

COLONOSCOPY:

Colonoscopy is a procedure to examine your large intestine. A flexible camera is inserted into the rectum and the entire colon can be viewed for polyps, cancer and other diseases. Polyps can be removed during the procedure.

INDICATIONS FOR COLONOSCOPY:

- **Screening colonoscopy:** to check for cancer or precancerous polyps
- **Surveillance reasons:** to follow up in patients with a history of previous polyps or inflammatory bowel disease
- **Diagnostic reasons:** to investigate symptoms such as bleeding, diarrhea, change in bowel movements, etc.

PROCEDURE:

Sedation: You will be placed on your left side with your knees drawn up to your chest. You will be given medications to help you relax and remain comfortable. Common drugs used are benzodiazepines (midazolam/ Versed), opioids (Fentanyl) and other agents (Propofol). You may or may not fall completely asleep during the procedure but most patients will not remember their colonoscopy.

Procedure: The doctor will navigate the scope through the anus into the colon. Small amounts of air and water are used to open the colon and allow for better visualization. Your heart rate, breathing and blood pressure will be monitored during the examination. Sometimes gentle pressure on the abdomen and changes in position can be used to guide the scope to the end of the bowel. Occasionally, the doctor might not be able to reach the end of your bowel. In this instance, other tests at the hospital or repeat colonoscopy may be needed.

RECOVERY:

Sedation: You will be monitored in the recovery area until you are fully awake. Most patients can go home within 30 minutes. You must not drive, consume alcohol or make important decisions for 24 hours. Remember to have a driver to take you home afterwards. You may not take a taxi home unless you have another responsible adult to accompany you.

Pain: Severe pain is rare after colonoscopy. You may have some cramping until you pass the air. It is a good idea to start with light meals and progress to your regular diet. You should return to your normal pattern of bowel movements within 2 to 3 days after the procedure.

RISKS AND BENEFITS:

Benefits: A colonoscopy is the most accurate way to find and remove polyps. Removing polyps at an early stage can decrease your risk of death from colon and rectal cancer, which is the second leading cause of cancer death for both men and women in Canada. The lifetime risk of colorectal cancer is 5% or 1 in 20. The risk of colon cancer is increased if you have ulcerative colitis, Crohn's disease, after age 50, or if you have a parent or sibling with colorectal cancer .

Not all polyps can be removed by colonoscopy however- if a polyp is too large the doctor might need to arrange for a second procedure or surgery at the hospital to remove it later.

Colonoscopy is an accurate test with a sensitivity of 90%. The fecal occult blood test (FOBT), by comparison, has a sensitivity of 40 to 60%. This means that if ten people had bowel cancer this test would show positive for blood in 4 to 6 people. The others would have cancer but the test would miss their cancers. Fecal occult blood testing can have false positive results in which the test is positive but there is no colon cancer.

Risks:

Prep related side effects:

You may experience dehydration, headaches, nausea and electrolyte imbalances from the bowel prep. It is important that you not drink only water when prepping.

Perforation of the intestine:

A hole might be made by pressure from the scope that passes through the wall of the intestine. This is a rare complication that occurs in less than 1 of 1000 cases. This risk increases if polyps are removed. A large perforation requires emergency surgery. A small perforation may be treated with rest, fluids, antibiotics and close observation. Surgery may not be required for a small perforation.

Bleeding:

Bleeding can occur when polyps are removed. The risk is increased when multiple polyps or large polyps are removed. Sometimes bleeding can start up to 2 weeks after the procedure. A trace of blood is normal. If you notice excessive bleeding, please contact the clinic, the office of the doctor who performed your procedure or go directly to the Emergency Department for assessment.

Cardiorespiratory:

Minor changes in oxygen levels or heart rate occur in less than 1 of 1000 cases.

If you have any questions regarding your procedure, please contact Burlington Endoscopy or visit us at burlingtonendoscopy.ca