



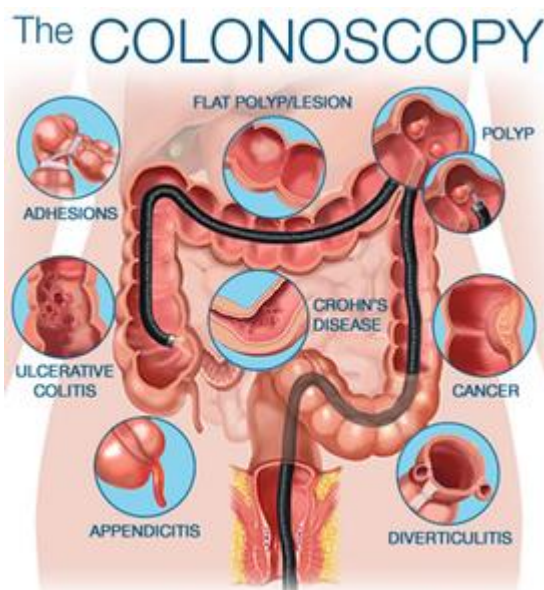
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1. What is a colonoscopy?

A colonoscopy is direct examination of the lining of the large and end of the small bowel. Colonoscopy is the gold-standard for the detection and potentially treatment of colorectal disorders (polyps, cancer, diverticulosis, inflammatory disorders).

A colonoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to directly visualise the inside of your bowel projected on a high-definition monitor. The scope is flexible under control of the proceduralist enabling safe passage through the bends in your colon. The scope also insufflates gas (CO₂) into your bowel improving visualisation. As a result, you might feel some pressure, bloating or cramping after the procedure.

The colonoscope has a channel which allows the passage of instruments which can be used to remove polyps, treat bleeding and/or to take biopsies.



The colonoscope is inserted via the anus to the right side of your bowel (caecum and terminal ileum). You will lie on your side or back while your doctor slowly passes the colonoscope along your large bowel to look at the bowel lining. The lining can be washed with water via a pump through the colonoscope and is carefully examined as the colonoscope is slowly withdrawn.

You should plan on three to four hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 20 to 60 minutes. Samples of the bowel may need to be removed for pathology tests.

This procedure is generally performed under sedation but can be performed without anaesthetic. You should talk to your proceduralist if you would like it performed without sedation.



2. Will there be any discomfort? Is any anaesthetic needed?

The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic is administered. Before the procedure begins, the doctor will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected.

3. What is sedation?

A colonoscopy is generally performed under sedation. Sedation is the use of medications that give you a 'sleepylike' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You are highly unlikely to remember anything about what has occurred during the procedure. Anaesthesia is generally very safe but every anaesthetic has a risk of side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems. In some cases due to a persons other health problems or personal preference, the procedure can be attempted without use of sedation.

The risk to you will depend on:

- personal factors, such as whether you smoke or are overweight.
- whether you have any other illness such as asthma, diabetes, heart disease, kidney disease, high blood pressure or other serious medical conditions.

4. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Mild pain and discomfort in the abdomen for one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped gas.
- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around.
- Headache.
- Pain, redness or bruising at the sedation injection site (usually in the hand or arm).
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.

Uncommon risks and complications include:

- About 1 person in every 1,000 will unintentionally suffer a perforation (hole) which can lead to leakage of bowel contents into the abdomen. This can be recognised during the procedure or be delayed up to 14 days after the procedure. Surgery can be required to repair the defect.
- About 1 person in every 100 will experience significant bleeding from the bowel where a polyp was removed. This can be related to the size of the polyp, site of removal and whether anticoagulation is recommenced after the procedure. Further colonoscopy, a blood transfusion, interventional radiology or an operation may be necessary.



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- Significant abdominal pain after removal of one or more polyps using electrocautery. This is termed postpolypectomy syndrome and is usually seen after removal of large or flat polyps. It is due to thermal injury to the bowel without perforation. This usually requires a CT scan to diagnose but settles with conservative management.

- Incomplete colonoscopy. This can happen if your bowel is not completely clean or the colonoscope could not safely be passed to the end of your large bowel.

- Missed polyps, growths or bowel disease. In most cases missed polyps are small but can be more significant if it is a flat polyp or if the bowel preparation is suboptimal.

- Heart and lung problems such as heart attack or aspiration of stomach contents causing pneumonia.

- Change of anaesthetic from a sedation anaesthetic to a general anaesthetic.

- 'Dead arm' type feeling in any nerve due to positioning with the procedure – usually temporary.

- An existing medical condition that you may already have getting worse.

Rare risks and complications include:

- Bacteraemia (infection in the blood). This will need antibiotics.

- Splenic injury

- Stroke resulting in brain damage.

- Anaphylaxis (severe allergy) to medication given at the time of procedure.

- Death as a result of complications to this procedure is extremely rare.

5. What are your responsibilities before having this procedure?

You are less at risk of problems if you do the following:

- Bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements and show your doctor what you are taking. Tell your doctor about any allergies or side effects you may have.

- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure.

- If you take anticoagulants or antiplatelet agents with the exception of aspirin, you should ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting. Do not stop taking them without asking your doctor.

- Tell your doctor if you have: - had heart valve replacement surgery. - received previous advice about taking antibiotics before a dental treatment or a surgical procedure.

6. Preparation for the procedure

The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your instructions carefully otherwise you may need to have the test again. Iron tablets need to be stopped at least one week before your procedure. Before your colonoscopy, your doctor/nurse will tell you what you can and cannot eat and drink. They will also tell you what bowel cleansing routine you will use. The preparation is usually made up of either drinking a large amount of a



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special cleansing drink or clear liquids and oral laxatives. It is wise to stay close to a toilet. It is not uncommon for people to feel dizzy, have a headache or vomit while taking this preparation.

7. **What if the doctor finds something wrong?**

Your doctor may take a biopsy (a very small piece of the bowel lining) to be examined at Pathology. Biopsies are used to identify many conditions even if cancer is not thought to be the problem. It is not uncommon for your doctor to find a polyp/s.

If your colonoscopy is being done to find sites of bleeding, your doctor may stop the bleeding through the colonoscope by

- injecting drugs,
- sealing off bleeding vessels with heat treatment or
- other methods such as small clips.

8. **What are polyps and why are they removed?**

Polyps are the predominant precursor to the development of colon cancer. They can appear as raised or flat growths in the bowel lining, and can be up to several centimetres in size. They do not usually harbour cancer but can grow into cancer over time. Complete removal of polyps is the most effective way of preventing bowel cancer. The doctor usually removes a polyp during colonoscopy but in some cases due to polyp (eg size, location) or patient characteristics (eg anticoagulants) it may be deemed not optimal at initial colonoscopy. The identification of neoplastic polyps (polyps with the potential to progress

to cancer) usually requires further surveillance colonoscopy. The frequency of surveillance is determined by polyp size, type, method of removal and quality of the bowel preparation. The recommended surveillance interval will be in accordance with the current Cancer Council Guidelines and are mandated by Medicare.

9. **What if I don't have the procedure?**

Your symptoms may become worse and the doctor will not be able to give you the correct treatment without knowing the cause of your problems.

10. **Are there alternative tests?**

Colonoscopy is considered the gold standard for investigating large bowel disorders and can be both diagnostic and therapeutic. There are alternative tests that can be done, such as a:

- Flexible sigmoidoscopy and double contrast barium enema. Usually both would be needed for your doctor to consider that your bowel has been thoroughly investigated. OR
- CT colonoscopy. A colonoscopy will still be required if pathology is found.

11. **Who will be performing the procedure?**

The procedure will be performed by the specialist of your choice. Each of the gastroenterologists has been accredited to perform gastroscopy and colonoscopy with the Conjoint Committee for Recognition in Training for Gastrointestinal Endoscopy. Each of the gastroenterologists participate in the colonoscopy re-accreditation program.

12. **What can I expect after the colonoscopy?**

You will be in the recovery area for about 2 hours until the effect of the sedation wears



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off. Your doctor will tell you when you can eat and drink. In most cases this is straight after the procedure. You might have some cramping pain or bloating because of the air entering the bowel during the procedure. This should go away when you pass wind. Moving around helps this. You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.

13. What are the safety issues?

Sedation will affect your judgment for about 24 hours. For your own safety and in some cases legally;

- Do NOT drive any type of car, bike or other vehicle. You must be taken home by a responsible adult person.
- Do NOT operate machinery including cooking implements.
- Do NOT make important decisions or sign a legal document.
- Do NOT drink alcohol, take other mind-altering substances, or smoke. They may react with the sedation drugs.
- Have an adult with you on the first night after your colonoscopy. Notify the hospital Emergency Department straight away if you have;
 - severe ongoing abdominal pain.
 - black tarry motions or bleeding from the back passage (more than ½ cup of blood).
 - a fever.
 - sharp chest or throat pain.
 - have redness, tenderness or swelling for more than 48 hours where you had the injection for sedation (either in the hand or arm).