

Colonoscopy

A **Colonoscopy** is an internal examination of the colon (large intestine), using an instrument called a Colonoscope.

Why the procedure is performed

- To evaluate unexplained anaemia
- To evaluate unexplained blood in the stool, abdominal pain, persistent diarrhoea, or abnormalities (such as polyps) found on contrast x-rays (barium enema)
- To determine the type and extent of inflammatory bowel disease (ulcerative colitis and Crohn's disease)
- To follow a previous finding of polyps, colon cancer, or a family history of colon cancer
- To obtain tissue specimen for biopsy
- To screen for colorectal cancer

How the procedure is performed

The Colonoscope is a small camera attached to a flexible tube. Colonoscopy examines the entire length of the colon. You will lie on your left side with your knees drawn up toward the chest or on your back. After you've received a sedative and pain reliever, the Colonoscope is inserted through the anus and gently advanced to the lowest part of the small bowel. During the procedure your position may be changed. In some cases pressure may be applied to the abdomen to help the progress of the camera.

Air will be inserted through the scope to provide a better view. Suction may be used to remove secretions.

Since better views are obtained as the Colonoscope is pulled back out, a more careful examination is done during withdrawal of the scope. Tissue samples may be taken with tiny biopsy forceps inserted through the scope. Polyps may be removed with electrocautery snares, and photographs may be taken.

Specialised procedures, such as argon plasma coagulation and endoscopic polyp and tumour resection or dilatation of narrow areas may also be done.

How to prepare for the procedure

Thorough cleansing of the bowel is mandatory. Instructions for doing this are enclosed in this pack.

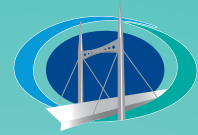
Unless otherwise instructed, continue taking any regularly prescribed medication. Stop taking iron preparations one week before the procedure, unless otherwise instructed by the health care provider. Iron residues produce a dark black stool, which makes the view inside the bowel less clear.

People with heart valve disease may receive antibiotics before and after the procedure to prevent infection. Outpatients must plan to have someone take them home after the procedure, as they will be woozy and unable to drive.

How the procedure will feel

The sedative and pain medication will provide relaxation and produce a drowsy feeling. A rectal examination is undertaken to dilate the rectum and make sure there are no major obstructions. You may have the urge to defaecate when the rectal exam is performed or as the Colonoscope is inserted.

You may feel pressure as the scope moves inside. Brief cramping and gas pains may be felt as air is inserted or as the scope advances. The passing of gas is necessary and should be expected.



Discomfort may be lessened by taking slow, deep breaths. This will also help relax the abdominal muscles. Mild abdominal cramping and considerable passing of gas may occur after the exam. Sedation should wear off in a few hours. Because of the sedation, you may not feel any discomfort and may have no memory of the procedure.

Risks

- Bowel perforation (a hole or tear in the wall of the colon), requiring a repair operation (fewer than 1 out of 1,000 procedures)
- Heavy or persistent bleeding from biopsy or polyp removal sites (1 out of 1,000 procedures)
- Adverse reaction to sedative medication, causing breathing problems or low blood pressure (4 out of 10,000 procedures)
- Infection requiring antibiotic therapy (very rare)
- Nausea, vomiting, bloating, or rectal irritation caused by medicines, taken by mouth, that cleanse the bowel

Considerations

You must sign an informed consent form. Several hours rest is recommended after the procedure. To replace fluids lost because of laxatives and fasting, drink plenty of liquids after the procedure.

Normal Results

Normal findings are healthy intestinal tissues.

What Abnormal Results Mean

- Diverticulosis (abnormal pouches on the lining of the intestines, most often seen in older people)
- Inflammatory bowel disease
- Lower gastrointestinal (GI) bleeding
- Polyps (which can be removed through the colonoscope during the exam)
- Tumour

