

Colonoscopy Information Sheet

General indications for the procedure:

Colonoscopy is a procedure that allows examination of the lining of the colon (large intestine) for abnormalities by inserting a flexible tube as thick as a finger into the patient's anus and slowly advancing it into the rectum and colon. This helps the doctor evaluate symptoms of pain, diarrhea, rectal bleeding, weight loss, etc. It is useful in evaluating the cause of anemia and screening for colon cancer and colon polyps.

Preparation for the procedure:

The patient will be instructed on what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of either consuming a large volume of a special cleansing solution or clear liquids and special oral laxatives. Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. The patient should inform the physician of any medications he/she currently takes.

Description of Procedure:

A colonoscopy is performed by inserting a flexible tube called a colonoscope into the anus and advancing it through the large intestine to examine the lining while the patient is lying on his/her side or back. Colonoscopy is well-tolerated and rarely causes much pain. The patient may feel pressure, bloating or cramping during the procedure. The patient will be given a sedative to help him/her relax and better tolerate any discomfort. The procedure itself usually takes 15 to 60 minutes. If an area needs further evaluation, an instrument can be passed through the colonoscope to obtain a biopsy (a sample of the colon lining) to be analyzed. If the colonoscopy is being performed to identify sites of bleeding, the bleeding site can be controlled through the colonoscope by injecting medications or by coagulation (sealing off bleeding vessels with heat treatment). Polyps found during colonoscopy will most likely be removed during the examination. These procedures don't usually cause any pain. Polyps can be removed by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. The doctor might use a technique called "snare polypectomy" to remove larger polyps. That technique involves passing a wire loop through the colonoscope and removing the polyp from the intestinal wall using an electrical current. You should feel no pain during the polypectomy. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

After the procedure:

The results of the examination will be explained to the patient, although the patient will probably have to wait for the results of any biopsies performed. If the patient has been given sedatives during the procedure, someone must drive the patient home and stay with him/her. Even if the patient feels alert after the procedure, their judgment and reflexes could be impaired for the rest of the day. The patient may

have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when the patient passes gas.

Risks of the Procedure:

Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures. A very rare complication is a perforation, or tear, through the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the colonoscope and rarely requires follow-up treatment. Some patients might have a reaction to the sedatives or complications from heart or lung disease. Although complications after colonoscopy are uncommon, they can occur.

Procedure Alternatives:

No endoscopy or biopsy. Other options include having an x-ray of the lower GI barium or a CT scan of the colon (CT colography) test, but these exams have limitations and do not allow the ability to take biopsies, cauterize bleeding lesions or remove colon polyps.

Probable Consequences of Refusing Procedure:

Not knowing the cause of the intestinal problem and possible continued growth of colon polyps increasing the risk of transformation to cancer.

Person(s) performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a gastroenterology fellow who is observed by a physician who is a member of the medical staff. Fellows are licensed physicians in approved post residency training programs. Parts of the procedure which they perform will be based on their level of competency.