The Pituitary Foundation

Colonoscopy Guidance and Information

A guide for acromegaly, adrenal insufficient and diabetes insipidus patients

What is a colonoscopy?

Colonoscopy is one of the most routine endoscopic procedures worldwide. It examines the lining of your bowel (also known as the colon and large intestine). The procedure involves using an endoscope, which is a thin flexible tube, with a camera and light at one end. The endoscope is passed through the back passage, by a specially trained doctor or nurse called an endoscopist, where it is carefully moved to see the status of the bowel.

Why am I having it?

Colonoscopy is used to check for bowel cancer or the early stages of the disease. It may also be carried out for surveillance, in those with higher risk of developing bowel cancer or those that may be showing early signs and symptoms. Reasons could include:

- Acromegaly
- Over 50
- Have inflammatory colon disease such as Crohn's disease or ulcerative colitis
- Bleeding from your back passage, or blood in your stools
- Pain in the lower abdomen
- Persistent diarrhoea
- Changes to your bowel habits
- A strong family history of colon cancer
- Have had previous colon cancer or polyps

If you believe you are due for a colonoscopy or require one, you can ask your GP to refer you to a gastroenterologist. If you have acromegaly you can ask your endocrinologist to make the referral for you. If you are unsure why you are having a colonoscopy, it is important to ask the referring doctor or your GP why.

What to expect before, during and after the procedure

Preparation and ensuring your bowel is empty, gives a much better success rate for the procedure, as the endoscopist has a clearer view. You will be asked to follow a special diet for a few days before the procedure. You will have to take a laxative (medication that speeds bowel movement) before the test. Full details will be given to you by your endoscopy department. Please follow the instructions carefully.

Some individuals may require additional bowl preparation sachets due to their acromegaly or individual requirements. However, we suggest you follow your hospitals standard guidelines initially, with the possibility you may require more. Please discuss this with your gastroenterologist to ensure you have an individualised care plan.

The bowel preparation can increase the risk of becoming unwell in those that have adrenal insufficiency and/or diabetes insipidus. This is due to your medications not being absorbed properly and the risk of adrenal crisis, dehydration and altered electrolytes.

If you are adrenal insufficient on replacement therapy

The morning before you start bowel preparation, double your dose of oral hydrocortisone or prednisolone at home. You will then require hospital admission for administration of intravenous/intramuscular 50mg hydrocortisone. This should coincide with the start of your bowel preparation, which commences the afternoon before the day of the procedure. 50mg of hydrocortisone at eight-hourly intervals is then recommended, until you are eating and drinking normally after the procedure. Re-start your oral hydrocortisone at double your normal dose once you are eating and drinking, and you will then be able to be discharged home. Continue to double your steroid dose at home for the rest of that day and the following day. You can then return to your normal dose**.** Hospital admission is not normally required for this procedure, therefore it is important you communicate these recommendations with your endocrinologist and the endoscopy department, well before the procedure date.

Steroid replacement doses:

Morning before bowel preparation commences	Double you dose of oral steroid. E.g. If your normal dose is 10mg of hydrocortisone, take 20mg of hydrocortisone
Start of bowl Preparation	50mg intravenous/intramuscular hydrocortisone every 8 hours. No oral medication required
Day of the procedure	50mg intravenous/intramuscular hydrocortisone every 8 hours, until you are eating and drinking normally after the procedure
Once eating and drinking after procedure	Double your dose of oral hydrocortisone for the rest of that day and the following day

If you have diabetes insipidus and take desmopressin

It is easy to believe when experiencing an increased loss of fluid, due to the bowel preparation, that an increased amount of your desmopressin medication is required. However, it is recommended you stay on your normal dose. In order to ensure your electrolyte balance remains stable, you will require hospital admission at the start of your bowel preparation, which commences the afternoon before the procedure. Initial 'base line' bloods will be required before the preparation starts and then bloods repeated every four to eight hours, depending on the stability of the results. Hospital admission is not normally required for this procedure in non-pituitary patients, therefore it is important you communicate these recommendations with your endocrinologist and the endoscopy department, well before the procedure date.

If you have acromegaly

Acromegaly is known to give an increased risk of developing colon cancer but the precise reason is still unknown. Reasons could include direct growth hormone or IGF-1 actions on the colon cells, altered bile acid secretion patterns, impaired immune response mechanisms in the bowel and increased bowel length. The timing of when a baseline colonoscopy is to be performed is also

debated; however, there is evidence to suggest even younger people have colon polyps. Therefore, we recommend you should discuss with your individual endocrinologist when you should have a colonoscopy, for a baseline observation. It is then recommended under NICE guidelines, you require a colonoscopy at five years (low risk) or three years (intermediate risk) intervals. Low risk is categorised in those with one to two polyps, which are under 10mm in size. Intermediate risk is categorised in those with three to four polyps, under 10mm in size or those with one or more polyps over 10mm in size. There is no need to alter your acromegaly treatment, if you are on any.

Please be advised to read your hospitals information leaflet also. This fact sheet is designed for those that have acromegaly, adrenal insufficiency and/or diabetes insipidus. It does not contain hospital specific information that could be very important.

Patient experience of a colonoscopy

"I entered hospital and everything went according to plan with the hydrocortisone being given in drip form, plus water drips. The Pituitary Foundation advice worked really well, and though feeling rather 'drained' and tired for a couple of days, everything became normal again thereafter. Thank you to the Endocrine Specialist Nurse for all her excellent guidance - it really worked!"

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Helpline: 0117 370 1320 Monday to Friday 10:00am to 4:00pm

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