

Colonoscopy

What is Colonoscopy?

Colonoscopy is a procedure that allows your doctor to examine the inside lining of the large bowel (colon). A colonoscope is a long flexible tube with a light on the end that is connected to a video monitor. The instrument is equipped with the ability to insufflate the bowel with air or carbon dioxide, which allows better visualization of the bowel surface. The instrument can be used to remove or burn growths, and to take tissue samples (biopsy). This scope is initially passed through the anus into the rectum (lower part of the colon) and then is advanced to the right side of the colon, to the very end of the large bowel called the cecum. The procedure usually takes about 15-30 minutes.

Will there be any discomfort? Is any anesthetic needed?

The procedure can be uncomfortable and therefore, it is usually done under intravenous sedation administered by an anesthesiologist. Before the procedure begins, the anesthesiologist will place a small intravenous needle in your hand or forearm for administration of sedatives. Most patients are comfortably asleep during the procedure and wake up when it is almost or fully completed.

What are the potential complications of Colonoscopy?

Colonoscopy is considered relatively safe and serious complications are rare.

The potential complications include but are not limited to the following:

- mild pain, discomfort in the abdomen for 1-5 days after the procedure, caused by trapped gas
- bowel perforation (bowel wall injury) that usually requires surgery
- bleeding from the biopsy or polypectomy site
- missed pathology (polyps, other growths, disease)
- heart and lung problems, worsening of an existing medical condition
- pain, redness or bruising at the intravenous site
- allergic reaction to the medications given during procedure
- infection in the blood (bacteremia)

The risks to some degree depend on the following:

- personal factors (smoking, overweight)
- whether or not you have any serious illnesses, such as asthma, diabetes, heart disease kidney disease, high blood pressure, etc.
- your bowel has an unusual anatomy (long, loopy, etc.)



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How do I prepare for Colonoscopy?

Before coming for your colonoscopy, you will be given detailed instructions from your doctor regarding the bowel cleansing for this procedure. Please follow them carefully.

If you expect sedation to be given, your stomach must be completely empty. You will be provided with an instruction sheet, “**Preparing for Your Endoscopy Procedure**”. Please read and follow the instructions carefully.

You will receive several documents from your specialist in advance that you will need to review and/or fill in. Please make sure you provide as much information as possible on your RVH **Anesthetic Questionnaire** and **Pre-Surgery Medication Review**. It is important that your medication list is accurate. You can ask your pharmacist to help, if needed. You can also bring your medications with you to show to the admitting nurse.

What if the doctor finds something during the procedure?

Your doctor may take a biopsy, remove a polyp, or perform another intervention during the procedure, e.g., burn a dilated bleeding vessel, place a metal clip to stop bleeding post- polypectomy (polyp removal), injection of dye (tattoo) to mark a lesion for easier future identification. The picture of a finding may be taken. You will be informed of what was done.

The pathology results usually take a few days to come back and your specialists will contact you about the findings, if appropriate. A copy of the endoscopy procedure report and the pathology report will be sent to the referring doctor and your family physician.

What happens in the hospital when I arrive for my colonoscopy?

You will be asked to arrive at the hospital 1.5 hours before your scheduled appointment time. When you arrive, you will register with a clerk at the Central Registration on the second floor.

You will be admitted into Endo Fast Track area. A nurse will review your completed paper work with you and take your medical history.

When the endoscopist is ready to perform your procedure, a nurse will take you to the procedure room. Please be aware that although we do our very best to follow the schedule and do all procedures on time, there is always an element of unpredictability where medical procedures are concerned and you may have to wait longer than expected for your turn.

Following the procedure you will be transferred back to Endo Fast Track on a stretcher. This is where you will recover from your procedure.

You will have an opportunity to speak to your specialist after the procedure (before discharge) or an office follow-up appointment will be made to review the findings.



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You will also receive a sheet with the findings and a post-procedure instruction sheet to take home with you.

Your responsible adult / driver must come to the Endo Fast Track department to pick you up. You must have someone to stay with you for the remainder of the day and the subsequent night. The person taking you home will be asked to sign a document acknowledging these recommendations. You are not allowed to drive until the following morning.

What will I experience after the procedure?

Your recovery time will be approximately 30 minutes. You may feel tired following the procedure because of the sedation given to you. Some people may feel a bit lightheaded or dizzy. A little abdominal discomfort is normal after your colonoscopy. This is usually related to the gas insufflated for better visualization. This should go away when you pass gas. This may also be relieved by drinking warm fluids, walking or a warm bath. When at home, you may resume your normal diet unless otherwise instructed by the doctor.

When should I call the doctor?

You may experience bloating, cramping, or small amount of rectal bleeding (if biopsies were taken or polyps were removed) following your procedure. This is normal. You should contact your doctor and/or go to the Emergency department if you experience the following:

- severe abdominal pain
- significant bleeding (more than ½ cup)
- fever
- redness, swelling or tenderness for more than 48 hours at the intravenous site used for sedation

Are there any other tests that I can have instead of Colonoscopy?

The other tests for assessment of the large bowel include flexible sigmoidoscopy (this is limited to the assessment of the lower part of the large bowel) or CT colonography (radiological test). The benefits of a colonoscopy is that it allows full assessment of the large bowel and it gives an opportunity to perform necessary interventions (remove polyps, take biopsies).

