

1. What is a colonoscopy?

A Colonoscopy is where the doctor uses an instrument called a colonoscope to look at the inside lining of your large bowel. This is done to see if there are any growths, polyps, cancers or disease in your bowel.

A colonoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of your bowel on a video screen. The scope bends, so that the doctor can move it around the curves of your colon. The scope also blows air into your bowel, so that the doctor can see better. As a result, you might feel some pressure, bloating or cramping during the procedure.

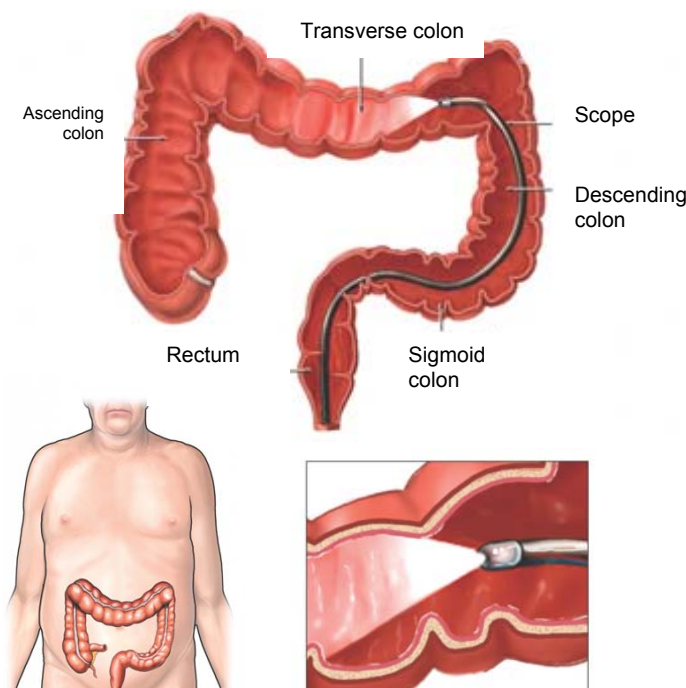
This instrument can also be used to remove or burn growths or polyps and/or to take biopsies.

This procedure starts from your back passage (anus) and goes to the right side of your bowel (ascending colon). You will lie on your side or back while your doctor slowly passes the colonoscope along your large bowel to look at the bowel lining. The lining will be looked at again as the colonoscope is taken out.

You should plan on two to three hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 15 to 60 minutes.

Samples of the bowel may need to be removed for pathology tests.

This procedure may or may not require a sedation anaesthetic.



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2. Will there be any discomfort? Is any anaesthetic needed?

The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic will be given.

Before all endoscopy procedures begin, the doctor will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected.

3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful.

You may remember some or little about what has occurred during the procedure.

Anaesthesia is generally very safe but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- personal factors, such as whether you smoke or are overweight.
- whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

4. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Mild pain and discomfort in the abdomen for one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.
- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.
- About 1 person in every 100 will experience a significant bleed from the bowel where a polyp was removed. Further endoscopy, a blood transfusion or an operation may be necessary.
- Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.

- Missed polyps, growths or bowel disease.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Change of anaesthetic from a sedation anaesthetic to a general anaesthetic.
- 'Dead arm' type feeling in any nerve due to positioning with the procedure – usually temporary.
- An existing medical condition that you may already have getting worse.

Rare risks and complications include:

- Bacteraemia (infection in the blood). This will need antibiotics.
- Stroke resulting in brain damage.
- Anaphylaxis (severe allergy) to medication given at the time of procedure.
- Death as a result of complications to this procedure is rare.

5. What are your responsibilities before having this procedure?

You are less at risk of problems if you do the following:

- Bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements and show your doctor what you are taking. Tell your doctor about any allergies or side effects you may have.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit please tell your doctor.
- If you take Warfarin, Persantin, Clopidogrel (Plavix or Iscover), Asasantin or any other drug that is used to thin your blood ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting. Do not stop taking them without asking your doctor.
- Tell your doctor if you have:
 - had heart valve replacement surgery.
 - received previous advice about taking antibiotics before a dental treatment or a surgical procedure.

6. Preparation for the procedure

The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your instructions carefully otherwise you may need to have the test again.

Iron tablets need to be stopped at least one week before your procedure.

Before your colonoscopy, your doctor/nurse will tell you what you can and cannot eat and drink. They will also tell you what bowel cleansing routine you will use.

The preparation is usually made up of either drinking a large amount of a special cleansing drink or clear

liquids and oral laxatives. It is wise to stay close to a toilet. It is not uncommon for people to feel dizzy, have a headache or vomit while taking this preparation.

7. What if the doctor finds something wrong?

Your doctor may take a biopsy (a very small piece of the bowel lining) to be examined at Pathology.

Biopsies are used to identify many conditions even if cancer is not thought to be the problem. It is not uncommon for your doctor to find a polyp/s.

If your colonoscopy is being done to find sites of bleeding, your doctor may stop the bleeding through the colonoscope by

- injecting drugs,
- sealing off bleeding vessels with heat treatment or
- other methods such as small clips.

8. What are polyps and why are they removed?

Polyps are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres in size.

They are not usually cancer but can grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer.

The doctor usually removes a polyp during colonoscopy, using a wire loop to remove the polyp from the bowel wall. An electric current is sometimes also used. This is not painful.

9. What if I don't have the procedure?

Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.

10. Are there other tests I can have instead?

There are a number of tests that can be done, such as a:

- Flexible sigmoidoscopy and double contrast barium enema.

Usually both would be needed for your doctor to consider that your bowel has been thoroughly investigated

OR

- CT Colonoscopy.

A colonoscopy will still be required if some pathology is found

11. What can I expect after the colonoscopy?

You will be in the recovery area for about 2 hours until the effect of the sedation wears off.

Your doctor will tell you when you can eat and drink. Most times this is straight after the procedure.

You might have some cramping pain or bloating because of the air entering the bowel during the procedure. This should go away when you pass wind. Moving around helps this.

You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.

12. What are the safety issues?

Sedation will affect your judgment for about 24 hours. For your own safety and in some cases legally;

- Do **NOT** drive any type of car, bike or other vehicle. You must be taken home by a responsible adult person.
- Do **NOT** operate machinery including cooking implements.
- Do **NOT** make important decisions or sign a legal document.
- Do **NOT** drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs.
- Have an adult with you on the first night after your colonoscopy.

Notify the hospital Emergency Department straight away if you have;

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage (more than ½ cup of blood).
- a fever.
- sharp chest or throat pain.
- have redness, tenderness or swelling for more than 48 hours where you had the injection for sedation (either in the hand or arm).

Notes to talk to my doctor about: