

## Patient information

# Colonoscopy for Patients with Acromegaly

## Diabetes and Endocrinology

Your Consultant has recommended that you have a Colonoscopy. This is because research has shown there is a link between acromegaly, high growth hormone levels and the tendency for people with acromegaly to have wider and longer bowels which are more prone to forming loops, and therefore developing bowel problems.

In order to detect any potential problems at an early stage, we are now advising that those patients over 40 years of age with acromegaly are entered into a screening programme. This involves a colonoscopy every five years. If any problems are detected, this investigation will be repeated every three years and appropriate treatments started.

### What is a Colonoscopy?

A colonoscopy is a test to examine the lining of your large bowel through your anus (back passage) and rectum. It involves passing a very long thin tube around your bowel. The tube has a tiny camera that allows the doctor to look at the lining of your large bowel.

We are a large teaching Trust and so we are involved in teaching students and in research work. You may be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in any way.

### What are benefits of a Colonoscopy?

This test is the most accurate way we have of looking at the large bowel (colon) to find out if there is any disease present. It also allows for a sample of tissue (biopsy) to be taken for examination by the pathology department and removal of polyps that can grow on the bowel wall.

### What are the risks of a Colonoscopy?

- **Peritonitis.** It is possible to damage the large bowel lining making a hole, but this happens rarely. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). This nearly always needs an operation to repair the hole. The risk of this happening is approximately one in every 1000 examinations.
- **Bleeding.** If a polyp is found, it may need to be removed because certain polyps are of the type that can turn into cancer if left untreated for a long period. Removing them when still benign (non-cancerous) removes this risk. Not all polyps are in this category.

- The Endoscopists can decide at the time of the test if the polyp should be removed. Sometimes a biopsy may be taken and you may be rebooked for another procedure to remove the polyp. A polyp is usually removed by using a small electric current to burn through the base and remove it from the bowel wall.

The risks of removing the polyp include bleeding. This can often be stopped straight away but may occasionally be more serious or even happen a few days later.

Depending on the size of the polyp, the risk of bleeding after removal is one in 200. The other risk from removing a polyp is of making a hole in the bowel wall; the risk of this is one in 500 and may require surgery.

### **Are there any alternatives to this procedure?**

This is the best test to examine the large bowel (colon). We use alternative tests such as CT scans for some patients but these are not always as useful as a direct examination of the bowel which also has the advantage that samples can be taken at the same time.

### **What will happen if I don't have this procedure done?**

Doing nothing may result in your signs and symptoms getting worse over time and may result in you needing an operation. It may also mean that you will not be getting the treatment you need.

### **What sedation will I be given?**

You will be given intravenous sedation. This involves an injection given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious.

The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

**For these reasons you must arrange for a friend or relative to collect you from the unit and we recommend they stay with you afterwards.**

### **For next 24 hours you must not**

- Travel alone
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders
- Make important decisions, sign any business or legal documents
- Drink alcohol
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

## You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the test.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team before you are due to have this treatment.**

## Getting ready for your Colonoscopy

- You will have received an instruction leaflet and bowel preparation in the post.
- If you usually take hydrocortisone replacement, please ensure that you double your usual dose of hydrocortisone whilst following the bowel preparation instructions. You should also double the dose of your hydrocortisone on the day of the procedure. There is a separate information leaflet regarding this- please ask for PIF leaflet 9542 'Adrenal insufficiency and endoscopic procedures '
- Please remember if you are taking iron tablets to stop them one week before your appointment.
- **If you are unwell while taking the bowel preparation, please contact the Gastroenterology Unit on Tel: 0151 706 2726 for advice.  
Textphone Number: 18001 0151 706 2726**
- To get ready for the examination you will be asked to undress and wear a gown. You may bring a dressing gown and slippers if you wish.
- **Please do not bring in large amounts of cash or valuables, as the Trust cannot be held responsible for them.**

When you come for your colonoscopy, it is important to tell the doctor or nurse about any medicines you are taking and whether you need to take antibiotics for your heart and in particular, about any allergies or bad reactions you may have had.

## Your Colonoscopy

- You will be taken to the endoscopy room, where you will be made comfortable lying on your left side with your knees drawn up.
- A needle will be placed in your arm and you will be given a sedative injection to make you drowsy.
- You will be given oxygen through your nose.
- When you are comfortable, the telescope is passed into your anus and the examination commenced. The doctor views your bowel on a television monitor.

## After your Colonoscopy

After the test has finished, you will be taken to a recovery area while the sedation wears off after which you will be able to get up, get dressed and have something to eat and drink. You may notice some windy pains due to the air that has been put into the bowel at the time of the examination, which is done to allow the doctor/nurse to get a clear view of your bowel. This should disperse once you are up and about walking around.

You may have some spotting of blood if you have had any polyps or large pieces of tissue samples removed.

## Serious post procedure symptoms

**If you experience any severe pain in your neck, chest or abdomen or if you are bleeding heavily you must return to the Emergency Department (A&E) and bring this, and any other information leaflet you are given with you so as to inform the staff what you have had done.**

## Results

Sometimes after the test, the doctor or nurse can let you know what the results are. Sometimes biopsy, photography or other information is taken which may need to be assessed further and the result may not be available for a week or two. In this case the result will be sent to your family doctor (GP) or be available to discuss with you during your next clinic appointment.

## Cancellations

**If you are unable to keep this appointment, please let us know as soon as possible on Tel: 0151 706 2720. Textphone Number: 18001 0151 706 2720 We will be able to give your appointment to another patient and arrange another for you.**

## Transport

- Transport has not been arranged for this appointment so it will be necessary for you to make your own arrangements.
- Parking for patients and visitors is available at the Q-Park multi-storey car park. The entrance by car is on Epworth Street off Erskine Street. The car park is open 24 hours a day, seven days a week. This is a private car park and charges apply. The car park is continually monitored by parking hosts, and CCTV. There are disabled spaces within the car park. If you need help, please speak with a parking host at the car park entrance.
- If you have been referred to us from clinic and usually have an ambulance to bring you for your appointment, **please contact us on Tel: 0151 706 2720 Text phone number: 18001 0151 706 2720 as soon as possible**
- If you have been referred to us by your family doctor and need an ambulance please contact their surgery.

## **When will I be allowed home?**

Once you have completed the recovery stage, your escort has arrived and you have been given information, you may go home once the nurse has discharged you.

## **Further appointments**

If you need a further appointment to be reviewed by the clinic that sent you for this test, this may be arranged at the end of your procedure and will either be given to you or sent to you in the post.

## **Important: If you have:**

- ❖ **Diabetes**
- ❖ **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**
- ❖ **Anticoagulants:**
  - **Warfarin**
  - **Heparin/Fragmin/Clexane**
  - **Dabigatran**
  - **Rivaroxiban**
  - **Sinthrome**
- ❖ **Antiplatelet therapy:**
  - **Clopidogrel (Plavix)**
  - **Prasugrel (Efient)**
  - **Ticagrelor (Brilique)**
  - **Dipyridamole (Persantin) and aspirin.**
- ❖ **Are on dialysis**
- ❖ **Have suffered a heart attack within the last three months**

**You must contact the Gastroenterology Unit as soon as you receive this information leaflet.**

**Tel: 0151 706 2720**

**Text phone number: 18001 0151 706 2720**

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further Information

If you have any questions or queries, please contact:

**Endocrinology Specialist Nurses**

**Tel: 0151 706 2417 or 0151 706 3375 (answer machine, all messages will be returned)**

## The Gastroenterology Unit during the following hours

<b>Monday – Thursday</b>	<b>0800 – 2100 hrs</b>
<b>Friday</b>	<b>0800 – 1700 hrs</b>
<b>Saturday/Sunday/BH</b>	<b>0800 – 1600 hrs</b>

**Tel: 0151 706 2819/2726**

**Text phone number: 18001 0151 706 2720**

## Clinic appointment enquiries

**Tel: 0151 706 5555**

**Text phone number: 18001 0151 706 5555**

## The Emergency Department (A&E) is open 24 hours

**Author: adapted by the Diabetes and Endocrine staff with kind permission from the Gastroenterology staff**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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