

Colonoscopy Information Sheet

Mr Nigel R Hall

Colonoscopy involves examining the lining of the large intestine (that is, the rectum and colon) using a flexible instrument called a colonoscope. This leaflet has been designed to provide you with information about the nature of the procedure, what to expect in the recovery period and the potential risks. If you have further questions please telephone my office on 01223 508253.

How is the procedure performed?

The colonoscope is a long flexible tube with a tiny camera at the end. With careful manipulation of the instrument using the hand controls and judicious inflation with air it is possible to examine the entire rectum and colon. Colonoscopy has a range of benefits as it can be used both for diagnostic and therapeutic purposes. It can be used to investigate rectal bleeding, anaemia or alteration in bowel habit; to examine parts of the bowel not clearly seen on a barium enema or CT scan; to screen for polyps in patients with a family history of bowel cancer; as part of follow-up where a polyp or cancer has been removed previously.

Diagnostic uses include detection of :

- Polyps
- Cancer
- Diverticular disease
- Inflammatory bowel diseases (ulcerative colitis or Crohn's disease)
- Strictures (narrowed areas)

Therapeutic uses include:

- Removal of polyps (polypectomy)
- Stretching of strictures

Is there any special preparation?

In order to gain the best views of the bowel lining and optimise the benefit of the procedure the bowel should be as clean as possible. You will be given a powerful laxative and instructions about how to empty the bowel at home in the 1-2 days prior to coming for the examination. It is very important to follow these instructions carefully and drink plenty of water to prevent dehydration. If you are taking warfarin then you will need to make special arrangements to stop this before your attendance.

What kind of sedation will I have?

Colonoscopy can be uncomfortable as the instrument has to negotiate curves in the bowel. You will be given a sedative and a painkiller intravenously. This is controlled sedation and not an anaesthetic. You may be given oxygen to breathe and a small finger monitor will check your pulse and breathing. Owing to the nature of the sedation you may not remember the procedure and it is not safe to work, drive or operate machinery for a full 24 hours after the examination. *For this reason you must arrange to bring a relative or friend with you who can take you home and stay with you overnight.*

Recovery after your colonoscopy

The main effects of the sedation wear off within an hour of the examination and you will be given a cup of tea and something to eat. Most discomfort caused by the air inserted into the bowel passes over a few hours.

What can go wrong?

Colonoscopy is generally a very safe procedure with few risks, but complications do occur occasionally. The two main dangers are perforation and significant bleeding; the risk of these is highest after removal of a large polyp. Fortunately these are extremely rare – the risk of perforation is about 1 in a thousand and bleeding about 2 in a thousand; when they do occur, hospital admission is necessary and sometimes an operation is required to correct the abnormality.

Occasionally it is not possible to see all the way around the colon with the instrument because of the configuration of the bowel. Under these circumstances a CT scan may be required to look at the remaining colon.

In the period following your operation you should contact your GP or my secretary if you notice any of the following problems:

- (1) Increasing pain
- (2) High temperature over 38° or chills
- (3) Severe bleeding from the bowel
- (4) Constipation for more than three days despite using a laxative
- (5) Nausea or vomiting