



**Colonoscopy**  
through the stoma  
a patient's perspective

colostomy  association

[www.colostomyassociation.org.uk](http://www.colostomyassociation.org.uk)

# Colonoscopy through the stoma...

## a patient's perspective

There are certain important dates in a bowel cancer colostomate's life that are a huge relief to tick off in the diary. The six month check up, the first year anniversary, then the second...It is unbelievable to have reached the five year point, to have clear blood tests and to be considered free from cancer. Thereafter it is recommended that five yearly checks are carried out. However, if there are indications that the colon has changed, then your gastroenterologist may suggest more frequent check ups.

### **Before your appointment**

If you are taking medicines to thin your 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 them before your colonoscopy. If you attend for a colonoscopy and you are still taking these tablets, you will have to have an INR test and if the result indicates that your blood is too thin, you cannot have any abnormal growths removed and will have to make another appointment for another colonoscopy (and another 24 hours of taking the bowel cleanser!).

These check-ups usually include a colonoscopy. This procedure 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 human intestinal tract averages about thirty feet in length. The last five to six feet is called the colon, also known as the large intestine. Like a piece of flexible pipe, the colon is hollow with the inner surface being 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). Whereas the colonoscope is normally passed into the colon through the anus, for colostomates it will have to be inserted through the stoma. Only one in eighty colonoscopies is carried out in this way.

## **Bowel Cleansing**

Now we come to the worst part! 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: Moviprep, Picalax or Fleet 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 apparently the drink will then miss the taste buds. It is helpful to have 2 jugs and two glasses, one for the preparation and one with squash, so that you can alternate your drinks. The instructions will also advise you what you are allowed to eat but 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 test while you are taking the bowel cleansing solution you will be advised to stay very close to the loo! It is suggested that you have a number of hand towels and a mattress protector.

## **Drainable Pouches**

It is also advisable to ensure that you have a supply of drainable pouches, so that you do not have to keep peeling off the closed pouch each time it fills up. Phone your appliance provider and ask for a variety of



drainable bags/pouches 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 colostomists who haven't used drainable pouches 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 loo, it is helpful to have a bucket, on top of the loo to drain the pouch into and then empty into the loo.

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 Dept**

You will have to fill in forms and agree to the procedure which lasts for about 15 -60 minutes. However, you should be prepared to be there for up to four hours in total for preparation and recovery. 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 when you point out that the colonoscopy will be carried out through the stoma they will have to admit that you are right!

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 and the advice given by the hospital is that you do not drive, operate machinery, work or make any important decisions for 24hrs 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:

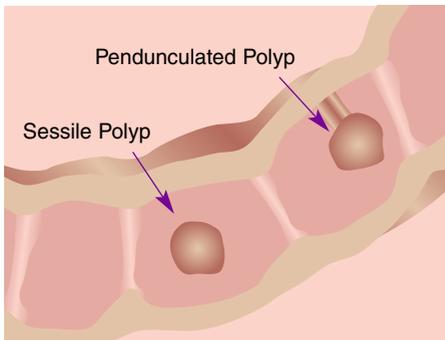
- Non-cancerous (benign) polyps called adenomas that could

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 colostomy 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. He will also advise when you should return for future colonoscopies.

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.

You will then be offered a cup of tea and a biscuit until the nursing staff agree that you are well enough to leave.

## What are the possible risks?

Endoscopists who have been specially trained and are experienced in these procedures perform colonoscopy and polyp removal. However, complications can occur and 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

Although complications after colonoscopy are rare (less than 1:1000), it is important for you to recognise early signs of any possible complications. The risk of complications is higher when 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 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 to discuss these 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 test and your condition with the medical and nursing staff.

**Our thanks go to...**

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