

Colonoscopy / Flexible Sigmoidoscopy

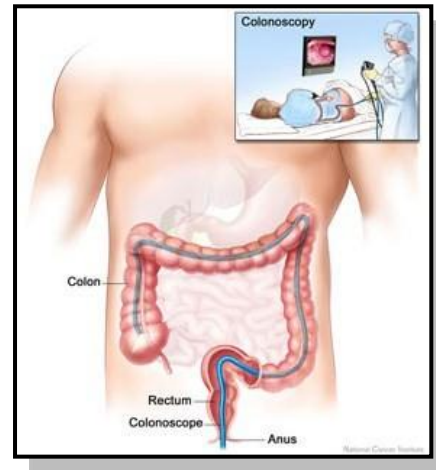
結腸鏡／軟管式乙狀結腸鏡

Introduction

- Colonoscopy is a video-endoscopy used to examine the colon and small portion of terminal ileum if needed.
- It is often the investigation of choice in patients suspicious of colorectal cancer, or in the presence of rectal bleeding, occult blood in stool, recent change in bowel habit, chronic diarrhea and constipation.
- It is useful in making diagnosis; moreover, with the use of different accessory equipments, it can perform biopsy and deliver targeted therapies such as removal of polyp.

Procedure

1. During colonoscopy, the patient usually lies on his/her left side with his/her knees drawn up towards the abdomen.
2. Intravenous sedation would be considered to alleviate anxiety and discomfort related to the procedure.
3. A flexible colonoscope with a diameter of around 1.5cm will then be introduced through the anus to perform the examination.
4. Though under sedation, patients might still be conscious during the procedure. In general, it lasts for 10 to 45 minutes.
5. The endoscopist will introduce air or carbon dioxide through the scope in order to open up the colon and allow the scope to move forward. Patient may experience bloating sensation or cramps as the air opens up the colon.
6. If necessary, the doctor may take biopsy (small pieces of tissue) or remove polyps. Polyps are growths of tissue that can range in size from the tip of a pen to several inches. Most polyps are benign (not cancerous). However, some polyps can become cancerous if allowed to grow for a long time. As a result, they are usually removed so that they can be examined by the pathologist.



Risks

1. Before procedure
 - Taking bowel cleansing agent may induce side effects such as nausea, vomiting, abdominal pain or distension.
2. During procedure
 - Using sedative agents may induce hypotension, respiratory difficulty, and even collapse (rare), which is more common in elderly patients.
 - Bowel perforation rate is reported to be about less than 1:1000. Chance of perforation is higher in cases that require therapeutic procedures including polypectomy, haemostasis, dilatation or stenting.

- Bowel perforation leads to peritonitis, which requires emergency operation for repair or bowel resection with a reported mortality rate up to 5-20% (much higher in patient with poor comorbidity).
3. After procedure
 - Abdominal pain or distension are usually temporary and subsided within 1 hour after the procedure.
 - Bleeding might occur at the site of biopsy or polypectomy. It is usually minor and usually stop on its own.

Before procedure

1. Consume a low-residue diet for 3 days before and clear fluid diet on the day of procedure. Iron preparation should be stopped at least 3-4 days before colonoscopy.
2. Drink bowel cleansing agent as instructed to wash out faeces from the colon.
3. Inform the doctor of any medical conditions, for example diabetes, heart diseases, high blood pressure and any medications you take, especially anti-platelet or anti-coagulation agents.
4. Inform doctors if you have a pacemaker.

After procedure

1. Resume oral intake only after the effect of sedative has worn off. If intravenous sedation is used, patients should avoid operating on heavy machinery, signing legal documents or driving for the rest of the day.

Follow up

1. See the doctor as scheduled for the examination result.
2. In case there are any serious conditions such as severe abdominal pain, passage of large amount of blood, fever, etc, you should seek medical attention at the Accident and Emergency Department of a nearby hospital.

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.