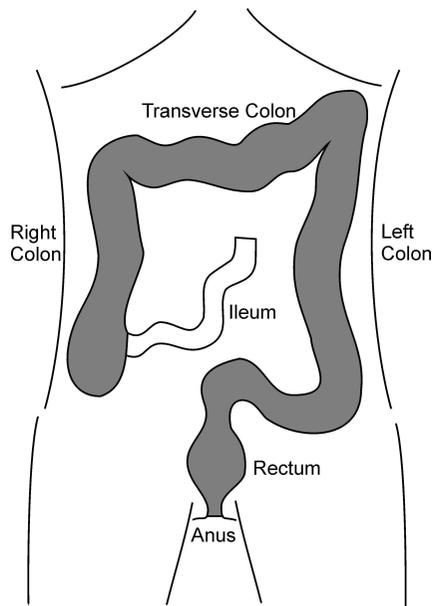


What is a colonoscopy?

Colonoscopy is the examination of the colon (large bowel) using a flexible (fibre-optic) telescope. Because it is flexible and can be steered, the telescope can pass around the bends in the bowel which normal straight telescopes can't. The telescope has a light on the end, a camera, a channel for washing and a channel for doing minor procedures during the colonoscopy.

The aim of the test is to pass the telescope all the way around the large bowel (the area shown in grey below)



Why perform a colonoscopy?

There are many reasons why it might be necessary or useful to look at the entire large bowel. Common reasons are: to look for the cause of bleeding from the back passage, to look for evidence of inflammation in the large bowel, to look for polyps, to check after surgery to remove polyps or tumours.

One great advantage of a colonoscopy is that the lining of the large bowel itself is inspected and minor changes can be recognised.

What preparation is necessary?

In order to be able to see the large bowel in detail it must be as empty as possible. You will be given medication to take the day before the test which acts to gently but completely empty the bowel of stools. You will have to refrain from eating from the night before until the test is finished to keep the bowel empty. It is very important for the success of the test that the bowel is

as clean as possible. The medication will include instructions on how to take it but generally you will need to drink plenty of fluids during the preparation.

What can be done during the colonoscopy?

Because the telescope has a channel for procedures, it is possible to take biopsies (small specimens of the lining) for examination, remove small polyps and make marks on the bowel wall for future use.

What happens during the colonoscopy?

The procedure usually takes between 10 and 20 minutes. You will be given drugs by injection to make it easier and more pleasant. They act together to make you sleepy and relaxed as well as relax the bowel. Because of the sedative effect, most people don't remember much about the day or the colonoscopy. It is unnecessary to have a full general anaesthetic for the test.

What complications may occur?

Wind – most people find that they are quite 'windy' for a day or so after the test. This is due to some of the air used during the procedure.

Bleeding – when biopsies have been taken or polyps removed it is quite common for a little bit of blood to appear with the motions. Troublesome or major bleeding occurs in fewer than 3% of cases.

Damage to the bowel – although the telescope is flexible and the test done with care, there is always the risk of the telescope damaging the wall of the bowel on the way around. For a normal colonoscopy this is extremely rare and happens around 1 in 800 to 1 in 2000 times. The risk is a bit higher if polyps, especially large ones, are removed during the test. If this happens, the usual treatment is an operation to repair the damaged bowel wall.

After the test.

You will be able to have something to eat and drink when you are back on the ward directly afterwards.

Most people are able to go home the day after the test. Because of the effects of the sedation you will not be allowed to drive or travel on public transport alone until the next day. You should not sign any legally binding documents that day either.

When to be seen again.

Discomfort from the procedure due to wind settles in a day or so. Severe pain which persists after the colonoscopy, pain which worsens again after a day or two or discomfort associated with a fever or sickness may indicate a problem and you should seek medical advice.



Colonoscopy

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