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Colonoscopy: Morning list
Advice for parents and patients

Parent and child information for bowel preparation before colonoscopy

What is a colonoscopy?

A colonoscopy is a procedure that allows the doctor to look inside your child's large bowel. The large bowel/intestine is called the colon. The colon is the last part of the bowel where the final part of digestion occurs, water is absorbed and where faeces (stools) are stored until being passed out of the anus (back passage). The procedure is undertaken with a narrow flexible instrument that can be guided around the bowel.

This leaflet will provide you with the information you need if your child is going to be having a colonoscopy.

- Here, we explain some of the aims, benefits, risks and alternatives to this procedure. We want you to be informed about your choices to help you to be fully involved in making any decisions.
- If you do not fully understand or wish to have something explained in more detail, please ask your doctor.
- If your doctor has explained to you that an examination of the stomach and upper small bowel – an endoscopy - is planned to be done under the same general anaesthetic, your child will not require any further preparation apart from that mentioned below.

Preparation

It is important that your child's bowel is as clean as possible before their colonoscopy. This allows the endoscopist a good view of the bowel; helps make a diagnosis and reduces the potential risks of the procedure.

This information leaflet provides you with a step by step outline of the bowel preparation regimen we use at the Royal Hospital for Children, Glasgow.

- You should receive the medication for bowel preparation at least 48 hours before the date of the colonoscopy. If you have not received it, please phone the gastroenterology department secretaries on 0141 451 6543 to let us know. Please note if your child's bowel is not clear it may be necessary to cancel/postpone the procedure.
- If your child is having difficulty taking the bowel preparation as instructed, again please call the gastroenterology secretaries by 2pm the day before the procedure.
- Extra medication has been sent to you in case some of the medicine is accidentally spilt.
- Preparation of the bowel begins seven days before the procedure.

Seven days before the procedure

You should stop giving your child the following medications seven days before their procedure:

- Loperamide (Imodium)
- Codeine Phosphate
- Iron supplements
- Fybogel

Continue all other medications and laxatives. If in doubt please ask one of the team.

Two days before the procedure

Start your child on a low residue diet. This means they can **only eat** from the following list of foods:

- Eggs - boiled or poached
- White fish, chicken, lean meat - for example beef, lamb, veal, ham
- Gravy - using stock cubes (white flour or cornflour may be used to thicken)
- White bread or rolls
- Potatoes - boiled or mashed (without skins)
- White Pasta – spaghetti, macaroni, noodles
- White rice
- Butter or margarine can be used sparingly
- Jelly, boiled sweets or clear mints
- Sugar, honey, syrup, treacle
- Jams, marmalade
- Quorn, Tofu, TVP (Textured Vegetable Protein)
- Tea, coffee without milk
- Lucozade, diluting juices, smooth fruit juice (without pulp or 'bits' in)
- Water, soda water
- Clear soup (not tomato/red in colour) no bits
- Plain biscuits and crackers

Please encourage your child to have plenty to drink and do not give them fried food as this slows down emptying of the bowel.

One day before the procedure

Ensure your child has a good breakfast, choosing only food from the list above. After this **do not** allow your child to eat any more solid food, and encourage them to drink as much fluid as possible, for example water, tea and coffee without milk, soup and fruit squash (too many fizzy drinks may cause bloating or excessive wind). Avoid red coloured drinks, soup and jelly. Aim for your child to drink at least two to three litres (about four to six pints) in the 24 hours before the procedure, although they can drink more (the laxatives do not work effectively if no fluid is taken, so the more they drink the more effective the preparation).

Clear jelly, soup, boiled sweets and ice lollies are still permitted **after** stopping other solid food.

Top Tip: So that your child does not get bored, try to vary their drinks and don't forget jellies, soups and ice lollies are included in the fluid total.

8am

- Give your child the Senokot liquid/senna in one dose with a drink. Senokot is a strong stimulant laxative that works by stimulating the bowel; this can cause some crampy tummy pain.

12 noon

- Dissolve the sachet of Picolax in half a cup of water and ensure your child drinks this over the next 10 to 20 minutes (use fruit squash to flavour if necessary). Over the next 40 minutes ensure your child drinks at least a further cupful of fluid.
- Encourage your child to drink at least two litres (about four pints) of fluid before 6pm and drink more if possible.

Frequent bowel actions and diarrhoea may occur within three hours of this dose, so ensure that your child is near a toilet once they have taken the Picolax. **Please fill in the stool chart as accurately as possible as this will let the team know how well the medicine has worked**

4pm

- Dissolve the second sachet of Picolax in half a cup of water and drink over the next 10 to 20 minutes (use fruit squash to flavour if desired). Over the next 40 minutes ensure your child drinks at least a further cupful of fluid.
- Encourage your child to complete a total of at least two to three litres (four to six pints in total) of fluid before bed.
- If your child wakes during the night again encourage them to take more fluid.

The Picolax works by increasing the activity of the bowel and by holding water in the bowel, which helps to wash it out. This is why it is important to encourage your child to drink plenty of liquid.

When mixing the Picolax it is important to be careful as the liquid becomes very hot and can cause a burn. Make it up in half a glass of water; allow it to cool to room temperature for 10 minutes, and then give it to your child together with a glass of water; both to be drunk over the next hour.

Top tips:

- Putting the Picolax in small glasses may make it easier for your child to drink.
- If your child prefers cold liquids, refrigerate the solution for a few hours.
- To improve the taste a small amount of orange squash can be added to each cup.
- Some children vomit after drinking Picolax. If your child does this, stop giving the solution then try again in 30 minutes.

Your child may have a tummy ache after taking these laxatives. If so, you can give them Paracetamol, use a hot water bottle, give peppermint tea or cordial or massage the painful area. Your child's bottom may become sore. Use of a barrier cream such as Sudocrem or Vaseline may help. Diarrhoea is an expected outcome of the medication. We would recommend keeping your child off school for bowel preparation day and have easy access to a toilet.

You may use the following chart to help you keep track of the drinks and medicine you give in the 24 hours before the procedure.

One day before procedure		
7am	Stop low residue diet	
8am	Senokot	
9am		
10am		
11am		
12 noon	Picolax	
1pm		
2pm		
3pm		
4pm	Picolax	
5pm		
6pm		
7pm		
8pm		
9pm		
10pm – 2am		
2am	Clear Fluid only	
6am	Last drink (Water)	No more drinks until after procedure. Please ensure your child has this drink.
845am	Endoscopy list commences	
On the day you will be informed of an estimated time for your child's procedure (the procedure will be performed between 8.45am and 12noon).		

Your child is not allowed to eat any solid food (not including jelly, soup, etc) for 24 hours before your procedure i.e. after breakfast the day before.

It is very important that the bowel preparation is effective; otherwise we may need to cancel the endoscopy or be unable to obtain all the necessary information.

Morning of the procedure

Only clear fluids (water or very dilute squash) should be taken this morning. **No food** of any kind. All fluids should be stopped at **6am**.

On the morning of the procedure you should arrive at 7.30am on Ward 1a (23 hour ward), Royal Hospital for Children, Govan Road, Glasgow G51 4TF, to be seen by the doctors, anaesthetist and nurses in preparation for your child to have the procedure.

If your child's bowel is not clear by 8am it may be necessary to postpone the procedure or give an enema to help clear out.

Getting ready for the procedure

On arrival, the procedure will be explained again to you and your child and you will be asked to sign a consent form by the paediatric endoscopist. You and your child will also be seen by the anaesthetist as your child's procedure will be carried out under general anaesthetic. If your child wishes, they can have a special cream applied to the back of their hands which numbs the sensation in this area. This is in preparation for inserting a cannula. A cannula is a very thin plastic tube that sits in the vein and allows medicines or fluid to be given directly into your child's body.

You will be asked to wait in the pre-procedure area until it is time for the procedure. Your child will need to undress and put on a gown, so it is a good idea to bring their slippers and a dressing gown for them to wear while they are waiting. One parent can accompany the child to the anaesthetic room and stay with them until they are asleep. Both parents can return to the ward to wait or you may wish to go to the cafeteria.

During the procedure

The procedure is undertaken with a narrow flexible instrument called a colonoscope that can be guided around the bowel. It is passed into the anus, through the colon and into the lower part of the small bowel. The lining of the bowel is checked to see if there are any problems such as inflammation or polyps (a polyp is a bit like a wart). The colonoscopy procedure usually takes around forty minutes but times can vary considerably. If it takes longer, you should not worry.

Several biopsies will be taken. This is done by passing a small instrument called 'forceps' through the colonoscope to 'pinch' out a tiny bit of the lining (two to three millimetres across - about the size of a pinhead) which is sent to the laboratory for analysis. This is done to help establish your child's diagnosis.

After the procedure

Following the procedure, your child will be taken to a recovery area. Once they have recovered from their general anaesthetic, the nurse will call one parent in to the recovery area; this will not be long after their procedure is complete. Your child will then go back to the ward. When sufficiently awake, your child can have a drink followed by something to eat if they are not feeling sick. They will need to have eaten and drunk something before being discharged home.

The consultant will come to discuss their findings and your child's treatment plan after the procedure.

Your child may:

- feel bloated and have some crampy, wind-like pains as some of the air used during the procedure remains in their bowel; this usually settles down over the next 24 hours
- be tired and a little clumsy/unsteady for around 24 hours after the test, so do not allow activities that could lead to a fall
- seem very grumpy for the first few days; this is a side effect of the anaesthetic and does not last long.

You will also be given a leaflet of what you can expect in the days immediately after your child has had their procedure. **Please read this carefully.**

When you get home, you can give your child regular pain relief, every four to six hours for the first 24 hours and then as often as he or she seems to need it, to ensure he/she can eat or drink. The nurses on the ward will tell you when your child can have the next dose before you go home. Always follow the instructions on the bottle. You do not need to wake your child up during the night to give a dose. Usually paracetamol, like Calpol® or Disprol® will be enough, but if you need stronger painkillers we will prescribe them before you go home.

If, when you get home, you feel that your child needs stronger pain relief, you should call your GP or ring the gastroenterology nurse specialists (on the telephone number at the end of this form) for over-the-phone advice. If necessary please leave a message and we will call you.

Your child should be able to go back to school 24 hours after the procedure.

When do I know the result?

The endoscopist will be able to tell you what they were able to see before you go home. They will also discuss a plan for your child's further management.

The biopsies result will usually take fourteen days to be fully reported on. A letter confirming the findings of the procedure and management plan will be sent to you, your child's GP, your referring consultant and any other health care professionals involved in your child's care. If you **do not** wish for anyone involved in your child's care to receive this information, please let one of the team know.

What are the benefits of the procedure?

Your doctor should have discussed the likely benefits of the procedure with you and your child. If you are not sure how this procedure is likely to benefit your child's health, please ask one of the medical team who will be happy to explain this to you. In most cases the procedures are done to try and help make a diagnosis i.e. to work out the cause of your child's symptoms and therefore allow better treatment for your child.

Alternatives

The colonoscopy is still the only test that will actually allow your doctor to see the lining of your child's bowel and take biopsies. Both of these are necessary to confirm or rule out the diagnosis. The colonoscopy is the most sensitive test to establish the condition of your child's large bowel. Although there are x-ray tests and scans available, these do not give the same amount/type of information. Your child's doctor should have discussed the reason this procedure needs to be done, and explained why alternative tests were not suitable. If you have further questions please discuss this with your doctor.

Potential problems

Colonoscopy procedures carry a small risk of haemorrhage (bleeding) or perforation (tear) to the bowel if your doctor is only taking pinch biopsies (less than one in 1,000 cases). The risks are slightly greater if some form of treatment is required (for example removal of a polyp, dilatation of a stricture (narrowing)). These risks will be discussed with you separately. The risk of serious infection is so low that we do not routinely give antibiotics before a procedure.

All the equipment is cleaned in accordance with national standards set out by the British Society of Gastroenterology. Another rare complication is an adverse reaction to the

general anaesthetic, but your child's anaesthetist will discuss this with you. Rarely the tissue samples taken during an endoscopy may be too small/ damaged during processing to make a definite diagnosis. In certain cases it may then be necessary to repeat the procedure.

If you are concerned, or your child has any of the symptoms below:

- Severe pain
- Fever – temperature higher than 38.5°C for more than two hours (not responding to paracetamol)
- Black tarry stools
- Persistent rectal bleeding

Please contact: Switchboard on 0141 201 0000, who will put you in touch with the Gastroenterology team, both during working day and out of hours.

Any other questions?

Feel free to write down any other questions you may have. No question is ever too minor or too silly to ask, so please ask any member of the team caring for you if there is anything you wish to know. Your child is also encouraged to ask questions. It is important that you and your child are fully prepared for the procedure and that we try and address any/all of your worries and concerns.

If you have any problem understanding or reading any of this information, please contact the **Paediatric Gastroenterology Department on 0141 451 6543** or ask your consultant for more details.

Remember

- Please read this information leaflet thoroughly and ask if you are unsure.
- Two days before the procedure ensure your child eats only foods as suggested by this leaflet.
- Follow instructions for administration of medication.
- Ensure your child drinks plenty of fluid – you may wish to use the table in this leaflet to keep a track of how much your child drinks
- Ensure your child has a drink of water at 6am on the day of the procedure.
- Bring your child to Ward 1a (23 hour ward) at 7am on the day of the procedure.
- Please call the gastroenterology department on 0141 451 6543 with any questions.
- Stay in the hospital during the procedure and after the procedure return to the ward so that the consultant can find you to discuss the findings and treatment plan. If you are not available to speak to the consultant this can delay your child's discharge.

Training

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving of the quality of care. Your child's treatment may provide an important or unique opportunity for such training under the careful supervision of a senior doctor. You or your child can, however, decline to be involved in the formal training of medical and other students: this will not affect their care and treatment. Please ask your consultant or specialist nurse if you have any questions about this.

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West of Scotland Gastroenterology, Hepatology and Nutrition Network
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