

PATIENT INFORMATION FOR COLONOSCOPY

WHAT IS A COLONOSCOPY?

Colonoscopy is a procedure used to examine the large bowel. Colonoscopy may involve the taking of small tissue samples (biopsy) and the removal of polyps (small growths).

HOW ARE YOU PREPARED?

Prior to the colonoscopy you will be provided with full instructions. Preparation of the bowel will require 24 hours on a fluid diet only. You will need to drink a large volume of a prepared salty solution prior to the colonoscopy to cleanse the bowel. The procedure will be performed with you comfortably sedated by a specialist anaesthetist.

WHAT DO WE DO?

The colonoscope is a long, flexible tube about the thickness of your index finger. It is inserted through the anus into the large intestine to allow inspection of the large bowel. Because most cancer of the large bowel arises from pre-existing polyps, it is advisable that if the polyps are found they should be removed at the time of examination. Most polyps can be scraped or burnt off (polypectomy) and removed at the time of colonoscopy. Colonoscopy is the most accurate known means of polyp and cancer detection but sometimes small polyps or other abnormalities can be missed. Infrequently inspection of the full length of large bowel is not possible.

SAFETY AND RISKS:

Occasionally nausea and intolerance can occur with the bowel preparation solution. Complications of colonoscopy are uncommon, and occur in 1 in 1000 examinations. Perforation (making a hole in the bowel) is a rarity but if it occurs, may require surgery. Perforation occurs in approximately 1 in 2,500 diagnostic (where no polyp is removed) procedures. If removal of polyps is required there is a higher risk of perforation or bleeding (1%) from the site where the polyps have been removed. Death following anaesthetic or colonoscopy complications is extremely infrequent (estimated to occur in 1 in 20,000 procedures; mainly in elderly or frail patients with major coexistent illness). If you have any queries or reservations, please inform your doctor prior to the procedure. **Please advise if you are currently taking aspirin or warfarin.**

ALTERNATIVES:

Radiological investigations (CT scan, barium enema) can be used to image the colon. Whilst these investigations are associated with less risk than gastroscopy, they are generally less sensitive at detecting disease and don't allow taking of biopsies.

AFTERWARDS:

Following colonoscopy you will be fatigued for the remainder of the day. You should be driven home by a relative or friend and have company for the remainder of the day. The sedation may result in forgetfulness for some hours. If you cannot recall the details of your discussion with the doctor, please telephone on the following working day. Mild windy discomfort in the abdomen may occur in the hours following the procedure but if there is severe pain, bleeding or fever, you should contact your doctor immediately.

In the case of morning procedures you should be fit to resume normal work the following day. In the case of afternoon procedures it is advisable to not plan to work the following day. **Please note that a medical certificate will only be provided for longer periods of time in exceptional circumstances.**