

UNDERSTANDING COLONOSCOPY

Colonoscopy . . .

Is a procedure that allows your doctor to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube about as thick as your finger into your anus and slowly advancing it into the rectum and colon. Colonoscopy is a safe and effective way to evaluate problems such as blood loss, pain, and changes in bowel habits. Colonoscopy also is an important way to check for colon cancer.

To prepare for your procedure

Your colon must be completely clean for the procedure to be accurate and complete. Your doctor will give you instructions regarding what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of consuming a large volume of clear liquids and special oral laxatives. Please follow your doctor's instructions carefully. If you do not, the procedure may have to be cancelled and repeated later.

What about current medications?

Most medications can be taken as usual, but some medications can interfere with the preparation or the examination. In form your doctor about current medications as well as any allergies to medications several days prior to your procedure. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin, or iron products are examples of medications whose should be discussed with your doctor.

What can I expect during my colonoscopy?

Colonoscopy is usually tolerated well and rarely causes discomfort. Everything will be done to ensure your comfort during the procedure, however you may feel pressure, bloating, or cramping at times. An intravenous (IV) line will be inserted to give you medications to make you relaxed and drowsy during

the procedure and may prevent you from remembering much of the experience. Your doctor will advance a colonoscope through your colon to examine its lining while you lie on your side. The procedure usually takes 15 to 60 minutes, allow 2 to 3 hours including waiting, preparation, and recovery for the entire procedure.

If your exam shows something abnormal

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (sample of the colon lining). The specimens are submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by cauterizing the bleeding vessels. If polyps are found, they are generally removed. None of these additional procedures produces pain since colon lining can only sense stretching.

Polyps and why they are removed

Polyps are abnormal growths on the inside lining of the intestine that vary in size (tiny dot to several inches) and shape. They are usually benign (non-cancerous), however it is not possible to tell just by looking if it is malignant or potentially malignant. For this reason, removed polyps are sent for tissue analysis by a pathologist. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

After the procedure . . .

You will be observed in recovery until most of the effects of the sedation have worn off (½ to 2 hrs). At this time, your doctor will explain the results of your colonoscopy. **You will need someone to drive you home after the procedure.** You may have some

cramping or bloating because of the air introduced into the colon during the examination. This should disappear with the passage of flatus (gas) in 24 hours or less. You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polyp removal.

Possible complications of colonoscopy and polyp removal

Colonoscopy and polyp removal are generally safe when performed by doctors who are specially trained and experienced in these procedures, however complications can sometimes occur. Possible complications include perforation through the bowel wall requiring surgical repair. Bleeding may occur from the site of biopsy or polyp removal that is usually minor, stops on its own, or can be controlled through the colonoscope. Rarely, heavy bleeding may result and could require blood transfusions, surgery, or repeat colonoscopy to control the bleeding. Reaction to the sedatives used and complications from heart or lung disease are possible. Local irritation of the IV site may cause a tender lump for several weeks, but will go away eventually.

Although complications are uncommon, it is important to recognize their signs early. Contact the office Grand Teton Gastroenterology if you notice severe abdominal pain, fever and chills, or rectal bleeding more than one-half cup. Bleeding can occur for several days after polyp removal.

Please discuss any specific concerns you may have about the procedure with your healthcare provider.