

REMOVAL OF POLYPS AND BIOPSY

A doctor can remove growths, called polyps, during colonoscopy and later test them in a laboratory for signs of cancer. Polyps are common in adults and are usually harmless. However, most colorectal cancer begins as a polyp, so removing polyps early is an effective way to prevent cancer.

The doctor can also take samples from abnormal-looking tissues during colonoscopy. This procedure, called a biopsy, allows the doctor to later look at the tissue with a microscope for signs of disease.

The doctor removes polyps and takes biopsy tissue using tiny tools passed through the scope. If bleeding occurs, the doctor can usually stop it with an electrical probe or special medications passed through the scope. Tissue removal and the treatments to stop bleeding are usually painless.

RECOVERY

Colonoscopy usually takes 30 to 60 minutes. Cramping or bloating may occur during the first hour after the procedure. The sedative takes time to completely wear off. Patients may need to remain at the clinic for 1 to 2 hours after the procedure. Full recovery is expected by the next day. Discharge instructions should be carefully read and followed.

Patients who develop any of these rare side effects should contact their doctor immediately:

- severe abdominal pain
- fever
- bloody bowel movements
- weakness

POINTS TO REMEMBER

- Colonoscopy is a procedure used to see inside the colon and rectum.
- All solids must be emptied from the gastrointestinal tract by following a clear liquid diet for 1 to 3 days before a colonoscopy.
- During colonoscopy, a sedative, and possibly pain medication, helps keep patients relaxed.
- A doctor can remove polyps and biopsy abnormal-looking tissues during colonoscopy.
- Driving is not permitted for 12 hours after colonoscopy to allow the sedative time to wear off.

Patients should inform the doctor of all medical conditions and any medications, vitamins, or supplements taken regularly, including

- aspirin
- arthritis medications
- blood thinners
- diabetes medications
- vitamins that contain iron

Driving is not permitted for 12 hours after colonoscopy to allow the sedative time to wear off. Before the appointment, patients should make plans for a ride home.



COLONOSCOPY

AT WHAT AGE SHOULD ROUTINE COLONOSCOPY BEGIN?

Routine colonoscopy to look for early signs of cancer should begin at age 50 for most people—earlier if there is a family history of colorectal cancer, a personal history of inflammatory bowel disease, or other risk factors. The doctor can advise patients about how often to get a colonoscopy.

COLORECTAL CANCER

Colorectal cancer—cancer of the colon or rectum—is the third most frequently diagnosed cancer in the US (excluding skin cancer), but it is unique in that it is preventable with early detection. It is usually slow growing, and the first sign of potential colorectal cancer is often a precancerous polyp or lesion. Since polyps in the colon can develop into cancer, early detection and removal is essential.

Colonoscopy is the key to early detection and prevention. People without elevated risk factors should have their first colonoscopy at the age of 50 and subsequent colonoscopies every 10 years after that. Anyone with identified risk factors, such as a family history of colorectal cancer, should be screened earlier and more frequently. To assess your risk, speak to your physician.

EARLY DETECTION

Regular screenings and early detection are the most effective ways to fight colorectal cancer. Identifying and removing precancerous polyps and lesions can stop colon cancer before it starts. Even if cancer has developed, the 5-year survival rate when it is treated while still confined to the colon is over 90%.

WHAT IS A COLONOSCOPY?

A colonoscopy is a routine procedure doctors use to examine the colon. This procedure is the best way for a doctor to be able to view the entire colon and diagnose any problems.

The procedure involves the use of a colonoscope, a long, thin, flexible instrument connected to a camera and video display monitor. Colonoscopies generally take from 15 minutes to an hour to complete and are relatively safe and pain free. If the physician notices anything of concern during your colonoscopy, a biopsy (removing a small amount of tissue to examine) may be performed.

There are several reasons your doctor may recommend a colonoscopy, such as blood in the stool, frequent abdominal pain or a change in bowel habits. In addition to diagnosing gastrointestinal problems, colonoscopies are also used to screen for colorectal cancer.

THE COLON

The colon, also called the large intestine or bowel, is the final 6-foot-long segment of the digestive tract where waste is formed into solid stool. The job of the colon is to complete the digestive process and prepare waste for elimination from the body.

After you swallow food, it travels from the mouth through the esophagus to the stomach. Once broken down, the food moves from the stomach to the small intestine. The small intestine takes the nutrients from food, and the remaining indigestible portion moves into the colon. The colon stores this waste until the next bowel movement removes it from the body.

The colon is difficult to examine because of its shape and location in the body. But, when the colon needs to be examined, the best way for a doctor to do so is by colonoscopy.

BE PREPARED

Before your colonoscopy, the colon needs to be completely emptied. When waste is left in the colon, the physician cannot see the colon properly. This could lead to a longer and potentially inaccurate exam, which may necessitate a second exam later.

To clean out your colon, you will need to complete a bowel prep prior to the procedure. The prep's job is to quickly eliminate solid waste from the digestive tract—another way of saying it causes diarrhea—leaving a clean colon that your physician can examine.

You have bowel prep choices. Different bowel preps flush out the colon using different methods, so discuss your options with your physician.

A physician's instructions will vary depending on the type of prep prescribed, the time of the colonoscopy procedure, and specific patient characteristics. Also, most preps involve dietary restrictions a day or two before the colonoscopy.

Make sure you completely understand your physician's instructions for the bowel prep—it is an essential part of a successful examination.

HOW IS COLONOSCOPY PERFORMED?

Examination of the Large Intestine

During colonoscopy, patients lie on their left side on an examination table. In most cases, a light sedative, and possibly pain medication, helps keep patients relaxed. Deeper sedation may be required in some cases. The doctor and medical staff monitor vital signs and attempt to make patients as comfortable as possible.

The doctor inserts a long, flexible, lighted tube called a colonoscope, or scope, into the anus and slowly guides it through the rectum and into the colon. The scope inflates the large intestine with carbon dioxide gas to give the doctor a better view. A small camera mounted on the scope transmits a video image from inside the large intestine to a computer screen, allowing the doctor to carefully examine the intestinal lining. The doctor may ask the patient to move periodically so the scope can be adjusted for better viewing.

Once the scope has reached the opening to the small intestine, it is slowly withdrawn and the lining of the large intestine is carefully examined again.

Bleeding and puncture of the large intestine are possible by uncommon complications of colonoscopy.