

What is a colonoscopy?

A colonoscopy is a test whereby a doctor looks into your colon (also called the large intestine or large bowel) The colon is approximately one metre in length and can be examined by passing a thin, flexible, tube about as thick as the little finger through the anus and into the colon. The colonoscope shines a bright light into the colon and the image is captured on a video screen. The colonoscope also has a 'side channel' down which devices can pass and be manipulated inside the colon.

Who requires a colonoscopy?

A colonoscopy may be advised if you have symptoms such as rectal bleeding, pains in the lower abdomen, persistent diarrhea or other symptoms thought to be coming from the colon. It can also be used as a screening test for colon cancer in otherwise healthy people. The sorts of conditions which can be diagnosed at colonoscopy include:

- Ulcerative colitis
- Crohn's disease
- Colon cancer
- Colon polyps
- Diverticulosis

Various other conditions may also be detected. Often a colonoscopy is normal in which case it may help to rule-out certain causes for your symptoms.

What happens during a colonoscopy?

Colonoscopy is usually done as an outpatient or day case. You will be given a sedative to help you to relax during the procedure. This is given by an injection into a vein in the back of your hand. The sedative can make you drowsy but it does not 'put you to sleep' and is not a general anaesthetic. You lie on your left side on the examination trolley while the doctor gently pushes the end of the colonoscope into your anus and up into the colon.

Air is passed down a channel in the colonoscope into the colon to make the inside lining easier to see. This may cause you to feel as if you want to go to the toilet (although there will be no faeces to pass). The air may also make you feel bloated, cause some mild 'wind pains', and may cause you to pass wind. This is normal and there is no need to be embarrassed as the doctor will expect this to happen.

During colonoscopy the colonoscope is passed to the end of the colon, known as the caecum, and then slowly withdrawn while examining the lining of the colon. A colonoscopy usually takes about 20-30 minutes. However, you should allow at least two hours for the whole appointment to prepare, give time for the sedative to work, for the colonoscopy itself, and to recover. A colonoscopy should not hurt, but it can be uncomfortable.

The doctor may take biopsies of some parts of the inside lining of the colon - depending on why the test is done. This is painless. A thin instrument is passed down the channel and allows a small "bite" to be taken from the lining of the colon. The colon samples are sent to the lab for testing.

It is also possible to remove polyps at the time of a colonoscopy. Polyps are small growths of tissue which hang from the lining of the colon and have an appearance similar to a grape. Some polyps have the potential to develop into colon cancer and therefore all polyps are removed if found in the colon. Polypectomy or polyp removal involves placing a wire (called a snare) around the stalk of the polyp. This is then closed tightly and heated with electric current, thereby cutting the polyp away from the lining of the colon. The process is painless.

What preparation do I need to do?

You will be given detailed instructions on how to prepare or clean the colon prior to your colonoscopy. This is very important as if the colon is not adequately cleaned visualisation of the colon is reduced.

What can I expect after a colonoscopy?

Most people are ready to go home after resting for half an hour or so while the sedative wears off. You may need to stay a bit longer for observation if you have had a polyp removed. However, you should not drive, operate machinery or drink alcohol for 24 hours after having sedation. You will need somebody to accompany you home and to stay with you for 24 hours until the effects have fully worn off. Most people are able to resume normal activities after 24 hours. You may eat and drink normally after the colonoscopy. Dr Epstein will explain what he found after the colonoscopy and give you a copy of his report. The sedative you received may cause amnesia and once home you may not recall what was discussed. It is advisable that a relative or friend is present during any discussions after the procedure. A copy of your report will also be sent to your referring doctor.

Are there any side-effects or complications from having a colonoscopy?

The vast majority of colonoscopies allow thorough examination of the colon without any side effects or complications. However there are small but recognisable risks involved when undergoing colonoscopy. These include the following:

Missed Diagnosis

The colon is not a straight tube but has a concertina like structure with a number of twists, corners and turns. In the best of hands up to 10% of the colon surface may go unsighted during a colonoscopy procedure. Fortunately only very small or minor abnormalities may be missed. To ensure that your procedure is as accurate as possible the colonoscope is removed slowly and carefully so that as much of the colon lining is seen. You may also be asked to roll from side to side during the colonoscopy to allow adequate visualisation of all corners of the colon.

Failed Colonoscopy.

For various reasons a colonoscopy may not be completed. This can be due to a poor colon preparation (stool present in the colon), narrowings in the colon which do not allow the passage of the colonoscope and occasionally difficult loops or corners in the colon which do not allow the safe passage of the colonoscope. In these circumstances the colonoscopy procedure will be stopped and you will require an alternative test to examine your colon at a later stage.

Perforation

This occurs when a hole is made in the colon at the time of colonoscopy. The risk of this happening is 0.001%. Should a perforation occur you will most likely require an operation to repair the damage.

Bleeding

This can occur after the removal of a polyp. It can happen that a blood vessel in the stalk of the polyp can bleed up to a week after the removal of the polyp. In severe cases you may require a blood transfusion and in exceptional circumstances an operation is required. Minor passage of blood from the anus after a colonoscopy can occur after a biopsy or polypectomy and is not a problem. If you are taking blood thinning medication such as Aspirin, Ecotrin, Warfarin or Plavix please notify Dr Epstein before your procedure.

Heart and lung problems.

Any person who undergoes a procedure where sedation is required can have problems with their breathing or blood pressure. Sedative medication is given carefully with continual monitoring of your heart and breathing during the procedure to avoid such eventualities.

Should you experience any of the following problems after your colonoscopy please contact Dr. Epstein on cell: 0824914091 immediately.

- Severe abdominal pain – especially if it becomes progressively worse and feels more intense than any usual stomach pains you have experienced.
- Fever
- Vomiting
- Bleeding from the anus

Are there alternatives to colonoscopy?

Yes there are non-invasive ways of visualising the colon. A barium enema is an older x-ray test which is not very accurate at identifying colon problems. A CT colonography is a recent development which does provide good images of the colon using CT scanning technology. If a CT colonography is performed any abnormalities detected in the colon will result in a colonoscopy being performed at a later stage to take a biopsy of the abnormality or if a polyp to have this removed. CT colonography does involve a bowel preparation, exposure to radiation and may not be covered by your medical aid.

What is the cost of a colonoscopy?

The total cost of a colonoscopy consists of 1. The hospital facility fee 2. Doctor Epstein's fee for the basic procedure to which additional costs may be added for removal of polyps etc and 3. The pathologist fee for examining any biopsy material. Please discuss the rates with Dr Epstein's staff as the fee may not be entirely covered by your medical scheme.

If you have any queries about the information contained in this brochure or would like to consider other alternatives to colonoscopy please contact Dr Epstein before the day of your procedure.

Compiled by Dr D. Epstein January 2012