



COLONOSCOPY

What is a colonoscopy?

Colonoscopy is a procedure that enables your Doctor to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube (flexible fiberoptic colonoscope) that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be completely clean for the procedure to be accurate and complete. Your Doctor and his staff will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. Preparation consists of one day of a special diet and one day of a clear liquids only diet and the consumption of 3 or 6 glasses of a special cleansing solution on the evening prior to the examination. Follow the instructions carefully. If you do not, the procedure may have to be cancelled and repeated later.

What can be expected during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. The anaesthetist will give you a combination of sedating anaesthetic medications through a vein to help you relax and sleep during the test, and better tolerate any discomfort from the procedure. You will be lying on your left hand side during the procedure. Once asleep, the colonoscope is introduced into the anus and advanced slowly through the entire large intestine. As the colonoscope is slowly withdrawn the lining is again carefully examined. The procedure usually takes 15 to 30 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. Your Doctor will decide if the limited examination is sufficient or if other examinations are necessary.

What if the colonoscopy shows something abnormal?

If your Doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, the biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

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What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon which vary in size from 2-3mm to several cm. The majority of polyps are benign (non-cancerous); your Doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer, as more often than not colon cancer arises from large polyps.

How are polyps removed?

Small polyps (<5mm diameter) may be totally destroyed by biopsy and burning (“hot biopsy”), but larger polyps are removed by a technique called snare polypectomy. A wire loop (snare) is passed through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

What happens after a colonoscopy?

After colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy, but your Doctor may restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from



heart or lung disease. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying hot packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever, chills, or rectal bleeding of more than one-half cup. Bleeding can occur several days after polypectomy.

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