

Colonoscopy in Children

兒童結腸鏡檢查

Introduction

Colonoscopy is a flexible video-endoscopy and currently the best method in evaluating the lower digestive tract including the terminal ileum, various parts of colon, rectum and anus. Compared with conventional radiological examination, colonoscopy is more accurate in making the diagnosis and at the same time with the use of different equipment, therapeutic procedures such as biopsy, polypectomy, etc., can also be achieved. Patients suspected to have a colonic disease such as inflammatory bowel disease or with sign of lower digestive bleeding should receive colonoscopic examination.

The procedure

Depending on the age of the patient, the procedure can either be performed under general anaesthesia or intravenous sedation which can reduce anxiety and discomfort during the procedure. During the procedure, patients usually lie on their left side with knees drawn up towards the abdomen. Local anaesthetic would also be applied to the anus. A flexible colonoscope with diameter of around 1.5cm will then be introduced by the endoscopist through the anus to perform the examination. The endoscopist will introduce either air or carbon dioxide through the scope to open up the colon and allow the scope to advance forward. Patients may experience bloating sensation or cramps as the air opens up the colon. In general, the whole procedure would last for 30-45 minutes. The examination may last longer if additional procedures are required.

Risk

Minor discomforts including abdominal pain and distension are common. Major complications including perforation, bleeding, cardiopulmonary complication and infection may happen. In general, the major complication rate is less than 1% but it may be higher depending on the patient's condition and the complexity of diagnostic and therapeutic procedures. The complication risk would be higher if polypectomy, endoscopic haemostasis, dilatation or stenting is required. When a major complication arises, emergency surgical treatment may be needed and may even

result in mortality. The attending surgeon should be consulted for more information related to the endoscopic procedure.

Preparation before the procedure

Your child needs to consume low residue diet for 3 days before and clear fluid diet on the day of procedure. Before the procedure, your child would be instructed to take a large volume of purgatives, ranging from 1 to 4 liters depending on the body size to clear out faeces from the colon. This allows clear endoscopic inspection of the colon possible. Your child needs to follow the instruction closely. Otherwise the examination may fail due to retained faeces. However, taking the purgatives may induce side effects such as nausea, vomiting, abdominal pain or distension. You may consult the doctor for advice and treatment as required. You should inform the medical staff of any major medical problems such as coagulopathy, heart problems, etc., of your child. You should also provide information concerning the current medications and any allergic history. If the procedure is done under general anaesthesia, the anaesthetist shall assess your child beforehand.

Care after the procedure

The effect of general anaesthesia or sedation would persist for some time after the procedure. Your child should remain fasted until anaesthesia has worn off. This prevents choking by food or fluid taken. Abdominal pain or distension are usually temporary and subside within an hour after the procedure. Bleeding may occur at the site of biopsy or polypectomy; but it is usually minor and normally stops spontaneously. You may contact the ward or endoscopy suite for any discomfort encountered by your child after the procedure. However, if there are any serious events such as passing of large amount of blood, severe abdominal pain etc., you should take your child to the Accident and Emergency Department.

Follow up

A follow-up appointment shall be given on discharge from the hospital. Drug treatment, if any, should be completed according to the instruction.

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.