

Patient information factsheet

Having a colonoscopy with argon plasma coagulation (APC)

We have given you this factsheet because your doctor has referred you for a colonoscopy with argon plasma coagulation (APC). It explains what a colonoscopy with APC is, what the procedure involves and what the possible risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us before your procedure using the details at the end of this factsheet or ask to talk to a nurse when you arrive for your appointment.

Please make sure you read this information and follow the instructions carefully before your procedure.

Before your appointment

You must contact the endoscopy unit as soon as you receive your appointment letter if you:

- are unable to keep your appointment
- have diabetes and have any queries about your medications
- are pregnant or think you might be pregnant
- are taking any blood-thinning or anti-platelet medications, such as warfarin or clopidogrel (unless we have advised you about this already)

This is very important, because if any of these apply to you and you don't let us know in advance, we may need to delay or cancel your procedure on the day.

What is a colonoscopy?

A colonoscopy is a test to check inside your large bowel (colon). It involves having a long, thin, flexible tube with a small camera inside it (called a colonoscope) inserted into your back passage and passed along to your colon.

You will need to have a laxative in preparation for this procedure, so that your bowels are empty.

What is argon plasma coagulation (APC)?

APC is a method of applying heat treatment to seal abnormal blood vessels or destroy areas of abnormal cells (polyps) in the lining of the bowel.

Why do I need this procedure?

Common reasons for having a colonoscopy with APC are to:

- find out what is causing your bowel symptoms
- stop small blood vessels from bleeding
- remove any polyps that, if left to grow, could potentially become cancerous

The doctor who referred you for this procedure will have explained the reason why you need this procedure.

How should I prepare for the procedure?

Medication

Stop taking any iron tablets **seven days** before your procedure.

Stop taking warfarin, clopidogrel or dipyridamole **seven days** before your procedure to reduce your risk of bleeding. If you are unable to simply stop taking these medications (for example, if you have a metal heart valve), contact us for advice. We may arrange for you to come into hospital before your procedure to have your medication stopped under medical supervision and/or have an alternative treatment. We will discuss this with you in more detail if this is the case.

On the day of your procedure:

- continue to take your other medications as normal (unless we have advised otherwise)
- bring a list of the medications you are currently taking with you into hospital

Bowel preparation

Your bowel must be emptied of waste material to ensure the endoscopist (a specialist doctor or nurse) performing the procedure can see clearly when they look inside your bowel. It is important that you follow the advice and bowel preparation schedule we have given you correctly. If your bowel is not properly prepared, your procedure may be unsuccessful, or we may have to cancel it.

On the day of your procedure, if you feel the bowel preparation has not worked, for whatever reason, please let us know.

Eating and drinking

It is important that you follow the dietary advice (including when to stop eating before your procedure) in the bowel preparation factsheet we have given you.

You can drink sips of water right up until you go for your procedure (up to one small cup (170ml) of water every hour).

Sedation

We will give you the option to have sedation (medicine that makes you drowsy) for this procedure. Sedation will help you to stay relaxed and pain-free during the procedure.

After having sedation, you **must** have a responsible adult to take you home and stay with you overnight.

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For 24 hours after being sedated you must not:

- drive
- drink alcohol
- operate machinery
- sign important documents

What will happen before the procedure?

When you arrive for your appointment, please check in at our reception desk. If there isn't anyone at the desk, please take a seat in our waiting room.

A nurse will then take you into an interview room and will go over a pre-procedure checklist. The nurse may then ask you to change into a hospital gown and/or dignity shorts.

The endoscopist performing the procedure will then explain the procedure to you in more detail and answer any questions you may have. If you are happy to proceed with the procedure, we will then ask you to sign a consent form.

If you have chosen to have sedation, we will give you a sedative injection via a cannula (a small plastic tube inserted into a vein in your hand or arm) before the procedure.

What will happen during the procedure?

The procedure will be performed in the endoscopy unit.

We will ask you to lie down on a hospital bed on your side with your knees drawn up towards your chest. Once the sedative has taken effect (if you have chosen to have sedation), we will gently insert a colonoscope into your back passage and then pass it through to your large bowel. You may experience some mild discomfort as we move the colonoscope around, but we will try to keep this to a minimum. If you are uncomfortable at any point, please let us know. We may give you a special gas (called Entonox) to breathe in to help relieve any pain.

Using the images displayed on the TV monitor from inside your colon, we will find any blood vessels that need to be sealed or any polyps that need to be removed.

When we find a blood vessel that needs to be sealed, we will insert a tube (an argon probe) through the colonoscope to deliver the heat treatment (argon gas over an electric current). The heat treatment will produce a beam of light (like a laser treatment). This beam allows us to accurately aim the heat treatment at the blood vessel.

If we find a polyp, we will inject some fluid under it to lift it up, away from the deeper muscle layers of your bowel wall. We will then place a snare, which looks like a wire loop, around the polyp. We will then pass an electric current through the snare which will cut off the polyp. This should not be painful. Depending on the size of the polyp, we may need to repeat these steps a few times until we have removed all the visible polyp tissue.

We may also take digital photographs or small samples of tissue during the procedure and send them to be checked in a laboratory under a microscope. This is called having a biopsy. It will not cause you any pain, but you might feel a slight tugging sensation.

We will monitor your pulse rate and oxygen levels throughout the procedure. If you need extra oxygen, we will give you this via a small tube placed just inside your nostrils.

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How long will the procedure take?

The procedure will take between 45 minutes and two hours. However, please expect to be in the department for up to five hours in total.

What will happen after the procedure?

After your procedure, we will take you to our recovery area, where we will monitor you for 30 to 60 minutes to make sure you are feeling well before you go home. We will also explain what we have done today and what we have found and give you an aftercare factsheet.

After the procedure, it is normal to experience the following side effects:

- windy, cramp-like pain
- a small amount of blood from your back passage (if we removed any polyps or if we took any biopsies)

These side effects should settle within 24 to 48 hours. You will usually be able to return to your normal daily activities 24 hours after the procedure.

If the pain does not settle or you are at all concerned about your recovery, please contact your general practitioner (GP) or our endoscopy unit using the details at the end of this factsheet.

Are there any risks?

A colonoscopy with APC is generally a safe procedure, but as with any medical procedure, there are some possible risks.

Risks include:

- **bleeding** (approximately less than one in 100 people) - If this occurs, the bleeding will usually stop by itself. Occasionally, observation and further treatment in hospital may be necessary.
- **perforation** (a tear or a small hole in the bowel wall) (approximately one in 200 people) - If this occurs, observation in hospital is necessary. Occasionally, surgery may be needed to seal the tear or the hole.

When to seek urgent medical help

Sometimes complications can occur up to two weeks after the procedure.

Go to your nearest emergency department if you experience any:

- unexpected or severe pain in your abdomen (not relieved by passing wind)
- severe bleeding from your back passage

Please take a copy of your procedure report with you so that you can show it to the healthcare professional caring for you.

When will I receive my results?

We will explain what we have found immediately after your procedure. We will then send any polyps or biopsies we have taken to the laboratory to be examined. It may take up to three weeks for the results to come back. The results will then be sent to the doctor who referred you for this procedure. Your doctor will then contact you to discuss your results or to arrange a follow-up appointment.

Important information

If you have chosen to have sedation

If you have chosen to have sedation for this procedure, you must not drive for 24 hours after your procedure. You must also arrange for a responsible adult to collect you from the hospital and stay with you overnight after your procedure.

Parking

As our car parks can get very busy, we recommend either getting a lift by car or coming by public transport to the hospital. Please note that if you get a lift, there is a drop off point outside the main entrance of Southampton General Hospital.

Contact us

If you have any questions or concerns, please contact us.

Endoscopy unit

Telephone: **07500 761793** (every day, 8am to 6pm)

Useful links

www.nhs.uk/conditions/colonoscopy

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **PFSH@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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