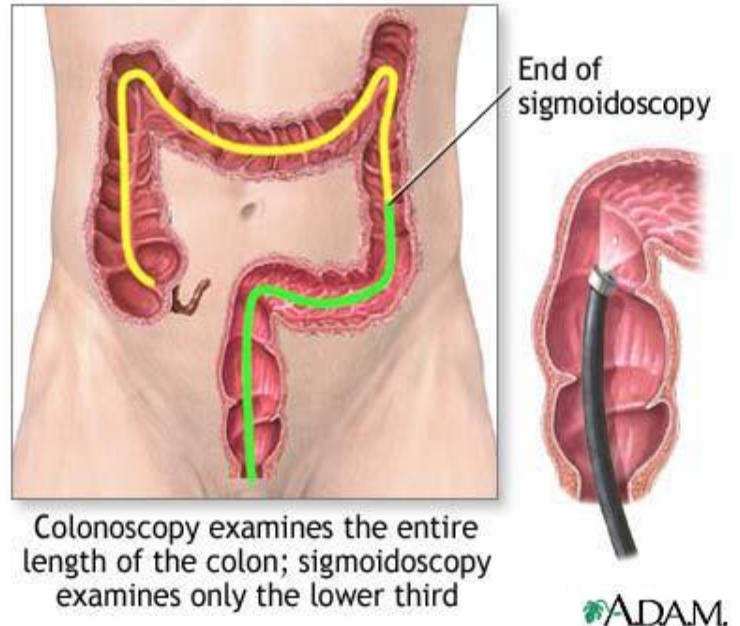


What is a colonoscopy?

Colonoscopy is an exam that allows a physician to look at the lining of the colon or large intestine from the anus to the cecum. A colonoscope is a flexible tube that has a light and a very small video camera on the end that is used to perform the exam. The tube is about the same diameter as a finger and can be gently steered around the corners of the intestines. Special instruments can be passed through the scope to remove polyps or take biopsies (small tissue samples) of the colon lining.

Why is a colonoscopy performed?

A colonoscopy is performed for different reasons. A **screening colonoscopy** is performed on a patient who does not have any signs or symptoms in the lower GI anatomy PRIOR to the scheduled test. A **diagnostic colonoscopy** is performed when some type of lower GI signs or symptoms indicate that there may be a problem.



What preparation is required?

The colon is a storage unit for the body's waste. It is always working and always has waste being transported and formed into stool to be removed from the body. Consequently, before you can examine the colon, it must be completely cleansed. Each physician has specific dietary recommendations and several laxative preparations that they use. In general, the preparation includes a liquid diet and a laxative. Laxatives may be large volume liquid, pills, or combinations of both. The most important thing for the patient to do is to clearly understand and follow the instructions perfectly. The better the preparation, the more complete and thorough the exam can be.

Can I take my current medications?

Most medications can and should be continued as usual, but some medications can interfere with the preparation or the examination. Patients who use blood thinners may need to stop their medications for a brief time. Heart, blood pressure, breathing medications, and many others should be continued. Other medications such as iron can make it difficult to clean the colon. It is very important that you tell your physician about all the medications, supplements, and herbal treatments you use. The physician will advise you about which medications to continue or not.

What happens during colonoscopy?

Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating, or cramping during the procedure as air is introduced to open up the colon. Your doctor will give you a sedative to help you relax and better tolerate any discomfort.

When you arrive, a nurse will help you to change and prepare you for the procedure. After completing the necessary paperwork for admission, the nurse will start an IV. Once ready, you will be transported to the procedure room.

In the procedure room, the nurse and technician will assist you in lying on your side. The CRNA will then administer the sedation or anesthesia. When you are drowsy and comfortable, the doctor will insert the scope and slowly advance the colonoscope through your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscope. The procedure itself usually takes 15 to 45 minutes, although you should plan to be at the facility for at least three hours for preparation, the test, and recovery time.

What if the colonoscopy shows something abnormal?

Occasionally the doctor may see erythema (redness), ulcers, nodules, tumors or polyps that should be sampled or removed for further investigation. If your doctor notices anything abnormal it may be biopsied or removed during the procedure. A biopsy forcep or snare can be introduced through the scope to perform a biopsy or polyp removal. This actually causes no pain to the patient, as there are no nerve ending in the lining of the colon. Any tissue removed is sent to the laboratory for testing.

What are polyps?

One of the primary reasons for doing colonoscopy is to screen the patient for polyps. Colon polyps are fleshy growths found in the lining of the colon and are generally classified into two groups of tumors. The first group is a benign growth call a hyperplastic polyp. This type of polyp has no potential to grow and develop cancer. The second class are adenomatous polyps or **pre**-cancerous polyp. This type of polyp, if not removed, may grow and develop into a colon cancer.

Usually polyps do not have any symptoms. For this reason, regular colonoscopy for screening is recommended to prevent colon cancer. Removing polyps before they grow into a cancer, is how colon cancer is prevented

What happens after a colonoscopy?

After you colonoscopy there is a short recovery period at the facility. The physician will give you the results of the procedure. Results biopsies taken or polyps were removed will take a few weeks.

You will need to have a companion drive you home after the exam. Because of the sedation or anesthesia you will not be allowed to drive, return to work, use any power tools and you should not sign legal documents for 24 hours after the procedure has been completed. Some patients may have some amnesia, feel dizzy or tired after the exam. It is best to return home and plan for a quiet afternoon & evening. Most importantly, you can eat after returning home from the exam. At first you should have a small meal and increase you diet as tolerated.

What are the possible complications of colonoscopy?

Colonoscopy is usually a safe procedure. However like any procedure there can be some risk. The complications associated with colonoscopy are:

- Perforation- a tear or hole in the colon wall that could require surgery to repair
- Bleeding at the site of a polyp removal or biopsy that could stop on its own or need extra treatment
- Missed lesions- Colonoscopy is currently the best exam available to examine the colon, however, no diagnostic exam is 100% accurate. Occasionally, polyps, cancers or other abnormalities may not be detected. It is very important to report any symptoms or problems and to follow up as planned with the physician. The colonoscopy procedure will not eliminate your risk of colon cancer.
- Other risks that are possible are infection, heart stoppage and under very unusual circumstances death.
- There may also be certain risks and complications that are completely unforeseen and unpredictable therefore this list cannot be considered inclusive or complete.