

## COLONOSCOPY:

Colonoscopy is a complete examination of the large intestine. A flexible lighted tube fitted with a tiny camera is inserted through the anus. The inside of the rectum and colon can be viewed for polyps, cancer and diseases such as ulcerative colitis or Crohn's disease. Tissue and polyps can be removed during the procedure.

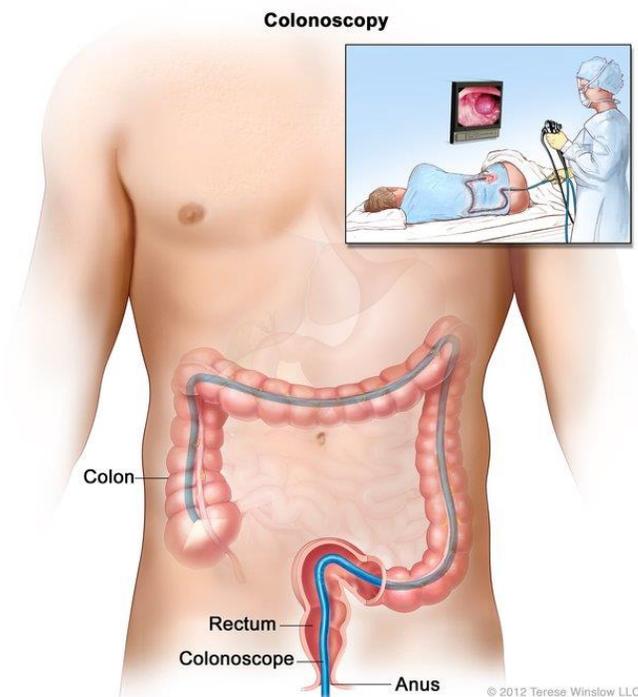
## REASONS FOR A COLONOSCOPY:

It may be done for **screening reasons** (to check for cancer or precancerous polyps), for **therapeutic reasons** (to treat a known problem in the colon such as bleeding or narrowing, for **surveillance reasons** (to follow up in patients with a history of previous polyps or inflammatory bowel disease) or for **diagnostic reasons** (to investigate symptoms such as bleeding, diarrhea, change in bowel movements).

## COLONOSCOPY RISKS AND BENEFITS:

**Benefits:** A colonoscopy is the most accurate way to find and remove polyps. Removing polyps at an early stage can decrease your risk of death from colon and rectal cancer, which is the second leading cause of cancer death for both men and women in Canada. The lifetime risk of colorectal cancer is 5% or 1 in 20. The risk of colon cancer is increased if you have ulcerative colitis, Crohn's disease, after age 50, or if you have a parent or sibling with colorectal cancer. Not all polyps can be removed by colonoscopy however- if a polyp is too large the doctor might need to arrange for surgery to remove it later.

Colonoscopy is an accurate test with a sensitivity of 90%. The fecal occult blood test (FOBT), by comparison, has a sensitivity of 40 to 60%. This means that if ten people had bowel cancer this test would show positive for blood in 4 to 6 people. The others would have cancer but the test would miss their cancers. Fecal occult blood testing can have false positive results in which the test is positive but there is no colon cancer.



## **Risks:**

### Perforation of the intestine:

A hole might be made by pressure from the scope that passes through the wall of the intestine. This is a rare complication that occurs in less than 1 of 1000 cases. This risk increases to 1 in 100 if polyps are removed. A large perforation requires emergency surgery. A small perforation may be treated with rest, fluids, antibiotics and close observation. Surgery may not be required for a small perforation.

### Bleeding:

Bleeding is reported in 0 to 6 of 1000 cases. The risk is increased when multiple polyps or large polyps are removed. Sometimes bleeding can start up to 2 weeks after the procedure. A trace of blood is normal. Excessive bleeding that continues should be assessed in the Emergency Department.

### Cardiorespiratory:

Minor changes in oxygen levels or heart rate occur in less than 1 of 1000 cases.

## **THE PROCEDURE AND RECOVERY:**

Sedation: You will be placed on your left side with your knees drawn up to your chest. You will be given medications to help you relax and remain comfortable. You may or may not fall completely asleep during the procedure but most patients will not remember their colonoscopy. Common drugs used are benzodiazepines (midazolam/ Versed), opioids (Fentanyl) and other agents (Propofol).

The procedure: The endoscopist will guide the scope through the anus into the colon. Small amounts of carbon dioxide are used to open the colon and allow viewing on a monitor. Your heart rate, breathing and blood pressure will be monitored during the examination. Sometimes gentle pressure on the abdomen and changes in position can be used to guide the scope to the end of the bowel. In a small number of cases, the doctor might not be able to reach the end of your bowel. In this instance, a barium x-ray study or CT colonography might be arranged later to complete the examination.

Recovery: You will be monitored in the recovery area until you are fully awake. Most patients can go home within 30 to 90 minutes. If you receive sedation or relaxation medication, you may feel tired afterwards. You must not drive, consume alcohol or make important decisions for twenty-four hours. You must have someone drive and accompany you home after your procedure. This cannot be a taxi driver.

Pain: Severe pain is rare after colonoscopy. You may have some cramping until you pass the air. It is a good idea to start with light meals and progress to your regular diet. You should return to your normal pattern of bowel movements within 2 to 3 days after the procedure.