

Having a colonoscopy

Your doctor has recommended that you have a colonoscopy and this leaflet provides some information about the procedure. If it doesn't answer all your questions, or if you have any worries, please do not hesitate to ask your consultant or nurse for more information.

It is natural to feel a bit nervous about having any medical procedure, but often knowing what to expect can help.

What is a colonoscopy?

A colonoscopy is an examination of the lining of the colon (large bowel) using a flexible, tube-like telescope called a colonoscope. This instrument is carefully passed through your rectum (back passage) and into the colon.

A colonoscopy is useful for finding out what is causing your symptoms, or as a check-up for certain bowel conditions. During the procedure, the doctor may take a biopsy - a sample of the lining of the colon - for examination in the laboratory. It is also possible to remove polyps, small lumps of tissue that may be found on the lining of the colon.

Colonoscopy is routinely performed as an outpatient or day case, requiring no overnight stay in hospital. A general anaesthetic is not usually required, but you will generally be given a sedative to help ensure that you are relaxed and comfortable during the procedure.

About the procedure

A colonoscopy usually takes about half an hour to perform. The procedure will not hurt, although it may be a bit uncomfortable.

Preparing for the procedure

For the doctor to see the lining of the colon clearly, it needs to be completely empty. To achieve this, you will need to follow a special diet for a few days before the procedure. For this diet, high-fibre foods need to be avoided. The hospital will provide menu advice.

You will also be given a laxative, which will come with detailed instructions on how and when to take it. You will be advised to drink plenty of clear fluids on the day before the examination.

Please do follow these instructions very carefully. If the colon is not completely empty, the doctor may not be able to get a clear view and the examination may have to be repeated.

Sedation and pain relief

Before the procedure begins, a sedative injection is given through a small plastic tube (a cannula) placed in a vein, often in the back of your hand. Almost immediately, this will make you feel relaxed and drowsy. You may also be given a painkiller.

Consent

Before you have your colonoscopy, you will be given a consent form to sign. By doing this, you confirm that you understand what will happen during the procedure, and give your permission for it to go ahead.

Many patients feel uncomfortable with the idea that a procedure may involve risks, but to make an informed choice, you need to know about the possible risks before you give consent.

What are the risks?

Colonoscopy is generally a safe procedure. For most people, the benefits of having a clear diagnosis, or quick and effective treatment, are much greater than any disadvantages. However, like all invasive medical procedures, there are some risks. These can be divided into the risk of side-effects and the risk of complications.

Side-effects

These are the unwanted, but usually mild and temporary, effects of a successful procedure. After a colonoscopy, you may feel bloated and have wind pains, but these usually clear up quite quickly. Any sedative may make you feel sleepy.

Complications

Your doctor will be very experienced at performing this type of procedure, but, even so, a few colonoscopies are not successfully completed and may need to be repeated.

Other complications are uncommon, but it is possible for the colon to be damaged or perforated during the procedure. This can lead to bleeding and infection, which may require treatment with medicines or surgery.

The chance of complications depends on the exact type of procedure you are having and other factors such as your general health. You should ask your consultant to explain how these risks apply to you.

What to expect

In a private room or cubicle, you will be asked to remove your lower clothing and put on a hospital gown. You may also be asked to remove contact lenses or any jewellery, which will be kept safe for you during the procedure. To help ensure you are as comfortable as possible, and to provide reassurance, a nurse will stay with you throughout.

If a sedative has been given, the procedure will not start until it has taken effect. With you resting comfortably on your side, the

colonoscope will be carefully inserted into your rectum.

Air will be passed through the tube and into the colon to make the lining easier to see. When this happens, you may briefly feel pains similar to having wind. You may also feel that you want to go to the toilet, but as the colon is empty, this will not be possible. You may pass some wind, but do try not to feel embarrassed about this, as the staff expect it to happen.

At the end of the colonoscope, a tiny light and lens enable the doctor to see if any disease is present. If necessary, the doctor will take a biopsy of the colon's lining for analysis. Any polyps that are found can also be removed. Both techniques are quick and painless, using specialist instruments that can be passed inside the colonoscope.

When the examination is finished, the colonoscope is removed quickly and easily.

After the colonoscopy

You will rest in a full-length chair or on a bed for about half an hour. The nursing staff will be on hand to make sure you are comfortable. If you have had a sedative, you may doze off during this time.

Going home

The effects of any sedative may last longer than you expect, so you should not drive, operate machinery or drink alcohol for 24 hours after your examination. This means that you will have to arrange for someone to take you home and stay with you for the first day. Once home, it's sensible to take it easy for the first 24 hours. Most patients feel able to resume normal activities on the following day.

Results

If you have a biopsy or polyps removed, the results will be ready several days later and will usually be sent in a report to the doctor who recommended the test. Other findings can be discussed before you leave the hospital. After having a sedative, it may be a good idea to have someone with you when you are told the results, as you may not remember them afterwards.

This leaflet describes standard treatment. Your experience may differ slightly. If you have any unanswered questions or concerns, please do feel free to raise them at any time when you come to the hospital

Further information

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