

COLONOSCOPY Procedure Information Sheet

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What is a colonoscopy?

Colonoscopy is a procedure used to examine the large bowel. It also allows a variety of therapeutic procedures to be carried out through the instrument. Such procedures will include taking of tissue samples (biopsies), the removal of polyps, dilatation of narrowing and various treatments to arrest certain forms of bleeding from the bowel.

What will happen?

After checking into the hospital and completing your admission you will be seen by a pre-admissions nurse for a brief health check. You will then be changed into a hospital gown. You will need to remove your dentures. Please inform the staff if you have any loose teeth or crowns. The anaesthetist and procedural doctor will talk to you prior to the procedure.

Colonoscopy involves the use of a long and highly flexible tube about the thickness of the index finger. It is inserted through the rectum into the large bowel and allows inspection of most of the lining of the large bowel.

At the beginning of the procedure you will be asked to lie on your left side and given a sedative by injection in a vein to make you more comfortable. Usually you will not remember anything about the actual examination.

Removal of polyps

As cancer of the large bowel arises in pre-existing polyps, it is advisable that if polyps are found at the time of colonoscopy they should be removed. Most polyps can be burnt off by placing a wire snare around the base and applying an electric current, thus preventing malignant change in that polyp.

The majority of bowel cancers arise from benign adenomatous polyps. Some polyps never become cancerous. It is impossible to predict which polyps will progress to cancers and which will remain as benign polyps. For this reason it is advised that all polyps be removed at the time of examination. If you have any queries or reservations about removing polyps, please inform the staff before the procedure.

Special Considerations

If you are over 160kg or have any major health concerns please inform our practice nurse as soon as possible. Please inform us if you have had any previous endoscopic examination or any adverse reactions to sedatives or other medications.

As X-Ray screening *may* be used very uncommonly during the procedure, it is essential for female patients to inform the nursing staff if there is any possibility of pregnancy.

Medications

Continue taking all medications as usual unless otherwise instructed. If your procedure is early in the morning you can:

- Take medications as usual prior to your nil by mouth time
- After your nil by mouth time take medications with a small sip of water (i.e. approx. 20ml)
- Bring the medication with you to hospital to have after your procedure (unless you take heart or blood pressure medication, in which case you should take this as normal with a small sip of water)

Please inform our rooms if you take:

- Blood thinning medications (eg. Warfarin, Xarelto, Plavix, etc.)
- Any diabetic medications – particularly Insulin, Forxiga, Xigduo, Qtern, Jardiance, Jardiamet & Glyxambi

After your procedure – Important post-procedure care instructions

You will remain in the endoscopy unit until the main effects of the sedation wear off and you have had something to eat/drink. You may feel slightly bloated due to the air that has been introduced through the endoscope. This will quickly pass. You should avoid alcohol for at least 12 hours after your procedure.

The doctor will talk to you after your procedure to let you know of the results. You will also receive a copy of the typed report as you may still be drowsy at the time the doctor talks to you. The whole process generally takes approximately 4 hours from the time you arrive to discharge time.

For legal reasons you MUST NOT drive a vehicle or operate machinery for the remainder of the day following intravenous sedation. Failure to do so carries the same implications as drink driving.

You MUST have a responsible adult escort you home and stay with you for overnight after the procedure. (i.e. You should not go to work).

You should not care for dependent persons without responsible help for at least 12 hours after your procedure.

***IF THESE REQUIREMENTS ARE NOT MET YOUR PROCEDURE MAY BE CANCELLED.
These are compulsory requirements for all hospitals and anaesthetists.***

You are also advised to be very careful in simple household tasks in the 12 hours after receiving sedation. Your coordination may be impaired for some time and it is important, therefore, not to use sharp knives, risk kitchen burns etc.

If you develop any pain, fever, vomiting or blood loss after the procedure, you should contact your doctor immediately or the hospital where your procedure took place. Alternately, after hours, you can contact our after hours service on 3261 9570.

Air Travel post Colonoscopy

After your procedure you may be unable to travel domestically for two days or travel internationally for two weeks due to risk of bleeding after having polyps removed.

If this is an issue please discuss this with your doctor.

As a duty of care to our patients and to meet Medicare requirements we must have a current referral from your referring GP or specialist on file prior to your procedure.

This can be faxed or emailed to us at reception3@ddq.net.au

(Reminder: GP referrals only stay current for 12 months from their first use and specialist referrals are only current for 3 months from their first use. Medicare requires that you have a current referral on file for each appointment.)

How accurate is colonoscopy?

THE ACCURACY OF COLONOSCOPY IS STRONGLY DEPENDENT ON THE QUALITY OF YOUR BOWEL PREPARATION. Even though colonoscopy is the best technique to inspect the lining of the bowel and detect polyps or bowel cancer, it is impossible to inspect 100% of the bowel lining and a very small number of lesions may be missed. Occasionally, narrowing of the bowel or other diseases may prevent the instrument being inserted through the full length of the colon. A number of recent studies have examined the accuracy of colonoscopy and concluded that where the instrument cannot be passed all the way around the colon, there is a significant risk of missing polyps and cancers in the unexamined portion of the bowel. For this reason, if your Gastroenterologist is unable to pass the instrument the entire length of the colon, you *may* need further investigations, as there is a small risk polyps can be missed.

Safety and risks

Most surveys report complications in less than 1 in 1000 examinations. A number of rare side effects can occur with any medical procedure. If you wish to have full details of RARE complications, you should discuss further with your doctor/practice nurse before the procedure.

Complications which can occur include intolerance of the bowel preparation solution or reactions to sedatives used. For diagnostic examination, perforation or other major complications are extremely rare but if they do occur, may require hospital admission for further treatment.

Complications of sedation are uncommon. Rarely, serious adverse events can occur. Eg. Heart or lung complications or aspiration (fluid coming from the stomach into the lungs).

In the unlikely event a complication occurs, your doctor will take all due care to ensure your safety. This may include consultation with other specialists (e.g. surgeon) and additional testing (radiology & blood tests) for which there *may* be additional fees.

Colonoscopy

For inspection of the bowel alone (diagnostic colonoscopy without removal of polyps or other operative measures) complications of colonoscopy are uncommon.

When operations such as the removal of polyps are performed, there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed. This can include delayed bleeding which can occur up to two weeks after procedure. In the unlikely event that a haemorrhage occurs after removing a polyp, further treatment may be necessary.

Results

A copy of the results will be sent to your referring doctor and you will receive a copy of the typed report. You may receive this on the day of your procedure. Otherwise, **if you have provided us with an email address, this will be emailed within 1-2 days (or posted). If histology was taken during the colonoscopy you will receive a further letter regarding these results** (which you should keep with your copy of the report).

Your treating specialist will contact you if they have any serious concerns or if you require a further appointment. Should you have any questions or concerns contact our practice nurse at Digestive Diseases Queensland.