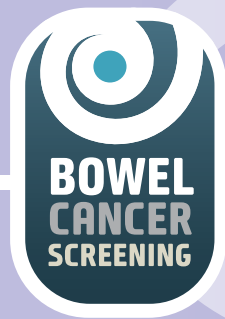




Bowel cancer screening: the next step



Explaining your test result

Your test result shows that further investigation is necessary. This does **not** mean you have cancer, just that traces of blood have been found in your bowel motions.

- About 10 people out of every 500 tested will have blood in their bowel motions and be called to see the specialist screening practitioner (SSP). Even then, 9 out of every 10 people with blood in their bowel motions will not have cancer.
- Blood in your bowel motion could be caused by small growths called polyps or other conditions such as haemorrhoids (piles).

What happens next?

- You will have been offered an appointment (see accompanying letter) for an assessment with the SSP.
- This assessment is to ensure you are fit enough to have a colonoscopy (see below).
- The assessment should take no more than 45 minutes.
- You do not need to change your diet or medication before your assessment, but you should bring any medications you are taking along to the assessment.
- The SSP will discuss your test result with you and explain what further tests can be done. You will be given the opportunity to ask questions or raise any concerns you may have.
- Your blood pressure may be taken.
- After the assessment you will be invited to come back for further tests, usually a colonoscopy. A date and time which suits you will be arranged.

- The SSP will explain the colonoscopy procedure to you and give you written information to take away.
- If you cannot attend this assessment, it is important you contact the freephone helpline on **0800 015 2514** as soon as possible to arrange a more suitable date and time.

What is a colonoscopy?

- A colonoscopy uses a very small camera on the end of a thin tube to let the doctor or nurse look for any polyps or signs of cancer inside your bowel.
- Sometimes a small sample of the bowel is taken to be examined under a microscope to look for cancer cells.
- As with most medical procedures, there is a possibility of complications. Bleeding may occur in about 1 in 150 cases, and in 1 in 1,000 cases the procedure may perforate the bowel. If this occurs, an operation is nearly always needed to repair the hole. In extremely rare cases (evidence suggests as little as 1 in 10,000 cases), a colonoscopy can result in death. The benefits and risks will be explained by the SSP when you come along for your assessment.

What if the colonoscopy shows that I need more treatment?

- If you need further treatment you will be sent to whichever specialist is right for you. For example, if polyps are removed at colonoscopy, you may be called back for a repeat colonoscopy in one to three years time.
- The SSP will be able to answer any questions or discuss any concerns you may have when you come along for your assessment.

For further information or this leaflet in another language or format visit:

www.cancerscreening.hscni.net



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