



Phoenix
Health
Solutions

PATIENT LEAFLET

Colonoscopy



IF THE EXAMINATION IS NORMAL

It is likely your symptoms will be from one of the following:

Piles (Hemorrhoids): These are blood vessels that project into the rectum just above the anus. They can cause bleeding, soreness and sometimes prolapse—this is where the piles come out through the anus and may be seen or felt.

Fissure: This is a split in the skin of the anal canal.

Fistula: This is a narrow tract or joining between the anal canal and the surface of the skin close to the anus. It can also cause a boil or abscess.

Pruritus Ani: This is a term used to describe very severe itching around the bottom or anus.

Bowel Spasm: This is a cramp-like contraction in the bowel which can cause some pain.

Irritable Bowel Syndrome: This is a term used to describe all sorts of symptoms, including bowel spasm, which are not due to serious causes. It may take the form of pain in the tummy, constipation, diarrhea and bloating.

IT MAY BE NECESSARY FOR THE DOCTOR TO TAKE A BIOPSY

If there is a need to look more closely at the lining of the bowel, the endoscopist will take a biopsy.

Biopsy: This is when a small piece of bowel lining is taken from inside the bowel using tiny forceps and sent to the laboratory for examination under a microscope. This will not hurt but it helps to identify the exact cause of the problem.

IN A FEW CASES A FURTHER EXAMINATION MAY BE NECESSARY

Video Capsule Endoscopy: Video capsule endoscopy is a test for examining the small intestine. It involves swallowing a pill or capsule that contains a camera and transmits images to a recording device that is worn on a belt. It is also known as the 'Camera pill'. It provides an eight hour video film of the inside of the intestines that helps to identify medical problems. Visualising this part of the body is very difficult as it cannot be reached easily by standard endoscopes.

Barium Enema: You may need a barium enema X-Ray. This is an X-Ray of the bowel also performed after taking strong laxatives at home. It is done without sedation in the X-Ray Department.

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Having a Colonoscopy



Phoenix Health Solutions LTD

RISKS

One of the main risks associated with this test is over-sedation and you will be monitored closely throughout and after your test for signs of this. There is also a risk of perforation, creating a hole in the bowel which may require surgery. This occurs in approximately 1 in 1000-2000 procedures. The risk is increased if a polyp has to be removed to around 1 in 300 procedures. If a polyp is to be removed there is a risk of bleeding and we can use an electrical current (diathermy) to prevent this. Bleeding can occur up to 10 days after the procedure— if it does occur please notify your GP/Hospital.

GOING HOME AFTER THE EXAMINATION

If you are going home after the test it is essential that someone comes to pick you up. Once home, it is important to rest quietly for the remainder of the day. Sedation last longer than you think so you could not:

DRIVE A CAR—OPERATE MACHINERY—DRINK ALCOHOL

The effects of the test and injection should have worn off by the next day when most patients are able to resume normal activities. After the examination you may have discomfort with wind for 24 hours afterwards.

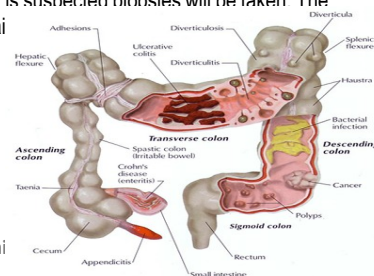
THESE ARE SOME OF THE CONDITIONS YOUR DOCTOR MIGHT BE LOOKING FOR INSIDE YOUR BOWEL:

Polyp: This is a small projection from the surface of the bowel. It can be on a stalk, although sometimes it can be flat. The doctor may take a biopsy of this (see over).

Diverticular Disease: This is when there are small pouches or pockets extending from the surface of the bowel and is very common as one gets older.

Colitis: This is when the lining of the bowel becomes inflamed and often causes bleeding and loose motions.

Cancer: If bowel cancer is suspected biopsies will be taken. The endoscopist will explain the procedure is complete.

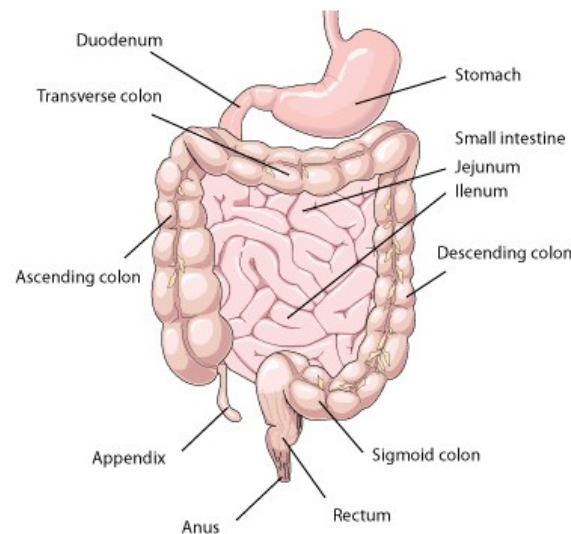


Endoscopy – Phoenix

THE EXAMINATION

In the examination room you will be made comfortable on a couch, resting on your left side, with your knees slightly bent. A nurse will stay with you throughout the test/ general anaesthetic is not necessary for colonoscopy and in fact the procedure is best performed with you awake as you may have to change your position during the test to help the endoscopist perform a thorough examination. Sedation can be used however to relax you and make the procedure more comfortable. The nurse will probably attach a small device to your finger or thumb, in order to record your pulse rate and monitor your general condition during the examination.

When the colonoscope has been gently inserted through the anus into the large bowel, air will be passed through it to distend the colon to give a clearer view of the lining. This may give you some wind-like pains but they will not last long. You may get the sensation of wanting to go to the toilet, but as the bowel is empty there is no danger of this happening. You may pass some wind but although this is embarrassing, remember the staff do understand what is causing it. It usually takes up to thirty minutes for the colon to be examined, but the test sometimes lasts longer. X-Ray equipment may also be used. When the examination is finished the tube is removed quickly and easily.



ABOUT THIS LEAFLET-

Bowel problems are extremely common and can be difficult to diagnose without looking inside the lower gut. You have been advised to have a flexible colonoscopy to help find the cause of your symptoms. As with many other medical tests your main anxieties about a flexible colonoscopy will be due to a fear of the unknown. The purpose of this leaflet is to tell you what to expect so that you do not need to worry.

WHAT IS A FLEXIBLE COLONOSCOPY? Colonoscopy is a test which allows the endoscopist to look directly at the lining of the large bowel (the colon). In order to do the test a colonoscope is carefully passed through the anus into the large bowel. The colonoscope is a long flexible tube, with a bright light and video chip at the end. The view through the colonoscope is often displayed on a TV screen, so you may be able to watch the procedure yourself. Looking at the TV screen the endoscopist gets a clear view of the lining of the bowel and can check whether or not any disease is present. Sometimes the endoscopist takes a biopsy and it is also possible to remove polyps during the colonoscopy. Polyps are abnormal projections of tissue rather like warts which the endoscopist will want to examine in more detail.

WHAT SHOULD YOU EXPECT?

To allow a clear view, the colon must be completely empty of waste material. If it is not certain areas may be obscured and the test may have to be repeated. The hospital will give you detailed instructions about clearing the colon. It is important to take the entire laxative prescribed and also considerable increase your intake of clear fluids on the day before the examination, which will help clean the bowel. When you come to the department and endoscopist will explain the test to you and will ask you to sign a consent form. This is to ensure that you understand the test and its implications. Please tell the endoscopist or nurse if you have had any allergies or bad reactions to drugs or other tests. They will also want to know about any previous endoscopies you may have had or of any other medical conditions which you have suffered from and any medication which you may be taking. If you have any worries or questions at this stage don't be afraid to ask. The staff will want you to be as relaxed as possible for the test and will not mind answering your queries. You will be asked to undress and put on a hospital gown. You may also be asked to remove any jewellery or metal objects in case a special piece of equipment called a diathermy unit is used.