

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by a trained specialist.

Serious complications are rare.

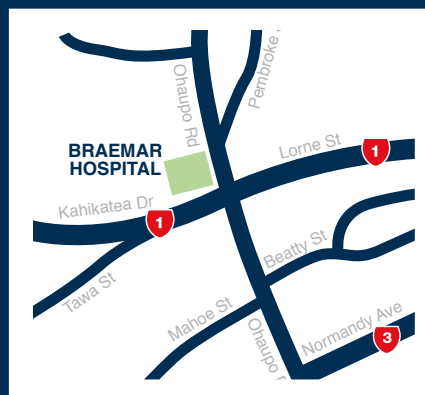
- Perforation (puncture) of the bowel may occur in fewer than 1 per 1000 colonoscopies and may need surgical repair.
- Bleeding: it is normal to pass small amounts of blood after a colonoscopy especially following biopsies or polypectomy. Heavier blood loss may occasionally occur, though it will usually stop by itself. Rarely monitoring in hospital and further procedures may be needed to control bleeding.
- Some patients may have a reaction to the sedatives or complications from heart or lung disease. Oxygen is administered routinely and monitoring is used to reduce this risk.
- Missed Diagnosis: Occasionally an abnormality may be missed, even during a careful colonoscopy examination.

Although serious complications after colonoscopy are uncommon, it is important to recognise them early. Contact your doctor if you experience severe abdominal pain, fever or rectal bleeding of more than half a cup.

Note that bleeding can occur several days after the procedure.

Please read carefully

- You should not drive a car, operate machinery or make any important decisions for 18 hours after the procedure as sedation impairs your reflexes and judgement. Arrange for a relative or friend to drive you home.
- Contact your doctor if you feel unwell, are in pain or vomiting, passing blood or have a high temperature. If you have any questions or concerns please raise this with your doctor or nurse.
- Missed Diagnosis: Occasionally an abnormality may be missed, even during a careful colonoscopy examination.



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a guide to understanding colonoscopy



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understanding colonoscopy

What is a colonoscopy?

Colonoscopy enables your specialist to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube as thick as a finger, with a camera at the tip, into your anus and slowly advancing it into the rectum and colon. If your doctor has recommended a colonoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions since much depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

What preparation is required?

You will receive instructions about what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of either consuming a large volume of a special cleansing solution or clear liquids and special oral laxatives. The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow the instructions carefully.

Can I take my current medications?

Most medications can be continued as usual, but some can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners), insulin or iron products. Also, be sure to mention any allergies you have to medications or latex.

What happens during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. You will usually be given a sedative to help you relax and better tolerate the examination, but in most cases patients remain at least partly conscious.

You will start the colonoscopy lying on your left side, but you may be helped into different positions during the procedure while the specialist slowly advances the colonoscope through your large intestine to examine the lining. The procedure itself usually takes 15 to 60 minutes, although you should plan on at least three hours for waiting, preparation and recovery.

In some cases the colonoscope cannot be inserted to the end of the colon where it meets the small intestine. If so, you may need a further test to complete the examination, possibly at a later date.

What if the colonoscopy shows something abnormal?

If the specialist thinks an area needs further evaluation then tiny tissue samples (biopsies) may be taken for analysis. This is a painless procedure. Biopsies are used to evaluate many different types of condition, such as inflammation and benign or malignant growths.



If colonoscopy is being performed to identify sites of bleeding, sometimes a bleeding point may be treated with an injection or cautery device passed through the apparatus.

If polyps are found, these will usually be removed at the same time.

What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (non-cancerous). They vary in size from a tiny dot to several centimetres. They are usually removed and sent for analysis. Because cancer may develop in a polyp, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

A range of specialised devices and techniques may be used during colonoscopy to remove polyps, depending on their location, shape and size. Sometimes diathermy current is used to help reduce the risk of bleeding. The procedure should be painless.

What happens after a colonoscopy?

Usually you will receive a copy of your colonoscopy report, which may include some photographs of the bowel. The recovery nurses will monitor you until you are ready to be discharged. Your specialist may talk to you about the results in the recovery area or at a later clinic appointment. The results of any biopsies are usually ready in one to two weeks.

Following a sedative you should not drive, operate machinery or make important decisions for 18 hours. Even if you feel alert after the procedure, your judgment and reflexes will be impaired for the rest of the day. You might have some temporary cramping or bloating because of the gas introduced into the colon during the examination.

You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy.