

CT Colonoscopy (virtual colonoscopy)

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What is CT Colonoscopy (virtual colonoscopy)?

Your doctor has asked us to perform this test to help to find the cause of your symptoms.

A virtual colonoscopy is an X-ray test using a CT scanner to produce two and three dimensional images of the whole of the large bowel (colon and rectum). CT stands for Computed Tomography, which is a way of using X-rays to produce images of a 'slice' through a part of the body.

This examination can detect abnormalities such as strictures (a narrowing), polyps (small fleshy growth) or cancers.

Who will carry out the procedure?

The procedure will be carried out by Radiographers and Radiography Assistants who specialise in performing CT scans of the large bowel.

What will happen?

You will be asked to change into a gown. **For your own comfort you may prefer to bring your own dressing gown and slippers.** The procedure will take between 20-30 minutes but be prepared to be in the scanning department for up to one hour.

You will be taken into the scanning room. The radiographer will explain the procedure to you and ask you some questions about the medication you take and your general health.

A cannula (thin plastic tube) will be inserted into a vein in your arm or hand so that you can be given a drug to relax the bowel muscle and an injection of contrast (colourless X-ray dye) which enhances the scan images.

You will then be asked to lie on the scanner couch on your left hand side. A thin, flexible, plastic tube will be inserted into your rectum (back passage) and gas (carbon dioxide or air) will be introduced into the bowel through this tube. You will then be given an injection to relax the bowel muscles. Inflating the bowel with gas may make you feel bloated and cause a cramp like pain and the injection will help this. These feelings wear off very quickly after the procedure has finished.

As soon as enough gas has been inflated you will be asked to turn and lie on your back so a scan can be taken. The scan will take about 10-20 seconds, or one breath hold. During this scan you will be given an injection of contrast (a colourless dye) which may make you feel a little warm. This is normal and will quickly wear off. You will then be asked to turn and lie either on your right or left side so that a second scan can be taken.

Sometimes it may be necessary to take extra scans to ensure that all of your bowel has been seen. Occasionally we will perform a scan of your chest at the same time for additional information.

Are there alternatives to virtual colonoscopy?

The large bowel (colon and rectum) can also be examined by undergoing a colonoscopy examination.

Colonoscopy involves inserting a thin camera tube into the bowel through the back passage, which is then moved up and around the bowel. This is more invasive than virtual colonoscopy and usually requires sedation.

Are there any risks?

Virtual colonoscopy is considered a very safe test. However there is a tiny risk of making a small hole (a perforation) in the bowel, but this happens very rarely (less than one in 3,000).

There is an extremely small risk that you could have a reaction to the intravenous contrast (dye). The injection given to relax the bowel muscles can have a delayed effect on the eye, causing pain and blurred vision. It is important to seek urgent medical advice if this occurs. Blurring of vision for a short time after the injection may occur but will soon pass.

Very occasionally it may not be possible to fully inflate the bowel, which may reduce the ability to diagnose some pathology.

There is a small risk (approximately 4 in 100) that a polyp or other pathology may be missed.

All x-ray examinations involve exposure to radiation in varying amounts, which may add very slightly to the risk of developing cancer (this scan involves radiation equivalent to approximately 18 months of natural background radiation in Cornwall). The length and level of exposure to radiation from X-rays in medical procedures is strictly controlled and kept to the minimum possible. There is a far greater risk by not having the investigation.

How do I prepare for my examination?**Bowel preparation**

To give us a clear view of the bowel lining, your bowel has to be prepared before the test. This will involve cleaning the bowel of stool using a mild laxative and drinking an iodine-based liquid which shows up the remaining stool (faeces) and liquid within the bowel.

Taking tablets and medicines

If you take Metformin (Glucophage) tablets for diabetes, please let us know on the day of your test. We sometimes ask patients to stop these tablets for two days after their test. You should continue to take all your other tablets except iron tablets which should be stopped five days before your virtual colonoscopy.

Please let us know if you have any of the following conditions when you arrive for your test:

- diabetes
- asthma
- kidney problems
- prostatism
- angina or any other heart problems
- glaucoma
- if you have any allergies
- if you have had a reaction to iodine or intravenous contrast in the past.

What happens after the test?

The radiographer or assistant will take the cannula (thin plastic tube) out of your arm and the tube out of your rectum (back passage). You will then be escorted to the toilet so that you can pass the gas we have put into your bowel. You can then dress.

We recommend that you bring a light snack (sandwich or biscuits) and a drink to have after the examination.

When will I get the results?

You will not be told the results of your examination whilst you are in the department. A specialist radiologist will review the images from your virtual colonoscopy when the examination is finished then send a report to the doctor who requested the examination as soon as possible.

You should receive an appointment to see the doctor again, if you do not already have one booked.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

CT Colonoscopy (virtual colonoscopy)

NHS number:

Name of patient:

Address:

Date of birth:

CR number:

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *To diagnose a possible cause of your symptoms*
- *To review findings of any previous colonoscopy or CT colonoscopy.*

Significant, unavoidable or frequently occurring risks:

- *Perforation or tear through the bowel wall that could require surgery (less than 1 in 3000)*
- *A reaction to intravenous contrast (dye) or a bowel muscle relaxant (if given)*
- *Poor bowel distension (which may reduce the ability to diagnose some pathology)*
- *Missed lesion – there is a small risk (4 in 100) that a polyp or other pathology may be missed.*
- *This scan involves radiation equivalent to approximately 18 months of natural background radiation in Cornwall.*

Any extra procedures which may become necessary during the procedure:

- Extra scans to improve the quality of bowel distension*
- Scan of the chest to gain additional information*
- Injection of intravenous contrast (dye) if not given during the original scans*

Other procedure (please specify):

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative imaging (including no imaging) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: CT Colonoscopy (virtual colonoscopy) CHA4396 which forms part of this document.

I am satisfied that this patient has the capacity to consent for this procedure.

This procedure will involve: General and/or regional anaesthesia Local anaesthesia Sedation

Health Professional signature: Date:

Name (PRINT): Job title:

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: Name (PRINT): Date:

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STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I have received a copy of the Consent Form and Patient Information leaflet:CT Colonoscopy (virtual colonoscopy) CHA4396 which forms part of this document.

Patient signature: _____ Name (PRINT): _____ Date: _____

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: _____ Name (PRINT): _____ Date: _____

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: _____ Date: _____

Name (PRINT): _____ Job title: _____

Important notes (tick if applicable):

See advance decision to refuse treatment Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: _____ Name (PRINT): _____ Date: _____

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