

Supporting and empowering you



Colonoscopy

through the stoma –
a patient's perspective

www.ColostomyUK.org



Stoma helpline:

0800 328 4257



Colostomy UK

We are Colostomy UK. Here if you have questions, need support or just want to talk to someone who lives with a stoma.

Your voice on the bigger issues: advocates for your rights and campaigning to raise awareness of what matters to you; running projects to empower you; building communities to support you.

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Colonoscopy through the stoma: A patient's perspective

Before your appointment

If you are taking medicines to thin the blood (e.g. Warfarin, Clopidogrel (Plavix) or Aspirin) it is imperative that you speak to your doctor or the endoscopy department to discuss whether you should stop taking them before your appointment. If you have a colonoscopy and are still taking these tablets, then you will have to have an INR test as well (which measures how long the blood takes to clot). If the result of this test shows that your blood is too thin, then any abnormal growths found during the colonoscopy cannot be removed and a further colonoscopy appointment will have to be made.

A colonoscopy is carried out by an endoscopist using a colonoscope. This is a long, thin flexible, soft tube about the thickness of your little finger, with a bright light at the end to examine the lining of the colon.

The intestinal tract averages eight metres in length. The last couple of metres is called the colon. It is also known as the large intestine. Like a piece of flexible pipe, the colon is hollow and its inner surface is normally smooth. For unknown reasons, some of us grow small lumps of tissue, or polyps on the inner wall of the colon. A colonoscopy can reveal any small abnormalities and take biopsies (a tiny piece of tissue for laboratory analysis).

Normally the colonoscope is passed into the colon through the anus, but for ostomates it is inserted through the stoma.



Colonoscopy through the stoma

Bowel cleansing

The bowel has to be clear so prior to your appointment you will be sent a special bowel cleansing solution with easy to follow instructions. The preparation you receive will depend on your endoscopy department. Flavouring it with fruit squashes (not blackcurrant) can make it more palatable and using a straw will help as the drink will then miss the taste buds. The instructions will also advise you what you are allowed to eat, this will depend on whether you have a morning or afternoon appointment. Usually clear soups, fluids, clear jelly (not red) and meat extract drinks are allowed at certain times prior to the procedure.

On the day before your colonoscopy, while you are taking the bowel cleansing solution, you should stay close to the toilet, as your stoma is likely to be active. It is also a good idea to have hand towels close by and a mattress protector.

Drainable bags

It is advisable to ensure that you have a supply of drainable bags, so that you do not have to keep peeling off the bag each time it fills up. Phone your bag provider and ask for a variety of drainable bags and make sure you have tried them out before you have your colonoscopy, to ensure the adhesive sticks and there are no leaks. For those who haven't used drainable bags before, it helps to wash the outlet with anti bacterial solution after each opening.

If you have trouble kneeling to drain the bags into the toilet, it is helpful to put a bucket on top of the toilet to drain the bag into and then empty into the toilet.

This procedure can make you feel quite cold as it causes a strain on the body, so ensure that you keep warm.



At the endoscopy department

You will have to fill in forms and agree to the colonoscopy which lasts between 15–60 minutes. However, allowing for preparation and recovery, you should plan to be in the endoscopy department for up to four hours. It is advisable to have someone bring you and pick you up. Even if you do not elect to have the sedative, you can feel a bit fragile after the procedure.

When you put on the hospital gown, remember to have the opening to the front. The nurses may comment that the opening should be at the back, but point out that the colonoscopy will be carried out through the stoma.

In the endoscopy room you will be asked to lie on your back on the treatment couch and given a sedative by injection. Many patients remember nothing of the procedure. Sometimes the sedative can knock you out completely. The advice given by the hospital is that you do not drive, operate machinery, work or make any important decisions for 24 hours after the sedation and that a relative or friend should stay with you. You can opt not to have the sedative. This will enable you to see exactly what is in your colon and discuss with your endoscopist what is happening.

Once the colonoscope has been inserted through the stoma and into your colon, air is passed through it to give the endoscopist a clearer view. This can cause some discomfort. During the procedure, the consultant may want a sample of the lining of the bowel to be taken for examination in the laboratory. This is called a biopsy. Only a small piece of tissue is removed using tiny forceps and the process is painless. The endoscopist may also remove any polyps (abnormal growths of tissue) through a side channel in the colonoscope.

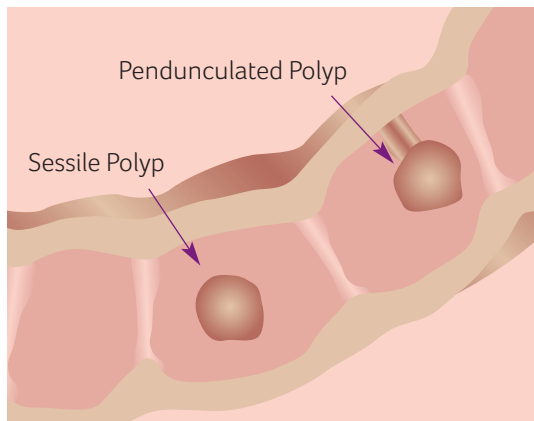
Polyps

There are various types of polyps:

- Non-cancerous (benign) polyps called adenomas that could become cancerous and need removing.
- Harmless polyps that may not need removing (metaplastic or hyperplastic).

Polyps also vary in shape:

- Sessile – these grow directly on the inner wall of the colon and look like spilled paint.
- Pedunculated – these are on stems or stalks and look like mushrooms.





What happens after a colonoscopy

You may feel pressure, bloating or cramping because of the air passed through the colonoscope during the procedure. This should pass quickly. When you put your stoma bag back on it will fill up with flatus (wind) so it is advisable not to cover the filter and to change again, once you have finished in recovery.

In some cases the endoscopist or a member of nursing staff will discuss with you the findings and will give you a copy of the colonoscopy report. This will also be sent to your GP. S/he will also advise when you should return for future colonoscopies.

You will then be offered a cup of tea and a biscuit and should not leave until the nursing staff agree that you are well enough.

For most patients, national guidelines recommend a check once every five years but if you have a particular risk of further cancers or form a lot of polyps, you may be offered check ups every one to three years. It generally takes up to ten years for cancer to form from polyps. You are entitled to opt for a regular repeat procedure if the polyps have re-grown. It is better to have them frequently – up to once a year – to ensure the growths are removed. For genetic reasons your consultant may advise that you should have them investigated annually.

What are the possible risks?

Although endoscopists are trained in all aspects of the procedure, including polyp removal, complications can occur. These include:

- Perforation or tear through the bowel wall that could require surgery.
- Bleeding from the site of biopsy or polyp removal – usually minor and stops on its own.
- A reaction to the sedative injection.

Colonoscopy through the stoma

Complications after a colonoscopy are rare (less than 1:1000), but it is important for you to recognise early signs of any possible complications. The risk of complications is higher when a colonoscopy is used to apply treatment such as removal of polyps.

Contact your GP or attend the emergency dept if you notice any of the following symptoms or if you are worried:

- Severe abdominal pain.
- Vomiting.
- Fever and chills.
- Continual bleeding and the passage of large blood clots on more than one occasion after a polyp is removed.

When will my GP and I know the results?

In many cases, the endoscopist will be able to tell you the results of the tests immediately and may be able to print the colonoscopy report for you to take home. It may, however, take several days to get the results if a biopsy has been taken or polyps removed. These results will be sent to your GP or an endoscopist in the outpatient clinic or on the ward so they can discuss the results with you.

Final points

Don't worry if you do not remember all you have read, as you will have plenty of opportunity to discuss the procedure and your condition with the medical and nursing staff.



Support from Colostomy UK

We hope that you have found this booklet useful. Many of volunteers have had colonoscopies through the stoma. If you would like to talk to one of them before your appointment then please call or e-mail us and we will be pleased to arrange this.

We provide:

- A 24-hour free Stoma helpline: **0800 328 4257**.
- Information booklets, leaflets and factsheets about all aspects of living with a stoma.
- *Tidings*, a quarterly magazine full of the latest news, articles by stoma care professionals, product information and real-life stories from other ostomates.
- A closed Facebook group for supporting each other and exchanging hints and tips.
- A website that provides practical information, details of open days and a directory of organisations, support groups, products and services.

This booklet is intended for general information and guidance only. Colostomy UK would like to take this opportunity to thank:

Dr Iain Murray – Consultant Gastroenterologist (Royal Hospital Cornwall)

for his assistance in the production of this booklet.

Colostomy UK's flagship magazine *Tidings*, is hailed by ostomates and healthcare professionals alike for the support and information that it provides readers with on a quarterly basis.

Visit our website or call us to sign up for your free copy.

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CUK018 07v00r00

Date of Publication: June 2019

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