



Digestive and Colorectal Care

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Colonoscopy information sheet

What is a colonoscopy?

Colonoscopy is an examination of the lining of the colon (large bowel).

The colonoscope is a long flexible tube with a tiny video camera on the end. It is passed through the anus and around the colon. The lining of the colon can be directly visualised on a video screen to check for abnormalities such as polyps, the presence of blood, narrowings, diverticula (pockets) or inflammation. If polyps are seen, they can usually be removed during the examination. Colonoscopy is the most accurate way of examining the inside of the colon.

Colonoscopy may be recommended if:

- You have bleeding from the bowel;
- You have a change in bowel habit;
- You have previously had bowel cancer, polyps or inflammation;
- One or more of your immediate family has had bowel cancer.

What is a polyp?

A polyp is a growth on the lining wall of the colon. Some polyps are the overgrowth of glandular cells which have the potential to turn cancerous. The cause of polyps is unknown, but we do know that if your family members have had polyps or colorectal cancer your risk of developing more polyps or cancer is increased. Once you have had a polyp or cancer you have a greater risk of developing more polyps or cancer. When a polyp is found it should be removed and examined by a Pathologist. When one polyp is found there is a 40% chance there will be others present in the bowel, so it is important to examine the entire colon.

Preparation for colonoscopy

It is most important that the bowel is completely clean. The cleaner the bowel, the easier and more thorough the examination will be. The bowel is cleared the day before the procedure by the combination of a clear liquid diet and a special laxative preparation.

You should read the bowel preparation instructions a week before your procedure and follow them carefully.

Please notify the nurse at Intus if you:

- *have any allergies,*
- *are a diabetic or epileptic*
- *have any artificial joints, a pacemaker, an artificial heart valve or stents*
- *are taking any blood thinners such as Warfarin, Clopidogrel, Pradaxa, Dipyridamole, Ticagrelor, Apixaban, Rivaroxaban, or have any clotting disorders*
- *are taking oral contraceptive, anti-inflammatories, iron tablets or Lithium*
- *have any other major medical conditions.*

If you have diabetes or epilepsy, we strongly recommend that you discuss the management of your diabetes or epilepsy with your GP or associated specialist as bowel preparation can affect the absorption of some medications.

The examination

The examination is an outpatient procedure which usually lasts 20 to 45 minutes. It is not normally a painful procedure, but some discomfort may be felt when gas is introduced into the bowel or the colonoscope is gently manoeuvred around the corners of the bowel. Photographs may be taken of your bowel during the examination as part of your clinical record. You will be positioned on your left side or back for the examination. On occasion, you may be required to be positioned on your stomach or right side.

It is our objective to keep you comfortable during the colonoscopy. Depending on your preferences, a light sedative and pain relief may be given to you prior to commencement of the examination. This is given through a vein and will help to control any discomfort during the examination. It is not compulsory and you may choose not to be given any drugs. However, sometimes some pain relief or sedation is necessary to allow the examination to be completed satisfactorily.

About sedation

- It is not a general anaesthetic, i.e. you are not unconscious.
- You will probably feel drowsy and may fall into a light sleep, though you will rouse easily.
- Usually a combination of two drugs are used to induce relaxation and control discomfort.
- The drugs suppress your instinct to breathe, so your heart rate and oxygen saturation levels will be monitored throughout the procedure.
- You will be given oxygen during the procedure.
- The medications have an amnesic effect – your memory of the procedure and afterwards will be distorted or even lost for up to 24 hours.
- You should not drive, operate heavy or potentially harmful machinery or make legally binding decisions for 24 hours after the sedation.
- Sedation may trigger recall of past traumatic events of a sensitive nature. If you have any concerns about the invasiveness of this procedure, we would strongly recommend that you see your consultant prior to coming in for the investigation so that alternative arrangements may be discussed.

At the completion of the examination you will be taken to the recovery area for a period of rest and observation. You will be given something to eat (usually a sandwich) and drink. **If you have any special dietary requirements or allergies i.e. vegetarian, gluten free, dairy free, or any other specific requirements, you must phone Intus to inform them prior to your procedure, so that they can order appropriate food for you in recovery.**

If you are given sedative or pain killing drugs, the usual recovery time is about one hour. It will be necessary for you to arrange for someone to collect you from Reception to drive you home. It is illegal to drive yourself following sedation. For this reason, you should arrange for someone you know to transport you home after the procedure and stay with you for the next 2-3 hours. We advise against public transport such as busing or Taxi. If you do not have any drugs, you may leave after the procedure and continue your normal day.

The results of the colonoscopy will be reviewed with you at the completion of the procedure and you will be given or posted a written report. *You may have a hazy memory of the period during and just after the examination.* If you have any questions about the colonoscopy, please do not hesitate to call us. If a polyp or biopsy was taken, the laboratory report is usually available within 3 to 4 days. A copy of this report is sent to your GP.

There may be a small amount of blood in the bowel movements for up to 4-5 days after the examination. If bleeding seems excessive or you have any questions please contact us. It is not uncommon to experience abdominal discomfort after the procedure, caused by gas being introduced in to the colon. Passing wind will reduce abdominal griping. Paracetamol may be taken during this time.

It is expected that you will be able to return to work the next day with no after effects.

Safety measures

Safety measures (which are sometimes called enablers) will be used during your examination. This may involve holding your hand, manual pressure on your abdomen, using bedrails and taping or bandaging of your intravenous (vein access) port.

Complications

Complications are **rare**. However, as with any diagnostic procedure, there are small risks. It may be necessary for complications to be managed by another health care provider such as the public hospital.

- Bleeding – this can occur with any type of biopsy, either at the time or up to 3 weeks later when the scab comes off.
- Septicaemia from a biopsy site – this is rare, and typically presents with abdominal pain and chills within 24 hours of the examination.
- Perforation of the bowel – this may require surgical intervention. This happens rarely (1 in 3000 cases in our practice). Usually due to an underlying bowel condition or a deep biopsy.
- Over-looked pathology – no investigation is 100% accurate, although colonoscopy comes very close. There is a chance that a small polyp may be missed, and very occasionally a significant polyp or cancer is hidden behind a fold and overlooked.
- Incident cancers – very rarely a cancer will develop in the period before your next colonoscopy (if a recall is indicated).
- **If you do receive treatment from another provider, related to complications, please ensure that Intus is aware of this. You can do this by phoning us directly or asking the health care provider to contact us.**

Incomplete examinations

About one colonoscopy in 25 cannot be completed for some reason or other, usually discomfort, anatomy, previous abdominal operations or poor preparation. In that event, you may be asked to have a CT colonogram to complete the examination. It will be arranged for you at the time of your admission. If possible, it will be done on the same day to ensure you do not need to go through a second bowel preparation. This investigation is usually done at Pacific Radiology. *There will be a separate fee for this investigation* which will be charged by Pacific Radiology Group.

Follow up

If you have a polyp you are more likely to develop new polyps. Polyps removed will be analysed by a pathologist. The pathology report may influence advice about when you should have another colonoscopy. Initial advice about follow up may be given in your colonoscopy report. Occasionally this advice may be changed if the pathology results differ from what was thought on the day of the procedure. You will be contacted to inform you of any changes to our recommendations.