Introduction

Your child is to have an endoscopy. This fact sheet aims to give you information on the colonoscopy - lower endoscopy. If you have any questions about the procedure please discuss these with the doctor or nurse before your child goes to theatre.

What is an Endoscope?

It is a flexible tube with a camera (telescope) on the end that allows us to see inside your child’s bowel.

What is an Endoscopy?

An endoscopy is the name of the procedure at which an endoscope is passed into your child’s bowel whilst they are under general anaesthetic i.e. whilst they are asleep. Your letter will advise you when to stop your child eating and drinking.

Your child should know why they are having endoscopy, that they will be fully anaesthetised throughout the procedure and will not feel or remember anything about the procedure.

During the endoscopy we will look at the inside of your child’s bowel and take small pieces from the lining of the bowel (biopsies) which will be analysed in our laboratory to give us vital information. They do not hurt your child.

Most children will be ready to go home a few hours after the procedure.

An endoscopy can be performed to look at the upper part of the bowel (upper endoscopy - Oesophagastroduodenoscopy) and/or the lower part of the bowel (lower endoscopy - colonoscopy).

What is a Lower Endoscopy?

A lower endoscopy involves the passage of the endoscope through the anus into the lower bowel (colon). Your child may be in theatre up to 90 minutes for the procedure including anaesthetic and recovery time. (This is the approximate time your child will be away from the ward.)

What are the Benefits to my Child of having Endoscopy?

The test will give us the information we need to treat your child’s condition. If we find anything unusual (for example Polyps), we may be able to treat it during the procedure.

What are the risks to my child of having an Endoscopy?

The potential risks of having an endoscopy are small. The risks include

- **Injury to teeth**
  
  Every precaution will be taken to prevent this.
• **Temporary sore throat**  
  This usually settles after a few days.

• **Bleeding**  
  There may be a little bleeding if a tissue sample has been taken

• **Failure to complete the test**  
  The colon has a number of bends and it is not always possible to pass the scope around them.

• **Perforation (hole in the bowel wall)**  
  This occurs less frequently than one for every 1000 procedures. The risk is slightly higher if polypectomy (removal of polyp) is performed. If it does occur your child may require an operation to repair the bowel.

If you have any concerns regarding your child after they have been discharged i.e. abdominal pain, please contact your GP or local Accident & Emergency Department.

**What is Bowel Preparation?**

If the endoscopy is to look at the colon it is essential that the bowel is clear of any faeces. This is achieved by using medication to clear the bowel (laxatives). These medicines will cause your child to open their bowels frequently. They will therefore need to be close to a toilet during the time that they are taking the laxatives

Depending on how effective the laxatives have been, your child may need to have an enema before the procedure to ensure that the bowel is as clear of faeces as possible. This will be decided by the doctor when he/she sees your child when they are admitted for the procedure.

Before your child goes to theatre for the endoscopy, they will be seen by an Anaesthetist. You should discuss anything you want to know about your child’s anaesthetic with him/her.

**When will the results of the Endoscopy be available?**

You will be told on the same day what the doctor saw when the endoscopy was performed. The biopsies take several days to prepare and look at. A biopsy report will be sent to your G.P, and discussed with you at a follow-up clinic.

**Where can you get more information about having an Endoscopy?**

If you would like any more information please call, gastroenterology nurse specialists on: 0151 252 5190

This fact sheet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child’s treatment. This information can be made available in other languages and formats if requested.

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