

## COLONOSCOPY INFORMATION

*\*You must be accompanied home by a responsible adult.*

*\*You may not drive yourself home after the procedure.*

*\*If you need to cancel or reschedule your appointment, please contact the hospital at least 48 hours before your appointment.*



south west regional  
cancer program

in partnership with  
cancer care ontario

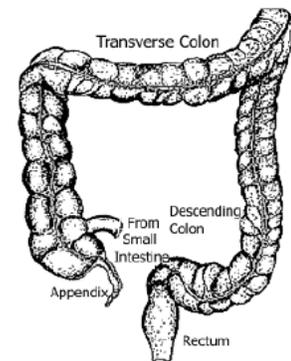
### WHAT IS A COLONOSCOPY?

Colonoscopy is a colon cancer screening procedure that allows the doctor to directly visualize the lining of the large bowel (rectum and the colon). Prior to the colonoscopy, powerful laxatives are used to clean out the bowel so that the lining can be seen.

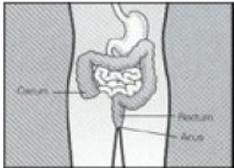
For the procedure, a long flexible scope is used. The scope includes a small video camera as well as a channel to suction out any residual bowel contents. The scope is inserted into the rectum, through the anus, and then passed to the beginning of the colon (where the appendix is).

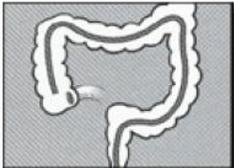
Usually, mild sedation is given through a vein to minimize any discomfort. However, the patient is still awake and able to breathe on their own and to follow instructions despite the sedation. The test usually takes about 20 – 30 minutes to complete.

If at the time of the colonoscopy any polyps are identified, they can often be removed at the same time. To remove a polyp, a wire loop is passed through a channel in the colonoscope and placed around the polyp. An electrical current is then used to cut through and seal the base of the polyp. Large polyps would need to be removed at a second colonoscopy at a hospital endoscopy unit.



After the colonoscopy, the patient rests in a recovery room for 45 – 60 minutes, and then is able to go home.

- 

1 The colonoscope is inserted in your anus and gently guided to the cecum, the first part of your digestive tract.
- 

2 Upon reaching the colon, your doctor can guide the colonoscope to view the entire area.
- 

3 Upon finding something suspicious, your doctor can take a biopsy.
- 

4 ...or do a polypectomy.

## **BENEFITS OF COLONOSCOPY**

- Colonoscopy is more accurate than other currently available colon cancer screening tests, such as the stool blood test or x-rays for detecting colon cancers and polyps. This does not mean that colonoscopy is perfect. Occasionally an abnormality may be missed by colonoscopy because of its location or because it is hidden by fluid or stool.
- Biopsies or tissue samples can be obtained through the scope.
- Polyps can be removed through the scope. Polyps are abnormal growths of the lining of the colon that can progress to cancer. Most polyps do not cause symptoms. They are removed to prevent them from turning into bowel cancer.

## **POTENTIAL COMPLICATIONS OF COLONOSCOPY**

- Colonoscopy is a safe procedure, but like any medical procedure complications can occur. The risk of a serious complication is approximately 1 in a 1,000 procedures.
- Complications are more likely to occur when polyps need to be removed. A complication may require urgent treatment and surgery.
- The most common and the most severe complications are due to heart or lung complications from the sedation or bleeding or perforation of the colon caused by the scope or removing polyps.
- Bleeding may occur from a biopsy or polypectomy site that may require blood transfusion or surgery. The risk of bleeding following a routine colonoscopy is 0.07% (7 per 10,000 procedures) and following a polypectomy it is 1.2% (1.2 per 100 procedures).
- Perforation or a hole in the bowel following routine colonoscopy occurs in 0.05% (1 per 2000 procedures). The risk of perforation following polypectomy it is 0.2% (1 in 500). It may require surgery to repair the hole.
- The bowel preparation can cause changes in blood chemicals and water. Very rare cases of dehydration, kidney failure and muscle spasm have been reported.
- Irritation of the vein with a tender lump may occur at the spot where the sedation was injected. Heat packs or hot moist towels can be used to relieve the discomfort.
- Allergic reactions to the drugs may occur, usually as a rash and fever.
- Slowing of the heart and breathing may occur, usually from the sedation.
- Fluid can get into lungs, and can cause pneumonia.
- Death is extremely rare, but remains a remote possibility.
- Heart attack, an irregular heartbeat, or a stroke is more likely to occur in a patient with underlying medical problems.

## ALTERNATIVES TO COLONOSCOPY

- For those at increased risk for colon cancer, colonoscopy is the preferred colon cancer screening test. Other tests can be used if absolutely necessary.
- For those at average risk for colon cancer, other tests can be a perfectly reasonable alternative to colonoscopy.
- These alternatives require a colonoscopy to confirm any abnormal findings and remove any polyps.

**Fecal Occult Blood Test:** samples of stool are collected at home and taken to a lab to be tested for hidden blood, which can be a sign of colon cancer. It has no risks. This test needs to be repeated yearly or every other year. A single test is much less accurate than colonoscopy. A positive test requires a colonoscopy to determine the source of the blood.

**Barium Enema:** liquid barium and air are inserted through the rectum and a series of pictures are taken. It has a lower risk of complications, but it is also less accurate. Biopsies cannot be obtained and polyps cannot be removed by x-ray.

**Sigmoidoscopy:** a scope is used to examine the lower 1/3 of the large bowel. This test is done without sedation.

**CT Colonography (virtual CT):** a special x-ray (CT scan) is taken of the colon. As with colonoscopy and Barium enema, this test also requires a bowel cleansing. The accuracy of CT Colonography may be close to that of colonoscopy. It is performed at private radiology clinics in Calgary, but the test is not currently paid for by the Alberta Health Care Insurance Plan. Biopsies cannot be obtained and polyps cannot be removed.

## WHAT WILL HAPPEN ON THE DAY OF THE PROCEDURE

- Please report to the hospital at your appointment time.
- When you are admitted to the unit, you will be asked to change into a patient gown and lie down on a stretcher. The nurse will confirm your current medications and allergies and check your blood pressure and pulse.
- A needle will be inserted into a vein in your hand or arm.
- The nurse will ask about the effectiveness of the bowel preparation. An enema may be given before the examination if the bowel preparation has not thoroughly cleansed the bowel.
- The physician performing the colonoscopy will meet with you and answer any questions you have. You will be asked to sign the required "Consent for Surgical Procedures" prior to the procedure if you have not already done this.
- You will be taken into the procedure room.
- Medications will be administered that will make you drowsy and lessen any discomfort. In fact, some patients may even fall asleep before the procedure and not remember anything about it, but you are easily arousable and some patients watch the monitor during the procedure. This is called conscious sedation, which means that you are able to breathe without the assistance of any machines.
- The colonoscope is then inserted and passed through the colon.
- Air is introduced through the colonoscope, to expand the colon that is normally collapsed, in order for the doctor to better examine the large bowel. You may feel the air and scope as a feeling of pressure, as bloating, cramping and as an urge to have a bowel movement. As a rule, you can simply allow the air to pass out from your bowel.
- The test may take from 15 to 20 minutes.
- After the procedure you will be taken back to the recovery room, where you will rest for 60 minutes.
- Once you are fully awake you will be discharged. Prior to discharge from the unit, the nurse or doctor will review with you the results of your colonoscopy and recommendations for further follow-up.

***Because of the sedation you are considered legally impaired.  
You must be accompanied home from the test. You must not drive for 24 hours.***