Colonoscopy

What is a Colonoscopy?

A Colonoscopy is a procedure to look at the inside of the large bowel (colon) using a flexible telescope (see figure 1).

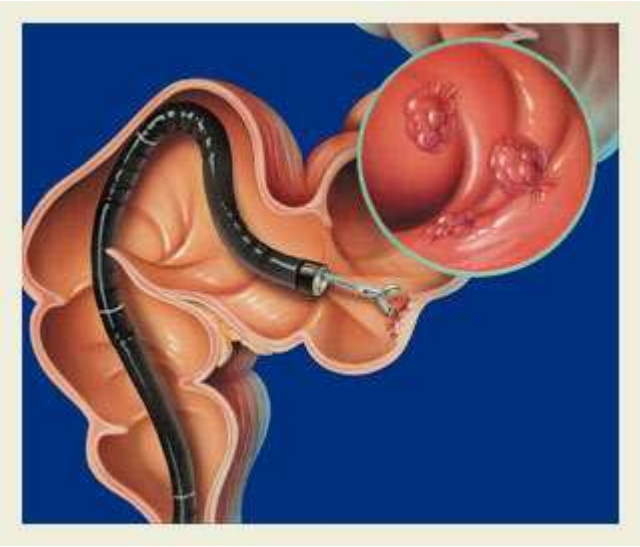

Figure 1
Colonoscpy

Your doctor has recommended a colonoscopy. However, it is your decision to go ahead with the procedure or not. This leaflet will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this leaflet does not answer, you should ask your doctor or any member of the endoscopy team.

Do I need a colonoscopy?

Your doctor is concerned that you may have a problem in the large bowel. A colonoscopy is a good way of finding out if there is a problem or not.
If the endoscopist (the person doing the colonoscopy) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis. Sometimes a polyp is the cause of the problem and the endoscopist may be able to remove it during the procedure.

Any alternatives to a colonoscopy?

A colonoscopy is recommended as it is the best way of diagnosing most problems with the large bowel.
Other options include a barium enema (an x-ray test of the large bowel) or a CT Pneumocolon (a special scan of the large bowel). However, if they find a problem, you may still need a colonoscopy to treat the problem or perform biopsies.

What will happen if I decide not to have a colonoscopy?

Your doctor may not be able to confirm the cause of the problem. If you decide not to have a colonoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

- ***Before the procedure***

Your doctor or a member of the endoscopy team will ask you to sign the consent form once you have read this leaflet and they have answered your questions.
If you take iron tablets, you should stop taking them at least a week before the procedure.
You will need to follow a special diet and you will be given some laxatives to take the day before the procedure. This is to make sure your bowel is empty so the endoscopist can have a clear view. Follow the instructions carefully. If you are diabetic, you will need

special advice depending on the treatment you receive for your diabetes. Let your doctor know as soon as possible if you are diabetic.
If you get severe abdominal pain, let the endoscopy team or your doctor know. The procedure may involve injecting you with Buscopan can affect the pressure in your eyes, so let your doctor know if you suffer from glaucoma.

- ***In the endoscopy room***

If appropriate, the endoscopist may offer you a sedative or pain killer which they can give you through a small needle in your arm or the back of your hand.
The endoscopist will ask you to lie down on your left side in a comfortable position. A member of the endoscopy team will monitor your oxygen levels and heart rate using a finger clip. If you need oxygen, they will give it to you through a mask of small tube placed in your nose.

- ***The procedure***

A colonoscopy usually takes between half an hour to three quarters of an hour. The procedure involves placing a flexible telescope into the back passage and blowing some air into the large bowel to get a clear view. The endoscopist will be able to look for problems such as inflammation or polyps. They will be able to perform biopsies and take photographs to help make the diagnosis. If they find a polyp, it may be possible to remove it during the procedure.

What complications can happen?

The healthcare team will try to make your procedure as safe as possible. However, complications can happen. Some of these can be serious and can cause death (risk: 1 in 15,000).
The possible complications of a colonoscopy are listed below. Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

- ***Allergic reaction*** to the equipment, materials or drugs. The endoscopy team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any drugs or tests in the past.
- ***Breathing difficulties or heart irregularities,*** as a result of reacting to the sedation or overstretching of the bowel. To help prevent this from happening, your oxygen levels and heart rate will be monitored.
- ***Making a hole in the colon*** (risk: 3 in 1,000). The risk is higher if a polyp is removed. This is a serious complication. You may need surgery which can involve forming a stoma (bowel opening onto the skin).
- ***Bleeding from a biopsy site or from minor damage*** caused by a endoscope (risk: less than 1 in 1,000). This usually stops on its own.
- ***Bleeding, if a polyp is removed*** (risk: 2 in 100). Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to two weeks after the procedure. Let the endoscopist know if you are on Warfarin, Clopidogrel or other blood-thinning drugs. If you are on Warfarin or Clopidogrel and have a polyp, the endoscopist will not usually remove it.
- ***Incomplete procedure :*** This can happen due to a technical difficulty, blockage in the large bowel, complications during the procedure, or discomfort. Your doctor may recommend another colonoscopy or a different test such as a barium enema. You should discuss these possible complications with your doctor if there is anything you do not understand.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest and have a drink. If you were given sedation, you will normally recover in about two hours. However, this depends on how much sedation you were given. You may feel a bit bloated for a few hours but his will pass.

If you were given sedation, **a responsible adult should take you home in a car or taxi, and stay with you for at least 12 hours. You must also not drive, operate machinery, sign legal documents or drink alcohol for 24 hours.**

Your doctor will tell you what was found during the colonoscopy and will discuss with you any treatment or follow-up you need. Results from biopsies will not be available for a few days so they may ask you to come back to the clinic for these results.

Once at home, if you get pain in your abdomen, significant or continued bleeding from your back passage, or a high temperature, contact the endoscopy unit, or your GP. If your symptoms are severe, go to your nearest Accident and Emergency department or call an ambulance.

You should be able to go back to work the day after the colonoscopy unless you are told otherwise.

Summary

A colonoscopy is usually a safe and effective way of finding out if you have a problem with your large bowel. However, complications can happen. You need to know about them to help you make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Contact for further information

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