

# Colonoscopy or Flexible Sigmoidoscopy and Argon Plasma Coagulation (APC)

Patients with certain conditions of the bowel may be offered treatment with Argon Plasma Coagulation (APC). Colonoscopy and flexible sigmoidoscopy are tests which allow the doctor or nurse to look directly at the lining of the large bowel (the colon). A colonoscopy is an examination of the whole of the large bowel. A flexible sigmoidoscopy is an examination of the lower part of the large bowel. A slim flexible tube called a colonoscope is passed into the bowel. This is about the thickness of your index finger and has a specialist camera which can relay a picture of the bowel onto a television monitor. The APC probe is then passed through the colonoscope to treat your condition.

## What is APC?

Argon Plasma Coagulation or APC is a heat treatment which can stop small blood vessels from bleeding. You may need more than one treatment to fully treat your symptoms.

## Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again and the risks and benefits. If you are happy to go ahead with the procedure then you will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.



## On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse and will check if you have any serious medical conditions. They will also check if you have any allergies and confirm your discharge arrangements with you. The procedure will then be explained to you and you will then be shown where to wait for your procedure.

## Preparation for the procedure

In order to perform the test, we must have clear views of your bowel. If your bowel is not clear the test may have to be repeated. With your appointment details, you will be given detailed instructions on how to clear your bowel. You may be given a low residue diet sheet to follow for two days before you start the bowel preparation. It will also usually include using laxatives. The type of laxative may differ depending on which test you are having done.

If you are having a colonoscopy you will receive laxative sachets to make into a drink. Full instructions on how to use these will be enclosed. You may also be required to take a medicine called Movicol for a week and if this is required you will have been given a prescription in clinic.

If you are having a flexible sigmoidoscopy you may also receive laxative sachets, or you may only require an enema. The doctor referring you for the test will decide on this. If you require an enema, a prescription may be given to you. You may need to give the enema to yourself prior to coming for the procedure, full instructions will be provided. Alternatively, the enema may be given to you in the department but you will be informed as to which option is most suitable. If you are having the laxative sachets, please follow the enclosed instructions and only drink clear fluids for **two hours** before your procedure. If you are just having enema preparation only, please do not eat anything for **six hours** or drink anything for two hours prior to the procedure.



## **Please bring with you to your appointment:**

- Your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking.  
It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- Please remove any nail polish from your fingernails.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them.

## **Medication**

You may continue to take your usual medication up to the day of your test, but you must stop taking certain tablets at least five days before your test. These include all **iron tablets** and medication used for the treatment of diarrhoea.

If you are taking any blood thinning medication such as **Warfarin**, **Rivaroxaban** or **Clopidogrel**, or any other blood thinning medication, you should have already been informed of what to do. Please take any blood pressure tablets as usual. If you are diabetic, and you have not received an information leaflet, please telephone the department to confirm if you are on tablets, insulin, diet or a combination. The department will then send you a leaflet providing you with guidance.

If you are taking the oral contraceptive pill, you may need to take additional precautions. If you are taking the combined pill, additional precautions should be used during and for seven days after taking the bowel preparation (nine days if you are taking Qlaira). If the procedure occurs during the last seven tablets of the pack then the next pill-free interval should be omitted for the progesterone only pill, additional precautions should be used for two days after recovery.

## **How long will I spend in the department?**

This will depend on your procedure and whether you choose to be sedated for your procedure. If you choose to be sedated, please allow two to four hours. If you choose not to be sedated then your stay may be shorter.



The time on your appointment letter is for your pre-procedure assessment and not your appointment time.

Occasionally we have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens, and we will keep you fully informed and make sure you know the reasons for the delay.

## **Is there an alternative procedure I could have?**

This depends on your condition and why you are having the treatment. Alternatives to laser therapy or APC treatment include an operation, an insertion of a stent. These options would have been considered, but APC is felt to be your best treatment option.

## **What happens during the procedure?**

All of your belongings will either stay with you or taken to a bed space in recovery. You will be taken to the procedure room. The nursing staff will introduce themselves to you. You may need to remove any false teeth just before the test begins.

**Equanox:** This is a gas made up of 50% oxygen and 50% nitrous oxide. This gas is colourless and acts as a painkiller. You breathe this in through a mouthpiece and are in control of the amount of equanox you need. You will recover quicker with equanox as it's a painkiller and not a sedative and there is generally no delay in you going home. You are not able to drive for 30 minutes after breathing equinox.

**Sedation:** Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short- term amnesic effect, which means you may not remember having the procedure. Please do not take any sleeping tablets on the day of your procedure if you have had sedation.

A cannula will be inserted into a vein, usually into the arm or back of the hand. You will be asked to lie on an examination couch, resting on your left hand side with your knees slightly bent. A small clip will be attached to your finger, which will monitor your pulse and oxygen levels. You may also be given some extra oxygen via a tiny tube in your nose. If you have chosen to have sedation then the endoscopist will give you this through the cannula inserted into your hand or arm.



This will help you feel relaxed and may mean you do not remember the test but it will not put you to sleep. If you have equanox the nurse will give you instructions of how to use it correctly.

Once you are feeling relaxed and comfortable, the colonoscope will be gently inserted into your back passage. Air will be passed through the tube into your large bowel to open it up to ensure the endoscopist has clear views of your bowel lining. This may give you a 'wind like' pain but this does not usually last long.

You may get the sensation of wanting to go to the toilet, but as your bowel is empty, there is no danger of this happening. Do not feel embarrassed if you have to pass wind, this is quite normal.

Sometimes the endoscopist will need to take tiny samples of the bowel lining. This is known as a biopsy. The biopsy is performed through the inside of the colonoscope and should not cause you any discomfort.

The laser or APC probe will then be passed through the colonoscope so that the treatment can be given. The procedure may take up to 45 minutes, however this depends on the type of treatment you are having. When the procedure is finished, the colonoscope is removed quickly and easily.

## **What happens after the procedure?**

Once the procedure is finished and you have been made comfortable, you will be taken through to the recovery ward to rest. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times. You may feel a little bloated with wind pains, however these usually settle quickly once you have passed the wind. Once the nurses in the recovery area are satisfied that you have recovered, you will be offered refreshments. The cannula will be removed after you have had a drink.

If you have had sedation, it is important that you do not:

- Drive any vehicle.
- Operate machinery or domestic appliances as your reactions may be slower.
- Drink alcohol.
- Take any sleeping medications.



- Make any important decisions or sign any legal paperwork.

The effects of the sedation can last for up to **24 hours**. Although you may feel recovered, your judgement and reactions may be impaired during this time. It is essential you have someone to take you home and stay with you for the remainder of the day and overnight. It is recommended that you rest quietly for the remainder of the day.

## When can I get back to my normal activities?

You should be ready to get back to your normal activities after 24 hours.

## Getting your results

Before leaving the department, we will speak to you about the results of the procedure. The nurse or doctor will usually speak to you and advise you of the findings of your test and if you require any further procedures or follow up. You may be given a copy of the procedure report, and a copy will be sent to your GP or referring doctor.

## Can there be complications or risks?

As with most medical procedures, there are some risks involved.

These can include:

- The sedative can affect your breathing making it slow and shallow. This is more of a risk if you already have a heart or lung problem. If this were to happen you may need to stay in hospital overnight.
- Occasionally, the laser can cause a tear or perforation. This occurs in about 1% - 9% of patients. If this occurs you will need to be admitted to hospital and given fluids through a drip until the tear has healed itself. Very rarely, a further procedure or operation is required.
- It is extremely rare to experience a perforation during APC treatment.
- There is a small risk of bleeding with this procedure. This often settles without treatment, but if it continues it may be necessary for you to return to hospital.

It is important to inform us if you have any persistent bleeding or pain in the hours or days after your procedure. If you are worried about risks, please ask the endoscopist who will be performing the procedure for you.

Please telephone the department if you experience any problems.

Alternatively contact your GP. If it is out of hours, contact the out-of-hours GP service or Accident & Emergency.

Endoscopy



## **Students**

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In either case, you will be told of any student involvement beforehand. You do not have to let students be part of your care; please tell us if you do not want them involved.

## **Frequently asked Questions and Answers**

- 1. What if my bowel preparation hasn't worked after three hours of taking the laxative?** Please be patient. The laxative usually works within a few hours, but this can sometimes take a little longer depending on your age, diet, if you have diabetes and whether you suffer from constipation.  
Once it does start working, please stay close to a toilet as sometimes no warning may be given.
- 2. What do I do if I am sick with the preparation?** Please telephone the department if this happens so we can look at your referral.
- 3. Can my relatives / friends stay with me?**  
Your relative or friends can stay with you until you go for the procedure or into the recovery ward. They will be shown where to wait for you on the department or they can go and get a drink in one of our coffee shops.
- 4. Can I drive home after the procedure if I choose to have sedation?**  
**If you have sedation you will not be allowed to drive home and must arrange for someone to accompany you and drive you home.**  
Medication given during the test will prohibit you from driving until 24 hours after your examination. Please do not plan to use public transport.



## **Contact Details**

If you are unable to keep your appointment or if you have any questions please ask a member of staff on the day or telephone the department:

**Doncaster Royal Infirmary, Tel: 01302 366666 ext. 4720**

**Bassetlaw Hospital, Tel: 01909 500990 ext. 2017**

## **Patient Advice & Liaison Service (PALS)**

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

### **The contact details are:**

**Telephone: 01302 553140 or 0800 028 8059**

**Email: [pals.dbh@dbh.nhs.uk](mailto:pals.dbh@dbh.nhs.uk).**

