

Colonoscopy

Information for patients, parents
and carers



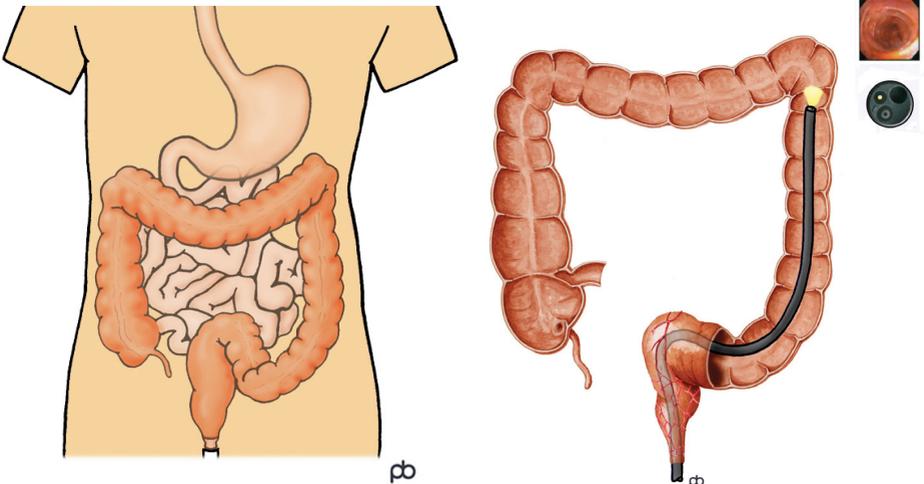
Leeds children's
hospital

caring about children

What is a colonoscopy?

A colonoscopy is a test which allows the doctor to look directly inside your child's colon (large intestine, where food goes after it leaves the small intestine) and if possible in to the tail of the small intestine (terminal ileum) It is a test to look directly inside your child's colon to check whether there are any problems and enable diagnosis. An endoscope (thin flexible tube with a bright light and camera) is passed up your child's bottom to look at your child's colon. The test is done while your child is asleep and does not hurt them. The doctor can also take biopsies (samples of tissue) which can later be analysed in the laboratory to help the doctor make their diagnosis. Like the rest of the test, taking these biopsies is painless.

The test, including the anaesthetic, lasts about 60-90 minutes. Occasionally the test is performed with an upper GI endoscopy (examining the gullet, stomach and upper part of the small bowel) in which case it can take a bit longer.



Why does my child need a upper colonoscopy?

Your child needs this test so that the doctors can see the lining of the large intestine and take appropriate biopsies to confirm or discount particular diagnoses. Occasionally a polyp (small growth) is found. This can usually be removed during the same anaesthetic or arranged to be removed at a later date by a colorectal surgeon. Biopsies or polyps are sent to the pathologist to look under the microscope and help with the diagnosis.

What are the risks of the colonoscopy?

Complications are very rare. The most serious is a perforation (making a hole in the bowel). This occurs in approximately 1:1000 colonoscopies. If this were to occur your child would need to stay in hospital and may need another operation to close the hole. Spots of blood in the stool after the colonoscopy commonly occur and resolves within a day or so. A large bleed is very rare but if this does happen your child would need to stay or return to hospital.

What happens before the test?

You will have received a letter to inform you of the date and time of the procedure. We would be grateful if you could telephone to confirm your child will be able to attend the hospital on this occasion. The contact number is on your admission letter. If you have any further queries before surgery please contact this number.

Preparing for a colonoscopy

The bowel needs to be clear before a colonoscopy. You usually do this at home the day before coming into hospital. The usual method of cleaning the bowel involves taking a medicine and following a special diet.

Seven days before the colonoscopy

Date:

If your child takes any iron supplements, for example sytron these should be stopped.

Two days before the colonoscopy

Date:

Please try and eat foods which are low in fibre such as, boiled or steamed white fish, chicken, egg, cheese, white bread, butter, margarine, rich tea biscuits, potato (no skin).

Try not to eat high fibre foods such as red meat, pink fish, fruit, vegetables, cereals, salad, mushrooms, nuts, sweet corn, wholemeal bread etc.

The day before the colonoscopy

Date:

Please make sure that you follow the appropriate fasting instructions the day before the procedure:

If your child is having the colonoscopy on the morning list.

1. Please give your child a breakfast which should finish at 07:30am the day before.
2. After breakfast, your child **should not** have any food, milk (either on its own or in drinks), or pure fruit juice.

3. After breakfast the first dose of medicine is taken, then only clear fluids are allowed. Examples would be diluted squash, water, fizzy drinks, ice pops, tea, coffee (small amounts of milk are allowed in the tea and coffee), orange jelly (no red or dark jelly), clear soup (made with water and then strained to remove the lumps), OXO and Bovril dissolved in hot water.

If your child is having the colonoscopy on the afternoon list

1. Please give your child an early lunch which should finish at 11:00am the day before.
2. After an early lunch, your child **should not** have any food, milk (either on its own or in drinks), pure fruit juice.
3. After an early lunch the first dose of medicine is taken, then only clear fluids are allowed. Examples would be diluted squash, water, fizzy drinks, ice pops, tea, coffee (small amounts of milk are allowed in the tea and coffee), orange jelly (no red or dark jelly), clear soup (made with water and then strained to remove the lumps), OXO and Bovril dissolved in hot water.

Please take the medicine on (day before surgery) as follows:

Morning operating list

- | | |
|----------------------------------|-------------------|
| 1st dose to be taken at 09.00am. | Dose sachet |
| 2nd dose to be taken at 3.00pm. | Dose sachet |

Alternatively: Afternoon operating list

- | | |
|--|------------------|
| 1st dose sachet to be taken at 1.00pm. | Dose..... sachet |
| 2nd dose to be taken at 7.00pm. | Dose..... sachet |

Points to consider before taking your bowel preparation:

- If your child has regular oral medicines these should not be taken within one hour of the bowel preparation.
- No food should be eaten for at least two hours before taking the bowel preparation.
- Diarrhoea is an expected outcome of the bowel preparation. It is essential that your child drinks plenty of clear fluids throughout the day to avoid dehydration.
- Please be sure your child has access to a toilet at all times, school children may be more comfortable at home.
- Side-effects include nausea, vomiting, bloating, abdominal pain, anal irritation and sleep disturbance.
- Allergic reactions including rash, itchy, redness and swelling should be reported.

The medicine is made by dissolving the powder in 100ml of water. The mixture will fizz and become slightly warm. It is best to drink it as quickly as possible. If preferred it can be alternated with another drink. If only part of the sachet is to be used, make the whole one up and just give a fraction of the amount. For example, half a sachet would be 50ml. The second dose of medicine should be taken approximately six hours later. Please ensure you open a new sachet for each one.

Bowel preparation can be unpleasant but it is important to do it properly to enable the doctor to see the lining . If the bowel preparation is not performed properly and it has not worked this may result in the procedure being abandoned and it will be repeated at another date.

On the day of the colonoscopy

It is important to make sure your child does not have anything to eat on the day they come into hospital. Please note that they will be allowed a drink of dilute juice or water before leaving home. If you are planning to arrive at the hospital at 07.30am they can have this drink up until this time, if you are planning to arrive at 12 they can have their last drink at 12.30pm. If you are travelling a long distance it is useful to take a drink to have on the way.

What happens afterwards?

Once your child is awake and able to sit up on their own, he or she will be able to eat and drink. The nurses on the ward will arrange any medicines for home and give you the relevant contact details. The doctor will see you and your child to explain the findings and start any treatment if indicated.

Advice after the colonoscopy

Pain: some children may suffer from tummy discomfort and may be more gassy following a colonoscopy. This usually settles without any intervention. Mild pain relief like paracetamol (Calpol, Disprol) can be given as appropriate.

Vomiting: vomiting is common following general anaesthesia. Some children may need to be observed longer in hospital and occasionally may need admission for overnight stay. If your child is sick whilst at home, offer them small amounts of weak juice. However, if the vomiting persists then please contact your GP or the hospital.

Bleeding: after the colonoscopy you or your child may notice some streaks of blood in the stool, this should settle

spontaneously. If your child does not have a history of blood in the stool and after the procedure there is significant amount of blood loss then you should contact the ward.

School: General anaesthetics can wear off slowly making your child dizzy. Please watch your child carefully for the first day at home. If your child is comfortable they should return to school the next day.

Problems: If you have any worries please contact your GP or the ward your child was admitted to.

How long will it take to get the results of the test?

Before leaving the hospital the doctor will give you a provisional report of what he may or may not have seen. If biopsies have been taken you will be sent an out patient appointment for the results to be given and discussed. It can take a few weeks to get results from the pathologists. However, if there is a need to start on a new treatment before the appointment the hospital will contact both you and your GP with details.



If you have any questions or need further advice or if you are unclear on any of the instructions given please contact Paediatric Pre-assessment on 0113 392 3154.

If you have questions about your child's date of operation please contact the secretarial team using the number on your admission letter.