

Patient Education Program

What You Should Know About Colonoscopy!



WHAT IS A COLONOSCOPY?

Colonoscopy is the most effective way of examining the lining of the colon and rectum. By using a fiberoptic scope designed to bend and turn with your bowel, the doctor can perform biopsies and remove pre-cancerous polyps.

WHY AM I HAVING A COLONOSCOPY?

- Screening Exam
- Blood found in or seen with stool
- Unexplained anemia
- Family History of Colorectal Cancer
- Polyps found on Sigmoidoscopy
- History of Polyps or Colorectal Cancer
- Abnormal Barium Enema or CT Scan
- Inflammatory Bowel Disease
- Unexplained Abdominal symptoms

DOES COLONOSCOPY PREVENT COLON CANCER?

By removing pre-cancerous polyps, over 90% of colorectal cancers can be prevented. There are however, 2 situations where colonoscopy may fail to detect or prevent cancer: (fortunately they are not common)

- (1) A small cancer or polyp "hidden" by either a large fold in the colon, or stool left inside despite the bowel prep.
- (2) A fast growing cancer that develops in-between screening exams.

HOW IS COLONOSCOPY PERFORMED?

The exam is performed at the hospital as an outpatient procedure. An intravenous line is placed so that you can be given sedation. After the sedation takes effect, the scope is inserted and the entire bowel is checked for abnormalities. If polyps are found, they are removed during the exam and sent to pathology to be analyzed.

Afterward, you will need a driver to take you home. You cannot work the day of the exam, but the following day you may return to your normal schedule.

CAN THERE BE COMPLICATIONS?

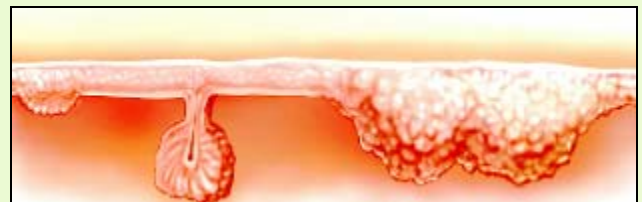
Colonoscopy is safest when performed by physicians with specialty training in endoscopy. Possible complications are rare. It is important for you to recognize the early signs of any possible problem. They can include, but are not limited to;

(1) **Heavy bleeding** can occur up to 2 weeks after a polyp is removed. This occurs if the "scab" from the polyp site breaks off. If you pass a 1/2 Cup or more of blood, call your physician or go to your hospital's emergency room. You can minimize this risk by avoiding Aspirin, Advil, Motrin, Ibuprofen, Aleve, Ticlid, Plavix and other blood thinning medications, 7 days before the exam. Tylenol is OK.

(2) **Perforation** may not be evident until the evening after, or day following your exam. If you develop abdominal pain, fever and chills, or vomiting call immediately. Some perforations can be treated with antibiotics. Others require surgery.

Following your bowel preparation instructions carefully can help minimize these risks.

Polyp-to-Cancer Sequence



Small Polyp -----> Growing Polyp -----> Cancer

Return for exam in ____ weeks

Re-evaluation

Colonoscopy

Flexible Sigmoidoscopy

Follow-up only if symptoms persist

This fact sheet is for use by physicians only and is not intended to be a substitute for professional medical advice, diagnosis or treatment. All specific medical questions or concerns should be presented to your own healthcare provider.