

## Colonoscopy: An Overview

- Please read the following information and enclosed prep instructions upon receipt. An early understanding of the requirements for a successful colonoscopy can help prevent the rescheduling and lengthy delay of your appointment.
- As with any procedure, a colonoscopy can present slight risks. The information enclosed is not intended to replace the medical advice of your doctor, but is presented as a general overview of the procedure. If after reading the enclosed materials you believe you would benefit from meeting with your gastroenterologist prior to your procedure, please call us to schedule an office appointment. (Scheduling office time may require rescheduling and delaying the date of your procedure.)
- **Colonoscopy** is a routine, outpatient procedure that allows your doctor to look at the interior lining of your large intestine (rectum and colon). Colonoscopies are commonly used to detect and evaluate bowel disorders, polyps, tumors, and areas of inflammation or bleeding. Colonoscopies are also performed to screen people over the age of 50 for colon and rectal cancer.

During a colonoscopy, a physician uses a colonoscope (a long, flexible instrument about ½ inch in diameter) to view the lining of the colon. The colonoscope is inserted through the rectum and advanced through the large intestine. A small video camera is attached to the colonoscope so that the large intestine is visualized. The colonoscope can be used to view the entire colon as well as a small portion of the lower small intestine.

If necessary during a colonoscopy, small amounts of tissue can be removed for lab analysis (called a biopsy) and polyps often can be identified and removed. In many cases, colonoscopy allows accurate diagnosis and treatment without the need for a major operation.

**Bowel preparation** is necessary for a successful colonoscopy. It is very important that you read and understand the enclosed instructions (“prep”) for your bowel preparation well in advance of the test.

**Your doctors ability to see inside your colon depends on how thoroughly it has been cleared of stool (feces).** Prep for colonoscopy involves fasting from solid food and taking a solution which causes loose, frequent stools and diarrhea. You will want to stay home the evening before and several hours prior to your colonoscopy because the preparation will make you use the bathroom frequently.

Most patients report that the least pleasant aspect of a colonoscopy is undergoing the prep. Please read your prep instructions carefully, as you may need to make adjustments in your regular medications and schedule. If you still have questions after reading the instructions, please call us to ensure a successful prep.

**Transportation** is another important factor to consider previous to the day of your Colonoscopy. Due to sedation, you are required to have a driver who will remain with you at the facility and drive

you home after your procedure. Public transportation and “drop off/pick up” is not allowed. You and your driver can expect to be at the facility for up to 2 hours.

On the day of the procedure, you will briefly meet with your doctor prior to undergoing sedation. Your colonoscopy will be performed by this gastroenterologist with the aid of nurses and a medical technician. You will wear a hospital gown and be given a pain reliever and sedated intravenously (in your vein). You will feel relaxed and drowsy. Your doctor can increase the amount of sedation as needed.

During the procedure you will lie on your left side on the exam table with your knees drawn up. Once you have been sedated, the colonoscope is inserted through the rectum and advanced through the large intestine. The scope bends, so the doctor can move it around the curves of your colon. You may be asked to change position occasionally to help the doctor move the scope. The scope also blows air into your colon, which expands the colon and helps the doctor to see. You will probably feel and hear some air escape around the scope. There is no need to be embarrassed about it. The passing of air is expected.

You may feel mild cramping during the procedure. You can reduce the cramping by taking several slow, deep breaths during the procedure. As the scope is moved up the colon, you may feel the urge to have a bowel movement and expel gas. If you are experiencing pain, tell your doctor. (While most people report that they remember very little of the test because of the sedation, you will be able to speak to your doctor throughout your colonoscopy.) The removal of biopsy specimens and polyps is painless; since the lining of your intestine does not contain nerves that detect pain.

When the doctor has finished, the colonoscope is slowly withdrawn while the lining of your bowel is carefully examined.

**After the procedure** you will stay in a recovery room for about 30 minutes for observation. You may feel some cramping or a sensation of having gas, but this usually passes quickly.

Your doctor will be able to discuss some initial findings with you immediately after the procedure. Full results will be sent to you by mail. If you also underwent an upper endoscopy, the facility staff will instruct you to call the doctor’s office in one week to receive the full results of the upper endoscopy by return phone call. The doctor and staff will also give you further discharge instructions.

A responsible adult must drive you home, where you may resume your normal diet. You will be advised not to drive or operate machinery for 24 hours after the test; however, after rest and the resumption of eating, the majority of patients do return to work the day after their colonoscopy.

**Risks:**

While the colonoscopy is generally a safe and well tolerated procedure, there is a potential for complications. These are rare and include perforation (a tear in the bowel wall), bleeding at the biopsy or polypectomy site, and breathing difficulties (from sedation). Please call to discuss any concerns you might have with your doctor prior to your examination.