Understanding Colonoscopy

What is a Colonoscopy?
Colonoscopy enables your doctor to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube as thick as your finger into your anus and slowly advancing it into the rectum and colon. If your doctor has recommended a colonoscopy, this information will give you a basic understanding of the procedure – how it’s performed, how it can help and what side effects you might experience. It can’t answer all of your questions since much depends on the individual patient and the physician. Please ask your physician about anything you don’t understand.

What preparation is required?
Your physician will tell you 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. The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your doctor’s instructions carefully. And remember, you should not consume anything within eight to ten hours before your colonoscopy.

Can I take my current medications?
Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your physician about medications you’re taking particularly aspirin, aspirin products, arthritis medications, anticoagulants (blood thinners), insulin, iron products or herbal medications. Also, be sure to mention allergies you have to medications. Alert your doctor if you require antibiotics prior to dental procedures, because you might need antibiotics before a colonoscopy as well.

What happens during the colonoscopy?
Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. You will lie on your side or back while your doctor slowly advances a colonoscope through your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscope. The procedure itself usually takes 15 to 60 minutes, although you should plan on two to three hours for waiting, preparation and recovery. In some cases, the physician cannot pass the colonoscope through the entire colon to where it meets the small intestine. Although another examination might be needed, your physician might decide that the limited examination is sufficient.

What if the colonoscopy shows something abnormal?
If your physician thinks an area needs further evaluation, he or she might pass an instrument through the colonoscope to obtain a biopsy (a sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and you physician might order one even if he or she doesn’t suspect cancer. If colonoscopy is being performed to identify sites of bleeding, your physician might control the bleeding through the colonoscope by injecting medications or by coagulation (sealing off bleeding vessels with heat treatment). Your physician might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don’t usually cause any pain.
What are polyps and why are they removed?
Polyps are abnormal growths in the colon lining that are usually benign (non-cancerous). They vary in size from a tiny dot to several inches. You physician can’t always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so they might send the removed polyps for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer. Colonoscopy is sensitive for diagnosing cancer and polyps. The exam is not 100% accurate, and a small lesion could be overlooked.

How are polyps removed?
Your physician might destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. Your physicians might use a technique called “snare polypectomy” to remove large 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.

What happens after a colonoscopy?
You physician will explain the results of the examination to you, although you’ll have to wait for the results of any biopsies performed.

If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quick when you pass gas. You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?
Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures.

One possible complication is 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 can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Sedation is used for your comfort. After sedation, you should not drive, operate heavy equipment, consume alcohol or exercise vigorously due to increased risks. There is a possibility you will not recall the discussion after the procedure. It is rare that one might experience pain during the procedure. All medications including sedation can cause allergic drug reactions and local reactions at the intravenous site. With any form of sedation, there is a risk of heart and lung problems.

Although complications after colonoscopy are uncommon, it’s important to recognize early signs of possible complications. Contact your physician if you notice severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Note that bleeding can occur several days after your examination. Alternatives to colonoscopy include barium enema, virtual colonoscopy and sigmoidoscopy.

You will be asked to sign a form that gives your consent to the procedure and states that you understand what is involved. If there is anything you don’t understand, please ask your physician for more information.