

Colonoscopy

A colonoscopy is a test where the doctor looks into your colon. The colon is sometimes called the large intestine or large bowel. The colon is the part of the gut which comes after the small intestine. The last part of the colon leads into the rectum where faeces (stools or motions) are stored before being passed out from the anus.

A colonoscope is a thin, flexible, telescope. It is about as thick as a little finger. It is passed through the anus and into the colon. It can be pushed all the way round the colon as far as the caecum (where the small and large intestine meet).

The colonoscope contains fibre optic channels which allows light to shine down so the operator can see inside your colon. Even you can follow the examination on the TV-screen.

The colonoscope also has a 'side channel' down which devices can pass. These can be manipulated by the operator. For example, the operator may take small samples (biopsy) from the inside lining of the colon and polyps can be removed

Who has a colonoscopy?

A colonoscopy may be advised if you have symptoms such as bleeding from the anus, pains in the lower abdomen, persistent diarrhoea, or other symptoms thought to be coming from the colon. The sort of conditions which can be confirmed include:

- Ulcerative colitis (which causes inflammation of the colon).
- Crohn's disease (also causes inflammation of the colon).
- Diverticula (pouches which form in the lining of the colon).
- Polyps of the colon.
- Cancer of the colon.

Various other conditions may also be detected. Also, often a colonoscopy is normal. However, a normal result may help to rule-out certain possible causes of your symptoms.

What happens during a colonoscopy?

Colonoscopy is usually done as an outpatient or day case. It is a routine test which is commonly done. You will be offered a sedative to help you to relax. This is usually given by an injection into a vein in the back of your hand. The sedative can make you drowsy but it does not 'put you to sleep'. It is not a general anaesthetic.

You lie on your side on a couch. The operator will gently push the end of the colonoscope into your anus and up into the colon. The operator can look down the colonoscope and inspect the lining of the colon. Modern colonoscopes transmit pictures through a camera attachment onto a TV monitor for the operator to look at.

Air is passed down a channel in the colonoscope into the colon to make the inside lining easier to see. This may cause you to feel as if you want to go to the toilet (although there will be no faeces to pass). The air may also make you feel bloated, cause some mild 'wind pains', and may cause you to pass wind. This is normal and there is no need to be embarrassed as the operator will expect this to happen.

The operator may take biopsies of some parts of the inside lining of the colon - depending on why the test is done. This is painless. The biopsy samples are sent to the lab for testing, and to look at under the microscope. Also, it is possible to remove polyps which may be found by an instrument attached to a colonoscope. (Polyps are small lumps of tissue which hang from the inside lining of the colon.) At the end of the procedure the colonoscope is gently pulled out.

A colonoscopy usually takes from 15-45 minutes. However, you should allow at least 1½ hours for the whole appointment to prepare, give time for the sedative to work, for the colonoscopy itself, and to recover. A colonoscopy does not hurt, but it can be a little uncomfortable, particularly when the colonoscope is first passed into the anus.

What preparation do I need to do?

First of all you will need to take your prescription for MOVIPREPP to your pharmacy at least 3 days in advance. Please read carefully the following instruction concerning allowed food and use of laxative:

Food

THE DAY BEFORE THE EXAMINATION

Take a light breakfast (tea with toasted bread). Drink only CLEAR liquids for lunch and dinner. Solids foods, milk or milk products are not permitted.

Clear liquids include: Chicken broth or beef broth. Strained fruit juices without pulp (apple, white grape, lemonade), Water, Coffee or tea without creamer or milk, Carbonated Soda.

All of the following that are not colored red or purple:

Kool-aid, Gatorade, Plain Jell-O without fruit or toppings, Popsicles

Laxative

Start preparing the Moviprep laxative.

The Moviprep pack contains 2 clear bags each containing two pairs of sachets: Sachet A and Sachet B. Each pair of sachets (A and B) is to be dissolved in one litre of water. This pack is therefore sufficient to make up 2 litres of MOVIPREP solution.

Before you take MOVIPREP, please read carefully the following instructions. You need to know:

Open one clear bag and remove the sachets A and B.

Add the contents of BOTH sachet A and sachet B to a 1 litre container.

Pour 1 litre of water into the container and stir until all the powder has dissolved and the MOVIPREP solution is clear or slightly hazy. This may take up to 5 minutes.

At 3:00pm

Drink 8 oz every 15 minutes until the liter is consumed. Drink an additional 16 oz glass of an approved beverage over the next 2 hours.

At 8:00 pm

Drink 8oz every 15 minutes until the second liter is consumed. Drink an additional 16 oz glass of an approved beverage over the next 2 hours.

What you should expect to happen

When you start drinking the MOVIPREP solution, it is important that you stay close to a toilet.

At some point, you will start to experience watery bowel movements. This is quite normal and indicates that the MOVIPREP solution is working. The bowel movements will stop soon after you have finished drinking.

Do not eat or drink anything after midnight.

The morning of the exam

If you take heart or blood pressure medication it should be taken with a few sips of water upon arising unless otherwise instructed by your doctor. Most other medications should be held until after the exam. Do not take diuretics or water pills.

You will need somebody to accompany you home as you will be drowsy with the sedative.

What can I expect after a colonoscopy?

Most people are ready to go home after resting for half an hour or so. You may need to stay a bit longer for observation if you have had polyp removed.

If you have had a sedative - you may take a bit longer to be ready to go home. The sedative will normally make you feel quite pleasant and relaxed. However, you should not drive, operate machinery or drink alcohol for 24 hours after having the sedative. You will need somebody to accompany you home and to stay with you for 24 hours until the effects have fully worn off. Most people are able to resume normal activities after 24 hours.

The operator writes a report and sends it to the doctor who requested the colonoscopy. The result from any biopsy may take a few days which can delay the report being sent.

The operator may also tell you what they saw before you leave. However, if you have had a sedative you may not remember afterwards what they said. Therefore, you may wish to have a relative or close friend with you who may be able to remember what was said.

Are there any side-effects or complications from having a colonoscopy?

Most colonoscopies are done without any problem. You may feel tired or sleepy for several hours afterwards caused by the sedative. You may pass a small amount of blood from your anus if a biopsy was taken, or a polyp was removed.

Occasionally, the colonoscope may cause damage to the colon. This may cause bleeding, infection, and rarely, perforation. If any of the following occur within 48 hours after a colonoscopy:

- Abdominal pain. (In particular if it becomes gradually worse, and is different or more intense to any 'usual' pains that you may have.)
- Fever (raised temperature).
- Passing a lot of blood from your anus.

consult your endoscopist

Phone office: 39 64 01 25, private 39 68 18 39, mobile 20 78 50 37.

or go to the Accident & Emergency Department of your local hospital.