without seeds, fibres or peel.
- Applesauce or fruit puree.
- Meringues, cakes without fruit, ice cream, pastries without nuts or fruit filling.

Drinks

- Tea, coffee with cream/whipped cream or evaporated milk
- Milk, buttermilk and yoghurt drinks
- Lemonade or soft drinks (non-carbonated)
- Clear fruit juice without pulp
- Water

Please note: products not listed here should not be consumed!

One day before the examination

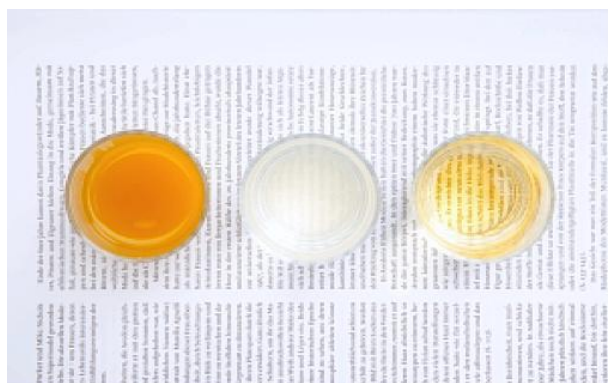
You can have breakfast and lunch today. Choose products from the list above, from the column breakfast/lunch and drinks.

Then follow the instructions in your 'Laxative Schedule' leaflet.

What are clear liquids?

You may drink water (flavoured or unflavoured), clear sports drinks, clear apple juice, weak tea and clear herbal or fruit tea and up to 2 cups of black coffee. You may also drink clear strained broth and strained chicken broth even if it is not clear.

Apart from these liquids, you may only drink liquids that meet the following description. **The liquid is clear if you can see through it.** Put a piece of paper under a filled glass. If you can read the text underneath, then it is clear, and you may drink it.



DO NOT drink strong tea, red fruit juices, cloudy fruit juices or dairy products.

Laxative schedule

Start the laxative schedule. Follow the instructions in the leaflet you were given. Follow the instructions of your laxative schedule carefully so that your bowel is empty for the examination.

On the day of the examination

You will follow the instructions in your laxative schedule on the day of the examination as well.

When is your bowel properly empty?

After taking the laxative, your stools should be fairly clear, watery and have few solid particles.

No more drinking

You may drink clear drinks as described above until 2 hours before the examination. Then stop drinking until after the examination. If you smoke, no smoking until after the examination.

A colonoscopy and a gastroscopy on the same day?

In that case, you should also stop drinking and smoking 2 hours before both examinations. There must be no more liquid in the stomach.

The examination

Who does the examination?

The gastroenterologist or endoscopist does the examination with two endoscopy nurses. An endoscopist is a nurse with specialised training who is allowed to perform endoscopies independently. An endoscopist works under the responsibility of the gastroenterologist. The Spaarne Gasthuis is a teaching hospital. The Endoscopy Department employs trainee gastroenterologists. They perform endoscopy examinations under the supervision of the gastroenterologist.

Monitoring

We check your details before each examination. You will notice that you are always asked who you are and what you have come for. Just before the examination, the team will meet to

check your details again using a list. If an item is incorrect, then everything is checked again. This is called a TOP procedure and is important for safe treatment.

Sedation and pain relief [sub-heading]

To help you relax, you will be given Midazolam through the IV line. This is a sedative. It is not an anaesthetic. Sedation affects everyone differently. Some people fall asleep, while others just feel drowsy. The sedative will make you feel more relaxed and calm, and you will feel less pain. You will also be given Fentanyl painkillers through the IV line. After sedation, you may not travel home alone.



For more information, see the 'Sedation and Endoscopy' leaflet or watch the animation on sedation via this QR code.

Risks of sedation

- Although the sedative has advantages, there are also disadvantages. The sedative makes you breathe less deeply, and you may need to be given extra oxygen. If your breathing doesn't improve, it may be necessary to counteract the effect of the sedative with another medicine.
- If you regularly take sleeping pills or alcohol, the sedative may be less effective.
- Patients with severe heart or lung problems have a higher risk of side effects from the sedative. The gastroenterologist may then decide to adjust the amount of the sedative or not give it at all.

The examination

The nurse will fetch you from the waiting room and take you to the preparation room. The person accompanying you may not come with you. They can wait in the waiting room or the main hall of the hospital.

You will remove your lower body clothing and lie down on the examination bed. You can put your clothes, shoes and personal belongings in the (sports) bag you brought with you. We will store it under the examination bed.

An IV needle will be inserted into a blood vessel in your arm. You wait in the preparation room.

You will be wheeled to the examination room for the examination, where you will be connected to a monitor during the examination. Your blood pressure will be measured, and you will have an oxygen meter on one of your fingers. This monitors your heart rate and the oxygen level in your blood. You will then be given a sedative via the IV line.

You will lie on your left side with your knees bent as the endoscope will be inserted through your bottom and slowly pushed further into the bowel.

Air will be blown in to expand the bowel. This may cause pressure or intestinal cramping in the abdomen. Occasional deep breaths relieve the cramps.

The gastroenterologist examines the lining of the bowel on a monitor. If necessary, pieces of tissue (biopsies) are removed for further examination. This will not hurt. If there are polyps in the bowel, they can be removed during the examination. This should not hurt either. The examination takes 20 to 40 minutes.

After the examination

After the examination, you will be taken to the recovery room at the Endoscopy Outpatient Clinic. You will stay here for 1 to 1.5 hours. For a short time after the examination, you may experience intestinal cramps from the air that was blown in. The sooner you get rid of the air (by breaking wind), the sooner the cramps will pass.

Some people may have a slower heartbeat or may faint after the examination. Once you are properly awake, you may eat and drink everything again unless the doctor has instructed otherwise. We will offer you something to drink and eat. The IV line will be removed before you go home.

After the recovery and rest period in the recovery room, the nurse will call your contact person. Your contact person should report to the front desk of the Endoscopy Outpatient Clinic. The nurse will take you to your contact person.

When do I get the results?

The endoscopy nurse will give you the preliminary results when you are fully awake. Because of the sedative, you may not clearly remember what was discussed with you after the examination. If you agree, the person accompanying you can join you to hear how the examination went. You will also be given the preliminary results form.

The final results will be given to you by your doctor or the gastroenterologist. You will be given an appointment at the outpatient clinic for this.

In some cases, the gastroenterologist may want to speak to you in person after the examination.

How long will I be at the hospital?

You will spend between 1.5 and 2 hours at the hospital, this includes preparation, the examination and sleeping off the sedative.

Sometimes there may be an emergency in between, or the programme may overrun. The examination may then be carried out a little later than agreed.

Home again

After the examination, you can eat and drink as usual.

Because of the bowel preparation and the examination, you may experience abdominal pain, different bowel movements or air in your bowel. This can last for a few days.

When to contact the hospital

If you had biopsies or polyps removed, you may see some blood in your stools. A small amount is not a problem. If you have extensive blood loss, that is if you (continuously) lose blood or clots, you should contact the gastroenterologist or internal specialist on duty.

The same applies if you have severe abdominal pain. The phone numbers are listed under the heading 'Questions and phone numbers'.

Risks of a colonoscopy

The risk of complications from a colonoscopy is small.

The risks increase if procedures are performed during the examination.

The biggest dangers are bleeding and a tear or hole in the intestinal wall. These risks are slightly higher:

- With stenosis (obstruction) of the bowel.
- With inflamed diverticula, which are bulges in the bowel wall.
- If the bowel is severely inflamed.
- If one or more polyps are removed during treatment.

Resuscitation

In principle, all patients at our hospital are resuscitated in case of an emergency during an endoscopy examination. Unless you have agreed with the doctor who requested the

examination that you do not want this. If you have a do-not-resuscitate declaration, it is important that you let us know. Please contact the Endoscopy Outpatient Clinic to do so.

Questions and phone numbers

The information you are given must be correct and clear. With help from your doctor and this information, you must decide whether to go ahead with the examination. If you have any questions after talking to your doctor and reading this information, feel free to ask us. If necessary, write down your questions in advance so that you don't forget anything. If you have any questions or are unable to come to the appointment, please call the Endoscopy Outpatient Clinic.

If you are staying at the hospital, you can ask the ward nurse any questions you may have.

- For any questions or problems during the day, please call:
Endoscopy Outpatient Clinic
Monday to Friday +31 23 224 0105
- For problems in the evening, at night and weekends, please call the Accident & Emergency Department at the location where you had the examination:
 - Spaarne Gasthuis Hoofddorp +31 23 224 6880
 - Spaarne Gasthuis Haarlem +31 23 224 4880

Waar zijn we te vinden?

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