



Colonoscopy

What Is A Colonoscopy?

A Colonoscopy is a procedure that enables your surgeon to examine the mucosa (lining) of the colon and rectum (large bowel). It is usually done in the Endoscopy Department or Operating Theatres as an outpatient basis.

A lubricated, soft, bendable tube about the thickness of the index finger is gently inserted into the anus (back passage) and moved into the rectum and the colon. A variety of instruments can be passed through the endoscope, allowing the surgeon to treat many abnormalities with little or no discomfort. The surgeon can thus obtain biopsies (tissue samples), remove polyps (small wart-like growths on the lining of the large bowel), stretch narrowed areas or treat some lower gastrointestinal bleedings.

Why Is A Colonoscopy Performed?

A colonoscopy is usually done:

- as part of a routine screening for cancer
- in patients with known polyps or previous polyp removal
- before or after some surgeries (e.g. surgery for bowel cancer or inflammatory bowel disease)
- to evaluate a change in bowel habit
- to investigate rectal bleeding
- to evaluate changes in the lining of the colon known as inflammatory disorders.

About the Procedure

What Preparation Is Required?

The rectum and colon must be completely emptied of stool for the procedure to be performed. In general, preparation consists of consumption of a special cleansing solution or several days of clear liquids, laxatives and enemas prior to the examination. Your surgeon and her staff will provide you with instructions regarding the cleansing routine necessary for the colonoscopy. Follow your surgeon's instructions carefully. If you do not complete the preparation, it may be unsafe to perform the colonoscopy and the procedure may have to be rescheduled. If you are unable to take the preparation, contact your surgeons secretary.

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Most medications can be continued as usual. Medication use such as blood thinners and insulin should be discussed with your surgeon prior to the examination as well as any other medications you might be taking. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to 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 for the rest of the day. You should not drive or operate machinery until the next day. You will also need a responsible adult to remain with you for 24 hours after receiving sedation.

What Can Be Expected During Colonoscopy?

The procedure is usually well tolerated, but there is often a feeling of pressure, bloating or cramping at various times during the procedure. Your surgeon or anaesthetist will give you medication through a vein to help you relax and tolerate any discomfort that you may experience. You will be lying on your side, your back or your front, while the colonoscope is advanced through the large intestine. The lining of the colon is examined carefully while inserting and withdrawing the instrument. The procedure usually lasts for 15 to 60 minutes. In rare instances the entire colon cannot be visualised and your surgeon may request an additional test such as a CT colonography.

What if Colonoscopy Shows An Abnormality?

If your surgeon sees an area that needs more detailed evaluation, a biopsy may be obtained and submitted to a laboratory for analysis. A biopsy is performed by placing a special instrument through one of the channels of the colonoscope.

Most polyps can be removed at the time of the colonoscopy. The majority of polyps are benign (non-cancerous), but your surgeon cannot always tell by the appearance alone. They can be removed with the biopsy forceps, by burning (hot biopsy) or by a wire loop (snare). It may take your surgeon more than one sitting to do this if there are numerous polyps or if the polyps are very large.

Biopsies do not imply cancer; however, removal of a colonic polyp is an important means of preventing colon and rectal cancer.

Sites of bleeding can be identified and controlled by injecting certain medications (e.g. Adrenaline) or coagulating (burning) the bleeding vessels.

What Happens After Colonoscopy?

If you had sedation you will be monitored in the endoscopy or recovery area for a short while until the effects of the sedatives have worn off. Your surgeon will explain the results to you and discuss any findings. If biopsies were taken the results will not be available for 2 weeks.

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.

You will need someone to drive you home after the procedure and stay with you for 24 hours. If polyps were found during your procedure, you may need to have a repeat colonoscopy. Your surgeon will decide on the frequency of your colonoscopy exams depending on the number and size of the polyps found, as well as other factors.

What Complications Can Occur?

Colonoscopy complications include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the bowel wall. The latter is very rare with diagnostic colonoscopy (<1:1500) and rare

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after a polypectomy (<1:700). Should a perforation occur, it may be necessary for your surgeon to perform abdominal surgery to repair the tear in the bowel; formation of a colostomy might sometimes be needed but this can be reversed later. Bleeding usually stops without any intervention and blood transfusions are rarely required.

Other complications of the procedure include the possibility of missed polyps or other lesions.

A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks; warm, moist towels will help relieve this discomfort.

It is important to contact your surgeon if you notice symptoms of severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup. Bleeding can occur up to several days after a biopsy.

When To Contact Your Surgeon

In the period following your procedure you should contact us on 0161 447 6761 in office hours or present to the nearest Accident and Emergency Department if you notice any of the following problems:

- increasing abdominal pain and/or distension
- severe rectal bleeding
- constipation for more than three days despite using a laxative •
- high temperature over 38°C or chills
- persistent nausea and/or vomiting.

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