COLONOSCOPY

BRIEF DESCRIPTION

A colonoscopy is a day-case procedure in which the inside of the large intestine, (colon and rectum) is examined using a 1.5 metre flexible instrument with a diameter of less than 1cm.

WHY IS IT DONE?

A colonoscopy is commonly used to evaluate gastro-intestinal symptoms, such as, rectal and intestinal bleeding or changes in bowel habit or anaemia. Colonoscopy is also advised in individuals without symptoms to check for colo-rectal polyps or cancer. A screening colonoscopy is recommended for anyone aged 45 years or older and persons with a family history of colon polyps or cancer should be screened at an age 10 years younger than the age it was diagnosed in the family member. Patients with a family history of colon cancer or polyps, or patients in who polyps are found, will need regular colonoscopy follow up checks. Polyps may be removed and tissue samples taken to be sent to the pathologist for analysis.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

A CT colonograph is a radiological scan that is performed after an intensive bowel prep and insufflation of the colon with air. A barium enema is an alternative used less commonly now, but it still has place in the investigation of some patients. Neither of these procedures allows biopsy or removal of polyps, which will require referral for colonoscopy. You are welcome to discuss these alternatives with your doctor.

IS IT SAFE TO HAVE THIS PROCEDURE?

This procedure has a low risk of serious complications.

WHAT ARE THE GENERAL RISKS INVOLVED?

Minor colonoscopy risks may include nausea, vomiting or allergies to the sedatives that are used. If medication is given intravenously, the vein may become irritated. Most localized irritations to the vein leave a tender lump lasting a number of days but going away eventually. The incidence of these complications is less than 1%.

During the procedure you may have some abdominal discomfort or cramps and a feeling of being slightly bloated due to the air which is inserted into your colon to improve visualization.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

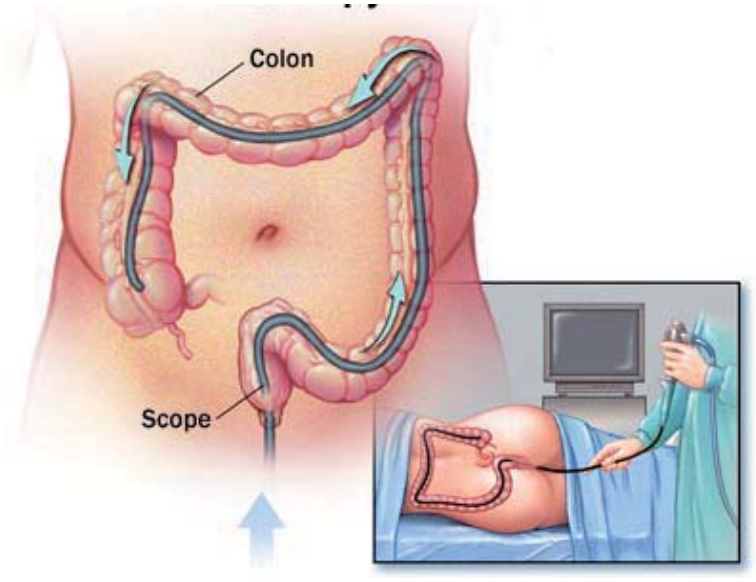
The most severe complications from colonoscopy are perforation , heavy bleeding and death (the last occurring in 1:10 000 to 1:100 000 colonoscopy patients).

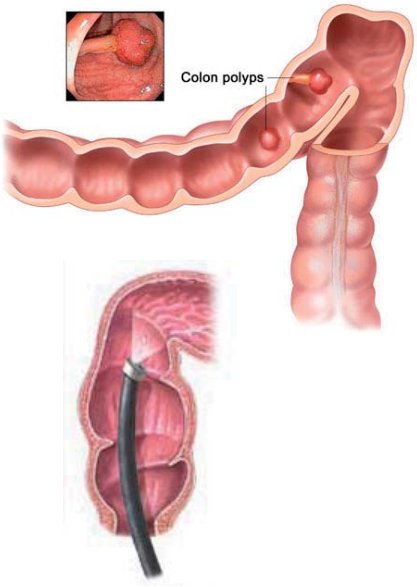
During colonoscopies where a polyp is removed (a polypectomy), the overall risk of perforation is 1:1000 and "serious complications" occurred in 5/1000. A serious complication that may arise after colonoscopy is the post-polypectomy syndrome. This syndrome occurs due to a burn to the bowel wall when the polyp is removed. It is however a very rare complication and as a result patients may experience fever and abdominal pain. The condition is treated with intravenous fluids and antibiotics while the patient is recommended to rest.

Severe dehydration caused by the laxatives that are usually administered during the bowel preparation for colonoscopy also may occur. Therefore, patients must drink large amounts of fluids during the days of colonoscopy preparation to prevent dehydration.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

The procedure is performed under CONSCIOUS SEDA-





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

TION. This means that an intravenous cannula is inserted and a sedative plus a pain-relieving drug will be administered to make you more relaxed during the procedure. Your vital signs are monitored and you may be given oxygen to maintain a normal blood oxygen concentration. You will probably be fully conscious during the procedure but you may remember very little about it afterwards. Sometimes the doctor may decide to infuse some intravenous fluid, esp if you are elderly and a bit dehydrated.
As with any procedure involving anaesthetics type drugs, other complications would include cardiopulmonary complications such as a temporary drop in blood pressure, and oxygen saturation usually the result of overmedication, and are usually easily reversed. In rare cases, more serious cardiopulmonary events such as a heart attack, stroke, or even death may occur; these are extremely rare except in critically ill patients with multiple risk factors. In very rare cases, coma associated with anesthesia may occur. CT colonography carry risks that are associated with radiation exposure.

WHAT SHOULD I DO BEFORE THE COLONOSCOPY?

You will be given an instruction sheet on how to prepare your colon. You will usually have to drink a salt solution , taken with plenty of water. You must inform the staff if you have any serious medical conditions that your own GP may have forgotten to tell us, or which we wouldn't otherwise know. The nursing staff can provide you with information and discuss your medical conditions with the doctor.

WHAT HAPPENS BEFORE THE PROCEDURE?

You will be welcomed to the rooms by the receptionists or the nurses and you will have your patient registration details checked. You will be shown to a changing cubicle and asked to change into a gown. Please hand over your consent form to the nurse and also let the nurses know of any allergies to drugs or dressings.
If you are not clear about any part of the procedure, ask for more details from the surgeon or from the nurses.
If you have an artificial heart valve antibiotics may be indicated before the procedure, but this is much less commonly indicated these days than before. If you are diabetic special precautions might be necessary with your treatment and diet. Please discuss this with the staff.
You must inform us if you are taking Warfarin, Plavix or low dose Aspirin (Ecotrin).

HOW LONG DOES THE PROCEDURE TAKE?

Usually about 20-40 minutes

WHAT HAPPENS WHEN I WAKE UP?

You will initially be kept in the endoscopy room and allowed to recover from the sedation and then taken through to the waiting room for a cup of tea or coffee.
You may have some cramping and a bloated sensation after the procedure, but this soon passes.

A RESPONSIBLE ADULT MUST DRIVE YOU HOME. AVOID DRIVING OR OPERATING MACHINERY OR TAKING ANY IMPORTANT DECISIONS FOR 12 HOURS AFTER THE PROCEDURE.

It is best to avoid alcohol intake for 12 hours. Unless otherwise directed you may resume your normal diet after the colonoscopy. Wait until the day after the procedure before resuming normal activities eg. exercise. If polyps were removed or biopsies taken, avoid using Aspirin or anti-inflammatory drugs for 2 weeks. Paracetamol eg. Panado may be used. If you are on anti-coagulants eg. Warfarin or Plavix, your Physician will advise when it is safe for you to restart the medication.
You may have loose bowel actions for a day or 2 after the examination but you are likely to feel back to normal within 24 hours of the procedure. It is safe to drive 12 hours after the procedure.

WILL I HAVE PAIN?

During the procedure you may have some abdominal discomfort or cramps and a feeling of being slightly bloated due to the air which is inserted into your colon to improve visualization.

HOW SOON AFTER THE PROCEDURE CAN I EAT?

You can eat normally after the procedure, unless you have some nausea or bloating. In which case eat smaller meals to start with. It will soon pass.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

Although complications after colonoscopy are uncommon, it is important for patients to recognize early signs of any possible complications. They include severe abdominal pain, fevers and chills, or rectal bleeding (more than half a cup).[3] If you bleed more heavily or pass large blood clots, this must be reported to your partner or your gen-eral practitioner or to the nearest emergency unit.
You may have mild abdominal pain or cramps but if the pain is severe or persistent, this must be reported immediately.
Mild nausea may occur after the procedure but this should settle within a few hours.

HOW SOON CAN I START EXERCISE?

The next day, unless you have had a large polyp removed when you will be advised to take it easy for a few days to allow the blood clot at the removal site to stabilise.

HOW SOON CAN I DRIVE A CAR?

A 12 hour delay is recommended, but common sense should be applied, especially if you still feel a bit unsteady or light-headed.

HOW LONG WILL I BE OFF WORK?

You can usually return to work the following day. A sick certificate can be provided.