

COLONOSCOPY

Your physician has determined that colonoscopy is necessary for further evaluation or treatment of your condition.

Because education is an important part of comprehensive medical care, you have been provided with information to prepare you for this procedure.

If you have any questions about your need for colonoscopy or alternative tests, do not hesitate to speak to your doctor. Endoscopists are highly trained specialists and welcome your questions regarding their credentials and training.

The following information includes answers to questions patients ask most frequently. Please read it carefully.

WHAT IS A COLONOSCOPY?

Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube called a colonoscope (that is about the thickness of your finger) into the anus and advancing it slowly into the rectum and colon.

HOW ACCURATE IS COLONOSCOPY?

Colonoscopy is the “gold standard” for detection of polyps and cancer. It is the most accurate test and allows biopsy or removal of growths, unlike any other colon test. Colonoscopy is thought to detect more than 80% of polyps and more than 95% of colon cancers. However, the test is not perfect, and there is a small chance that polyps, and even cancer on rare occasions, can be missed. If symptoms of concern persist or recur, you must speak with your family physician.

WHAT PREPARATION IS REQUIRED?

The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the bowel cleansing routine to be used.

In general, preparation consists of either drinking a large amount of a special cleansing solution or several days of clear liquids, laxatives, and enemas prior to the examination.

Follow your physician’s instructions carefully. If you do not, the procedure may have to be cancelled and repeated later.

WHAT IF THE COLONOSCOPY SHOWS SOMETHING ABNORMAL?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is sent to the pathology laboratory for tissue analysis. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment.)

If polyps are found, they are generally removed. None of these additional procedures typically produce pain.

WHAT ARE POLYPS AND WHY ARE THEY REMOVED?

Polyps are abnormal growths from the lining of the colon. They can look like mushrooms or fleshy lumps and vary in size from a tiny dot to several centimetres. The majority of polyps are benign (noncancerous), but the physician cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, polyps are removed and sent for tissue analysis. Removal of colon polyps is the most important and reliable means of preventing colon cancer.

COLONOSCOPY

HOW ARE POLYPS REMOVED?

Tiny polyps may be removed with a biopsy forcep instrument, but larger polyps are removed by a technique called polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall. The removal may be done with the use of electrical cauterization. You should feel no pain during the polypectomy. There is a very small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon or a perforation (a hole in the bowel wall). This complication could require emergency surgery.

WHAT ARE THE POSSIBLE COMPLICATIONS OF COLONOSCOPY?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One rare complication (approximately 1 in 500 to 1000) is a perforation or tear through the bowel wall that will usually require surgery. During the surgery, the hole will be closed.

Bleeding may occur from the site of biopsy or polypectomy. This bleeding is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Bleeding can occur up to 10 to 14 days after polypectomy, especially if blood thinners, Aspirin, Plavix or anti-inflammatory agents are started after polypectomy.

Other potential risks include a reaction to the sedatives used to make you relaxed and drowsy for the procedure.

Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying warm packs or warm moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of possible complication.

Contact your physician, who performed the colonoscopy, or go to the nearest emergency department if you notice any of the following symptoms:

- severe abdominal pain
- fever and chills
- rectal bleeding of more than one-half cup. Bleeding can occur up to 10-14 days after polypectomy.

WHAT ABOUT MY CURRENT MEDICATIONS?

Most medications may be continued as usual, but some medications can interfere with the preparation of the examination. It is therefore best to inform your physician of your current medications as well as any allergies to medications several days prior to the examination.

Aspirin products, arthritis medications (NSAID's or anti-inflammatory agents), anticoagulants (blood thinners), insulin, and iron products are examples of medications whose use should be discussed with your physician prior to the examination.

You should alert your physician if you have required antibiotics prior to undergoing past dental procedures, since you may need antibiotics prior to colonoscopy as well.

If you are diabetic, you must speak with **your family physician** (or the physician who prescribed your diabetes medication) about using insulin or pills for your diabetes on the day of your procedure.

WHAT HAPPENS WHEN I ARRIVE IN ENDOSCOPY?

The Registration Clerk will register you for the procedure. Please have your photo identification and Alberta Personal Health Card with you.

The Endoscopy nurse will get you ready for the procedure. Paperwork for the procedure will be reviewed and you will be asked to sign the procedure consent. You will change into a gown and lie on a stretcher. The nurse will start an intravenous (IV) in your arm. When it is time for your colonoscopy, you will be taken to the procedure room on a stretcher

COLONOSCOPY

WHAT HAPPENS DURING THE PROCEDURE?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure.

The procedure usually takes 15 to 30 minutes. The team of people in the procedure room will be doctors and nurses.

You will lie on a stretcher on your side or on your back. The nurse will give you medication through the IV that will help you relax and make you drowsy. Your oxygen level, heart rate, and blood pressure, are monitored during the procedure.

The physician will slowly advance the colonoscope into the anus and through the large intestine while examining the bowel lining. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary. As the colonoscope is slowly withdrawn, the lining is again carefully examined.

WHAT HAPPENS AFTER THE PROCEDURE?

You will be taken by stretcher from the procedure room to the recovery room. Your oxygen level, blood pressure, heart rate, and breathing will be monitored by recovery nurses after the procedure.

You may have some cramping or bloating because of the air introduced into the colon during the procedure. This should disappear quickly with passage of flatus (gas). The nurse will check with you if you have passed gas.

You will stay in the recovery room until the nurse determines that you are ready to go home.

Your physician will provide you with a preliminary report of the procedure in a letter or will explain the procedure to you.

If you have been given medications during the procedure, a responsible adult must accompany you home from the procedure because of the sedation used during the procedure. If you are unable to get a responsible adult to accompany you home, the procedure may either be cancelled, rescheduled or it may have to be done without sedation. Even if you feel alert after the procedure, your judgement and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

While at home, you may have some cramping or bloating but this should disappear with passage of flatus (gas). Persistent pain is very uncommon after colonoscopy. You should contact your physician who performed the colonoscopy or go to the nearest emergency department if this happens.

Generally, you should be able to eat after leaving the endoscopy, but your doctor may restrict your diet and activities.

CONSENT of Understanding

I, _____, have read the above information and have been given the
(Patient Name)

opportunity to ask questions.

(Signature of Patient / Guardian)

(Date)