



Colonoscopy Explained

Your doctor has recommended that you have a medical procedure called a colonoscopy to evaluate or treat your condition. This brochure will help you understand how a colonoscopy can benefit you and what you can expect before, during, and after this procedure.

What is a Colonoscopy?

The term "colonoscopy" means looking inside the colon and is a procedure performed by a gastroenterologist or gastrointestinal surgeon. The colon, or large bowel, is the last portion of the digestive or GI tract. It starts at the caecum, which attaches to the end of the small intestine, and it ends at the rectum and anus. The colon is a hollow tube, about two metres long, and its main function is to store and concentrate unabsorbed food products prior to their elimination.

The main instrument that is used to look inside the colon is the colonoscope, which is a long flexible tube with a tiny video camera and a light on the end. By adjusting the various controls on the colonoscope, the endoscopist can carefully guide the instrument in any direction to look at the inside of the colon. The high quality picture from the colonoscope is shown on a TV monitor, usually giving a clear,

detailed view provided the bowel preparation has been effective. Other instruments can be passed through the colonoscope to take biopsies (small pieces of tissue) for further analysis, or to remove polyps.

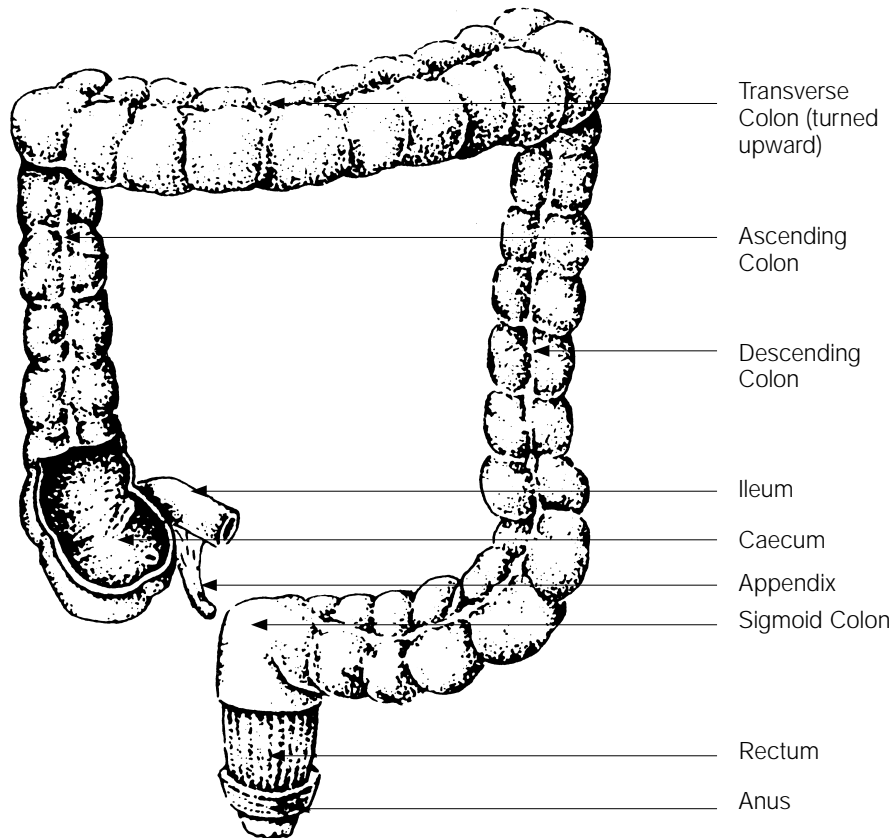
Colonoscopy is a safe and effective way to evaluate problems such as blood loss, pain, changes in bowel habits such as chronic diarrhoea, and abnormalities that may have first been detected by other tests. Colonoscopy is also an important way to treat colonic polyps - abnormal growths on the inside lining of the intestine. Polyps vary in size and shape and, while most are not cancerous, they may turn into cancer. However, it is not possible just by looking at a polyp to tell if it is malignant or potentially malignant. This is why colonoscopy is used to remove polyps, a technique called polypectomy. Colonoscopy can also identify and treat active bleeding from the bowel. It is also possible to treat haemorrhoids at the time of the colonoscopy by placing rubber bands on the base of each haemorrhoid – a technique that has been shown to be effective in reducing the size and complications of internal haemorrhoids.

Colonoscopy has been shown to be very accurate in finding abnormalities in the colon and rectum such as colitis, polyps and cancer, but even expert endoscopists may miss important lesions such as polyps or small cancers which might lead to serious future health consequences. The colon has a very complex surface, and no method of evaluation is completely reliable.

How do you prepare for a colonoscopy?

There are important steps that you must take to prepare for the procedure. First, be prepared to give a complete list of all the medicines you are taking, as well as any allergies you have to drugs or other substances. Special precautions may need to be taken for the following conditions. Please advise your doctor **in advance** if you suspect or know any of these apply to you:

- have severe heart, lung, or kidney disease
- have lymphoma, leukaemia, or you are receiving chemotherapy



- if you have had heart valve disease, a pacemaker, aortic graft or other blood vessel graft, or a joint replacement
 - if you bleed very easily or if you take blood thinning tablets (warfarin) or injections (heparin)
 - if you are allergic or sensitive to any medication
 - are pregnant or if you are breastfeeding
 - if you have diabetes you may need to adjust the dose of insulin or tablets.
 - if you find the prospect of having an intimate procedure threatening
- You will be given instructions in advance that will outline what you should and should not do in preparation for colonoscopy. Be sure

to read and follow these instructions. One very critical step is to thoroughly clean out the colon, which for many patients can be the most trying part of the entire examination. It is essential that you follow these instructions carefully, because this will determine the success of the procedure.

Various methods can be used to help cleanse the bowel. Whatever method or combination of methods that is recommended for you, be sure to follow the instructions as directed. And remember, you should not eat or drink anything within the four hours before your colonoscopy.

The colonoscopy will be performed in a hospital - usually patients need to spend only about two and a half hours in the hospital. After your admission you will be asked to sign a form that gives your consent to the procedure and states that you understand what is involved. If there is anything you do not understand, ask for more information!

What can you expect during the colonoscopy?

During the procedure, everything will be done to ensure your comfort. An intravenous line will be inserted into

your arm to give you medication to make you relaxed and drowsy. The drugs will enable you to remain awake and cooperative, but will usually prevent you from remembering the experience. The sedation technique that we use is effective and very safe.

Once you are fully sedated your doctor will do a rectal examination and the lubricated colonoscope will be gently inserted. The instrument will be slowly and carefully passed so the endoscopist can view the entire lining of the colon. As you will be sedated by the drugs used, you will not be aware of any sensation of the examination or if biopsies are taken or polyps removed during the procedure. The time needed for colonoscopy will vary, but on the average, the procedure takes about 30 minutes.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are very safe. Serious complications are uncommon. These include:

- Reaction or sensitivity to medication used for sedation (this may affect your breathing briefly)

- Perforation (puncture) of the bowel occurs in about 1 patient in 2000, often after the removal of polyps
- Bleeding (which may be delayed for up to 2 weeks) may follow polypectomy or banding of haemorrhoids
- Infection of the bowel, blood, and other organs
- Very uncommonly patients may suffer a heart attack, cardiac arrest, breathing problems, or stroke immediately before, during or after the recovery period of a colonoscopy
- There are other very rare complications - please advise if you wish to be given more details

Everything will be done to minimise the risk of these complications. There are ways of detecting these complications early and specific treatments are available if they do arise. Very rarely there may be a need for hospitalisation, major surgery, intravenous feeding, or blood transfusion. Although death can result from complications of colonoscopy this is rare. Some of the above complications can occur days or even

weeks later, so please report any strange symptoms to the doctor who performed your colonoscopy.

What can you expect after your colonoscopy?

After the procedure, you will be cared for in a recovery area until the effects of the medication have worn off. When you first start to become aware after the sedation, you may experience some bloating. This is due to the air that was used to distend the bowel and to enable the endoscopist to get a good view of the inside of the bowel. Please pass this air. Once you have recovered, your doctor will inform you about the results of your colonoscopy and provide any additional information that you need to know. You will also be given instructions about how soon you can eat and drink, plus other guidelines for resuming your normal routine.

Occasionally, minor problems may persist, such as bloating, gas, or mild cramping. These symptoms should disappear in 24 hours or less. If you have had haemorrhoids banded you may experience some anal pain for a

few days. You will be provided with specific information on how to manage this.

By the time you are ready to go home, you will feel stronger and more alert but you will need a family member or friend take you home. You must not drive home. We recommend that you rest for the remainder of the day. A day or so after you're home; you may be contacted by a member of the colonoscopy team. Please contact us if you have any questions. In about a week the results of any pathology which has been taken should be available.

Other information you need to have

- You will receive a Procedure Preparation Sheet which details your appointment time, the instructions to be followed to achieve good preparation of the colon prior to the examination, and other information specifically required for your colonoscopy.
- You will receive a brochure explaining the financial and account process for your hospital admission and the doctors involved in your colonoscopy.
- This information is also available on our website www.gastrotract.com.au



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