

**You should not drive a car, operate machinery or make any important decisions for 12 hours as the sedation impairs your reflexes and judgement. Arrange for a friend or relative to take you home.**

## RISKS

Risks from a simple examination without any endoscopic therapy are very rare, but can occur after diagnostic therapeutic intervention, i.e. removal of polyps. Damage to the wall of the bowel by the instrument can cause a tear or perforation with leakage into the abdomen. This requires hospitalization, antibiotics and sometimes surgery. (Risk factor: 1 in 1000 procedures.)

Internal bleeding may occur from the site of the biopsy or polyp removal. It is usually minor and stops on its own.

Reaction to the sedation is rare.

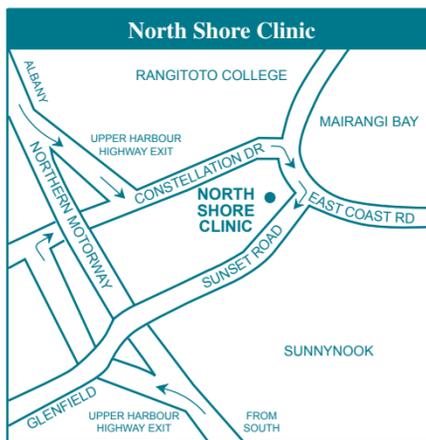
A polyp or a lesion can be missed. The risks are higher if your bowel is not cleaned properly. If symptoms persist other investigations may be indicated and you are advised to revisit your doctor.

If you would like further clarification of these rare complications, please discuss them with your specialist or nurse on admission.

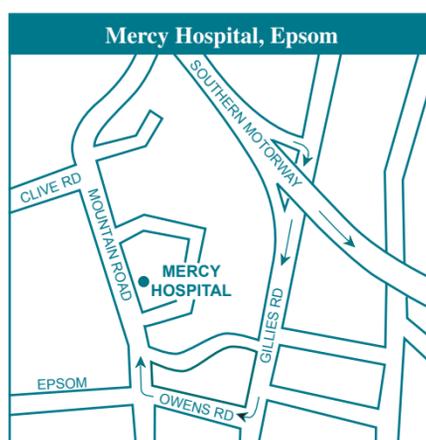
**You must contact your doctor if you suffer severe or prolonged pain or vomiting, passing of blood or high temperature.**

**If you have any questions or concerns please raise these with your DOCTOR or NURSE before the procedure.**

Mercy Endoscopy  
North Shore  
17/326 Sunset Road, Mairangi Bay  
Ph: 09 479 4879, Fax: 09 479 4813

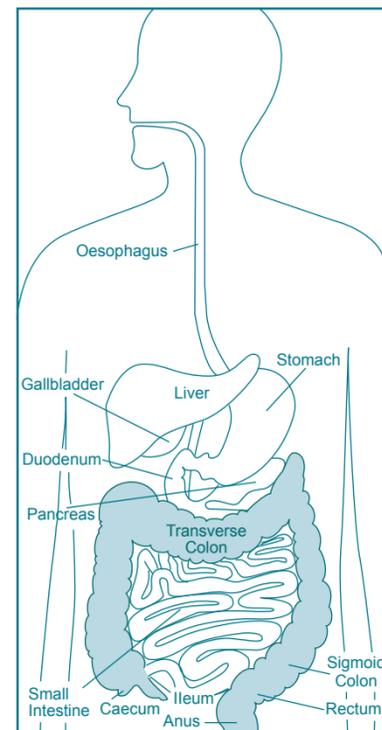


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MercyAscot

# Colonoscopy



## A guide to the test

### Colonoscopy

### Preparation

### Procedure

Colonoscopy is a visual examination of the lining of your large bowel (colon) with sedation. A flexible tube (about the thickness of the little finger) is passed through the rectum and around the colon. A small video camera, which can take photos, sends an image onto a video screen. The doctor can look for any abnormalities and if necessary, biopsies (small tissue samples) can be painlessly taken through the colonoscope using tiny forceps. These are examined under a microscope.

Polyps (abnormal growths of tissue) can be removed with diathermy forceps or for large polyps, a diathermy snare. This is done by passing a wire loop, like a lasso, over the polyp. The polyp is cut from the bowel lining using electrical current, which seals the tissue and stops bleeding. This current cannot be felt and causes no pain.

A colonoscopy may be suggested by your doctor if you have:-

- Some alteration in bowel habit e.g. diarrhoea, constipation
- Occult (unseen) blood in the stool
- Bleeding from the bowel
- Anaemia
- Abdominal pain
- Family history of bowel cancer
- Abnormal barium x-ray
- Previous treatment for polyps, bowel cancer or colitis

Your colon must be completely empty of faecal material for the procedure to be thorough and safe. If it is not entirely clean certain areas may be obscured and the test may have to be repeated. This will involve modifications to your diet. You will be given more specific instructions about this including a liquid diet for one to two days and the bowel preparation (laxative).

Prior to your procedure it is important for your doctor to know your medical history and in particular any previous endoscopies. Bring a list of your current medication with you, together with any relevant x-rays or barium studies. Fully disclose any health problems you may have had as these may interfere with your colonoscopy, sedation or recovery.

You should mention:-

- An allergy or bad reaction to medicines or anaesthetics.
- Taking medication to thin your blood including **Warfarin, Aspirin** or arthritis medication. Your doctor may ask you to stop taking these medications prior to your procedure or you may be given an alternative dose.
- Prolonged bleeding/clotting disorders or excessive bruising.
- **Diabetes** – You must discuss this with your doctor or nurse before undertaking any period of fasting.
- Heart and lung problems including **artificial heart valves**.
- Artificial hip or knee joints.
- If you are pregnant or breast-feeding.

Your medical history will be recorded and you will be given the opportunity to view an information video before changing into a hospital gown. You will be asked to sign a consent form, indicating that you understand the risks involved with the procedure.

In the examination room you will be supported by two nurses and given sedation to make you sleepy and relaxed. If required, it may be necessary to hold your hands and legs, ensuring your safety. At all times your privacy and dignity will be respected. Your heart rate and oxygen levels will be monitored during the procedure. The endoscope is gently inserted into the bowel, which is inflated with air to obtain a good view. The air may cause wind-like cramps, but will pass quickly. Sometimes you may be asked to roll onto your back or side, or the nurse may need to press on your abdomen to help the doctor guide the colonoscope. The examination can take between 10 and 60 minutes.

## AFTER THE TEST

Air remaining in your bowel may cause bloating and discomfort but eases when the wind is passed. You will be asked to rest for 30-60 minutes until the effects of the sedation have worn off and you have passed much of the inflated air. Light refreshments are offered. Doctor will discuss the procedure with you and will give you a written discharge information sheet. The report and results of any biopsies will be sent to your specialist and/or family doctor who referred you for the test.