

COLONOSCOPY

Colonoscopy is the visual examination of the lining of the colon. The colon is about 5-6 feet long. The purpose of the exam is to identify any abnormalities by inserting a flexible fiberoptic tube into the anus. The tube, which is about the thickness of your finger, is slowly passed through the length of the colon to the cecum.

The results obtained from the colonoscopy may help explain the cause of symptoms such as rectal bleeding, pain, or diarrhea. A screening colonoscopy is recommended for anyone age 50 or older.

How do I prepare for the examination?

The colon must be thoroughly clean in order for the exam to be accurate and complete. Please follow the enclosed preparation instructions.

What should I expect during the examination?

While lying on your left side with your knees bent, the physician will perform a finger exam of the anus and rectum. The colonoscopy is done by inserting a long flexible lighted tube into the rectum and beyond. In many cases, the instrument can be inserted throughout the entire extent of the large intestine, permitting a complete examination. The patient during the course of the examination usually experiences abdominal cramps. However, you will be sedated with medications, which will help the cramps. Be sure and tell us if you are allergic to any medications.

What is a polyp?

A polyp is a growth that is attached to the inside of the colon. Most of these growths are benign but their removal is strongly recommended so that the polyp may be examined under the microscope, permitting an exact diagnosis to be made. In addition, benign polyps at times may become malignant with the passage of time. Therefore, we believe they should be removed. At times, a polyp is discovered unexpectedly during the course of a colonoscopy examination, which is being done for other reasons. We recommend that all patients give us permission ahead of time to remove polyps if they are discovered.

What happens if a polyp is discovered?

If a polyp is discovered, a thin snare wire is passed through the colonoscope and the polyp is encircled. The snare is tightened and an electric current is passed through the wire, which cuts off the polyp. The polyp is then brought out of the colon and sent to the pathologist for further examination.

Are there any possible complications?

The possible complications of colonoscopy and polypectomy (polyp removal) include perforation (rupture) of the colon, hemorrhage from the colon and side effects due to the medications (sedatives) which are given. In very rare circumstances, death could result from a complication.

Please notify the physician if you are taking any blood thinners (coumadin, aggrenox, plavix). Please review all of your medications with the office as well as any medication allergies.

What can I expect after the exam?

You can expect to feel bloating for about 30-60 minutes after the exam. This sensation will be relieved as gas is passed. You may feel sleepy for several hours after the exam from the medications given prior to the exam. Do not plan to return to work, drive or sign any legal documents for the remainder of the day.

If your physician removes polyps or takes a tissue biopsy during your examination, his/her nurse will contact you in 7-10 business days with the pathology results.