

Patient Information on Colonoscopy

Introduction

Colonoscopy is currently the best method to examine the lower digestive tract. By means of a flexible video-endoscope, the entire length of the colon as well as the terminal portion of the small bowel (if indicated) can be examined. Colonoscopy is often the investigation of choice in patients with suspected diseases of the colon or terminal ileum such as colorectal cancer, or in the presence of rectal bleeding, occult blood in stool, change of bowel habit, chronic diarrhoea, constipation, and difficulty in defecation. Colonoscopy is not only useful in making a diagnosis; with the use of different accessory tools, endoscopists can also perform biopsy and deliver targeted therapies such as the removal of polyps.

The Procedure

Prior to the procedure, intravenous sedation will be administered to the patient to alleviate patient anxiety and discomfort related to the procedure. Lubricant will then be applied to the anal region. A flexible colonoscope with a diameter of around 1.5cm will then be introduced by the endoscopist through the anus to examine the colon. Though under sedation, patients may still be conscious during the procedure. In general, the procedure will last for 10 - 45 minutes. In complex cases that require additional therapies, the examination time will be prolonged. Patients' co-operation with medical staff will help shorten the examination time. On rare occasions, the procedure may have to be abandoned or may be incomplete. In such cases, the procedure may have to be repeated or be substituted by an alternative procedure.

Risk and Complication

Minor discomfort, including abdominal pain and distension, is common. Major complications, including perforation, bleeding, cardiopulmonary complication, infection or acute intestinal obstruction may happen. In general, the risk of major complications is less than 1%, but it varies depending on patients' conditions and the complexity of the diagnostic and therapeutic methods used. Complication rate will be higher in cases that require therapeutic procedures including polypectomy, endoscopic haemostasis, dilatation or stenting. When major complications arise, emergency surgical treatment may be needed and mortality may happen. Patients should consult the attending physicians for the detail of the endoscopic procedures.

Before the Procedure

Patients should consume a low-residue diet for 3 days prior to the procedure. Oral iron medication should be stopped at least 3-4 days before colonoscopy. Before the examination, patients will be instructed to drink liquid purgatives to wash out faeces from the colon to allow a clear endoscopic inspection of the colonic wall. Patients need to follow the instruction closely otherwise the examination may be failed due to retained faeces. Patients should inform medical staff of any major medical problems including diabetes, hypertension, valvular heart diseases and pregnancy and continue their medications as instructed. Patients should also provide information concerning the current medications used especially antiplatelet and anticoagulation

drugs and any allergic history. Patients should avoid driving to attend the out-patient procedure and also avoid smoking, alcohol drinking and taking sedatives before the procedure. Elderly patients and those with difficulty in walking should be accompanied by a family member.

After the Procedure

Patients should resume oral intake only after the effect of anaesthetic or sedative has worn off. If intravenous sedation is used, patients should avoid operating heavy machinery, signing legal documents or driving for the rest of the day. Patients are advised to enquire about the examination results and date of follow-up after the examination. Patients should follow the instruction given by the medical staff in completing the drug treatment.

Follow Up

Patients can contact the endoscopy unit within office hours for any discomfort after the procedure, or if the patients have any question about the examination result and drug treatment. However, if serious events develop, such as passage of large amount of blood, severe abdominal pain, etc. patients should seek medical advice at the nearest Accident and Emergency Department.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.