

## PATIENT INFORMATION SHEET

### COLONOSCOPY

#### **The procedure**

Colonoscopy is a procedure which involves a thin flexible telescopic video endoscope being inserted in the large bowel (colon) which allows a complete examination. The benefit of using a colonoscope is that it allows images of your bowel being projected onto a screen and abnormalities can be picked up. If abnormalities are seen the advantage of this procedure is that biopsies (small bits of tissue) can be taken or in some cases therapy can be administered. Examples of therapy include the removal of polyps using a snare with cautery or the burning of bleeding points using argon plasma coagulation.

#### **What it involves**

Preparation for the test involves bowel cleansing. This needs to be done mainly the day before but a complete preparation should be planned and may take up to a week prior (please refer to the bowel preparation sheet).

On the day of the colonoscopy it will involve attending the hospital. Once registered by nursing staff you will need to wait for your turn for the procedure. In the procedure room, an anesthetist will administer a heavy but short acting sedation through your vein (see sedation).

The colonoscope is inserted via the anus and the end point is either the caecum (end of the large bowel) or terminal ileum (end portion of the small bowel). On withdrawal of the colonoscope, careful examination of the bowel takes place.

The time for the procedure from start to finish can vary and depends on several factors. Incomplete bowel cleanliness (bowel preparation) can hinder the procedure and also markedly reduce the sensitivity of the test. We are all built differently and some colons can be more tortuous or 'twisty' than others and hence make it a little more difficult to pass the scope. Finally depending on the findings and the procedures/therapies that need to be done, this can lengthen the test duration.

On average the test may last 15 to 20 minutes.

## **Sedation**

In Australia most of the tests are done under sedation. In Melbourne, vast majority are conducted with the aid of an anesthetist. The advantages are that sedation is given with patient safety being paramount. Also the patients' comfort is a priority and sedation used will make the test as comfortable as possible. Sedation used is usually short acting but we always advise against driving home, operating machinery for 24 hours or making important decisions after your procedure.

In some countries such as the UK, patients are given the choice whether they would like to have the procedure unsedated (awake). Colonoscopy can be slightly uncomfortable for short durations during the procedure and certainly unsedated colonoscopy is an option. If you feel that this is an important factor for you please discuss this with your doctor.

## **Safety and risks**

In general colonoscopy is an internationally regarded procedure which is done for diagnostic and therapeutic purposes both throughout Australia and the world. It is a safe procedure. However for you to be informed we mention potential but rare risks. Serious risks include bleeding (which may require a blood transfusion) or perforation (making a tear in the bowel wall). These are documented to be less than a 1 in 1000 risk. This may increase in the event of complex procedures such as the removal of large polyps or dilatation of strictures. The test has an excellent sensitivity of picking up abnormalities in excess of 90%, however no test is perfect and missed lesions can occur. Finally with any medical or surgical procedure, death is a very rare and remote possibility.

Minor risks include some abdominal pain after the test but this should subside once air is passed or absorbed by your bowel. Your anesthetist will be prepared to discuss with you the risks or effects of the sedation.

In terms of therapy during the procedure, polyps found are usually removed. This is done as in most cases you will be heavily sedated and we will not be able to discuss this with you at the time. If you have reservations about this please discuss this with me before the procedure.

Please alert the medical staff of any life threatening allergies that you may have. Also let us know if you are on blood thinning medication such as warfarin or clopidrogel (*Plavix*).

## **Post procedure (after your colonoscopy)**

The effects of sedation were discussed earlier. I would recommend that you have an escort accompany you home. Again, you should not drive home. Eat light meals for the rest of the day and you can return to a normal diet the following day.

In the event of any of these symptoms: large amounts of bleeding, severe abdominal pain, fever or anything of concern, please contact me, your local GP or hospital. Post procedural bleeding after 72 hours is rare but can in remote cases occur even several weeks after the procedure.