



COLONOSCOPY

Colonoscopy is a procedure that enables your surgeon to examine the lining of the rectum and colon. It is usually done in the hospital or an endoscopic procedure room. A soft, bendable tube about the thickness of the index finger is gently inserted into the anus and advanced into the rectum and the colon.

Colonoscopy has two main functions.

The first is *prevention or early detection of bowel disease/cancer*. It is recommended that people over the age of 50 should have a colonoscopy every five years.

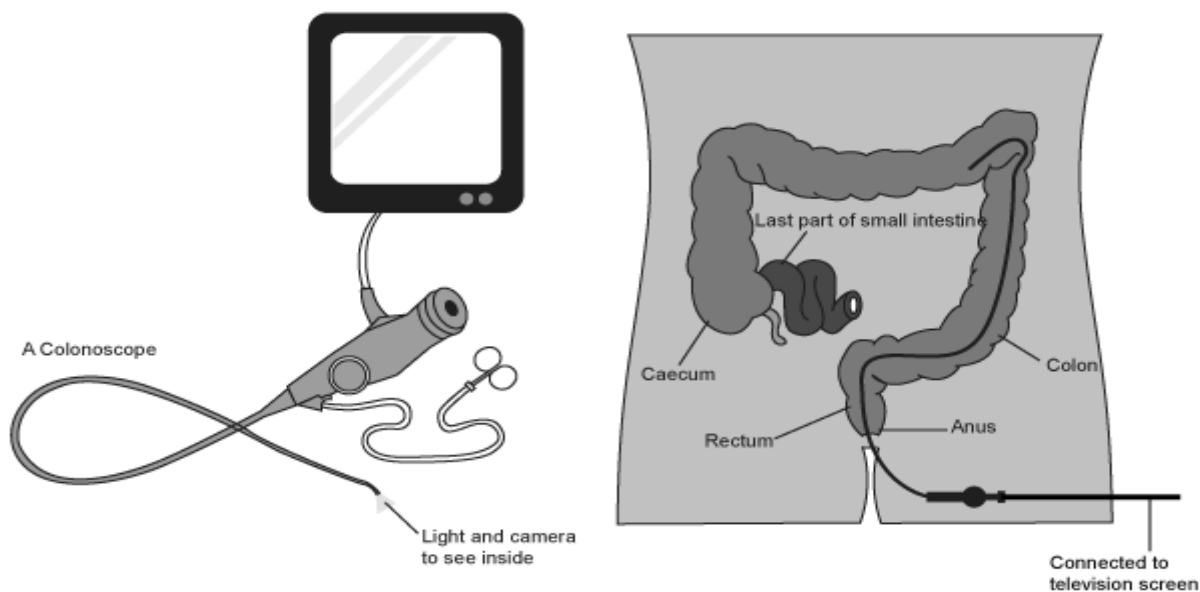
The other main function of colonoscopy is to *diagnose illness*. Problems such as rectal bleeding, dark stools, chronic diarrhoea, persistent and unexplained abdominal pain, iron deficiency anaemia, substantial weight loss with accompanying gastrointestinal symptoms, or a personal or family history of colon cancer can all be evaluated through colonoscopy

You will most likely be sedated during the procedure and **an arrangement to have someone drive you home afterward is imperative**. Sedatives will affect your judgment and reflexes/responses for the rest of the day. You should not drive or operate machinery until the next day.

WHAT CAN BE EXPECTED DURING COLONOSCOPY?

The rectum and colon must be completely emptied of stool for the procedure to be performed.

Prior to the examination you may be given a sedative via a vein in your arm which will cause you to become slightly drowsy. It is not like a general anaesthetic but with this sedation you **may** have no memory of the procedure after it is completed. The Colonoscope is passed into the rectum and then gently manoeuvred along the large bowel. The procedure may take between 15-45 mins.



The procedure is usually well tolerated, but there is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. Your surgeon will give you medication through a vein to help you relax and better tolerate any discomfort that you may experience. You will be lying on your side or your back while the Colonoscope is advanced through the large intestine. The lining of the colon is examined carefully while inserting and withdrawing the instrument.

WHAT IF COLONOSCOPY SHOWS AN ABNORMALITY?

If your surgeon sees an area that needs more detailed evaluation, a biopsy may be obtained and sent to a laboratory for analysis. Placing a special instrument through the Colonoscope to sample the lining of the colon does this. Polyps are generally removed. The majority of polyps are benign (non-cancerous), but your surgeon cannot always tell by the appearance alone. They can be removed by burning or by a wire loop (snare). Sites of bleeding can be identified and controlled by injecting certain medications or coagulating (burning) the bleeding vessels. Biopsies do not imply cancer; however, removal of a colonic polyp is an important means of preventing colo-rectal cancer.

WHAT HAPPENS AFTER COLONOSCOPY?

After the Colonoscopy has been completed, you will return to the ward to rest until the sedation begins to wear off. This can take about 1 – 1½ hours. You will be given something to eat and drink before you leave.

Your surgeon will explain the results to you after your procedure or at your follow up visit. You may have some mild cramping or bloating from the air that was placed into the colon during the examination. This should quickly improve with the passage of the gas. You should be able to eat normally the same day and resume your normal activities after leaving the hospital. Do not drive or operate machinery until the next day, as the sedatives given will impair your reflexes.

If polyps were found during your procedure, you will need to have repeat colonoscopies in the future. Your surgeon will decide on the frequency of your colonoscopy.

If you have been given medication during the procedure, you will be observed until most of the effects of the sedation have worn off. **You will need someone to drive you home after the procedure**

Experience has shown colonoscopy & biopsy to be a safe procedure. Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the bowel wall. Should this occur, it may be necessary for your surgeon to perform abdominal surgery to repair the intestinal tear. Blood transfusions are rarely required.

Seek medical attention without delay if:

- You have persistent severe abdominal pain
- You have rectal bleeding
- You cease passing wind (flatus) and your abdomen is very distended and painful
- You have persistent vomiting.