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Information for patients undergoing colonoscopy

Your physician has asked that the inside of your colon (large intestine) be inspected by using a long flexible tube (colonoscope) so that he can know what disease, if any, is present.

Proper preparation is extremely important for this examination. The large intestine must be clean and empty for the doctor to make an adequate examination. The preparation requires the use of a clear liquid diet for one day before the examination. This is achieved by using a laxative, often "Golytely"; it is usual to use up to 4 litres to clean out the colon before the procedure; other preparations may be used by your doctor. Because many patients are apprehensive, Dormicum® and Pethidine® are often given intravenously at the time of the examination to relax the patient; once again, your doctor may use a different drug or combinations. Ask him/her about this. These drugs will not put you to sleep but may cause some lightheadedness. (See "Conscious Sedation: What you need to know") If you have had any unfavourable reaction to any of these drugs, you should tell the examiner before the injection is given.

The examination is carried out with the patient lying on his left side on the examining table. A lubricant is applied around the anus and the colonoscope is passed into the rectum. It is necessary for the doctor to use some air to aid him in the examination. This may cause you to feel distended and full. If you have the urge to pass this air by rectum, it is permissible to do so unless the doctor requests otherwise. The large intestine may be twisted and tortuous. As the instrument passes around some of these turns, it may cause a cramping or tugging sensation. This is usually relieved as the instrument is passed around a bend and straightened. The examination may take anything from 15 – 60 minutes. If polyps are to be removed, it may take longer. (Polyps are benign growths which have the potential to be malignant.) A nurse is present to help the doctor and to assist in monitoring the patient's condition. After the examination is completed, you will be asked to rest for an hour or two in an adjoining room until the effects of the medications have subsided and until you have passed much of the air which was introduced during the examination.

Polyps are removed by first locating them with the colonoscope and then placing a wire loop around the base of the polyp. An electric current is used to cut the polyp off at its stalk or base. You will not feel this current. The polyp specimen is usually retrieved by applying suction to the instrument and catching the polyp on the tip of the instrument. Polyp and instrument are then both withdrawn. If there is more than one polyp it is necessary to re-insert the instrument to remove the additional polyp.

There are certain risks to this procedure:

1. There is a very small risk of perforation of the colon. If, however, this should happen, surgery may be required for repair.
2. Following removal of a polyp, there is a small chance/risk of bleeding from the site. This may settle spontaneously, require re-examination or, rarely, surgical intervention. Blood transfusion may be required.
3. X-ray screening may be used during the procedure so it is important to inform the doctor if you suspect you might be pregnant.

It is important to note that, if you are concerned regarding any symptoms which develop following this procedure, you should contact your doctor. He/she will most likely request that you present for assessment without delay.

If you have any questions, please ask your doctor.