

COLONOSCOPY INFORMATION SHEET

What is a colonoscopy?

Colonoscopy is the examination of the large bowel (colon) with a flexible instrument (a colonoscope). This has a video-chip camera at its tip to enable the colon to be examined. Instruments can be put down through the colonoscope to take samples of tissue (biopsies) to examine under a microscope. Polyps, or growths in the bowel which may, or may not, be benign can also be removed via the colonoscope.

Why have a colonoscopy?

Colonoscopies are most commonly performed for bowel symptoms such as diarrhoea or pain, or because of bleeding from the bowel. In some individuals with a family history, colonoscopy may also be an appropriate test to screen for bowel cancer.

What are the alternatives?

A barium enema involves an x-ray of the large bowel and is an alternative method of examining the bowel. It does have few risks but biopsies cannot be taken, nor can polyps be removed. It also does not examine the rectum or the lowest part of the bowel very accurately. Virtual colonoscopy involves a CT scan of the abdomen with special software enabling a three dimensional image of the colon. This is not used as a routine and again does not enable biopsies to be taken or polyps removed.

What are the risks of colonoscopy?

1. Incomplete colonoscopy

On some occasions the colonoscope is unable to be passed through the entire colon. This occurs in between 5% and 20% of cases depending upon your age and whether you have had previous pelvic or abdominal surgery. If this does occur, and it is felt important to examine the rest of your colon, then either you will have the rest of the colon examined by a virtual colonoscopy or a barium enema on the same or on a subsequent day. Generally, however, if at all possible by the end of the day of the procedure the colon should have been adequately examined

2. Missed lesions

No medical test can be 100% accurate. Colonoscopies can miss lesions in the bowel in between 2% and 8% of cases. For serious lesions, such as cancer, the chance is much less but still present. For these reasons, it is recommended that all patients over the age of 50, and those with a family history of colorectal cancer, perform a "faecal occult blood" test every year. Once you have had a colonoscopy, if you fall into one of these categories you should have the first of these tests performed one year after the colonoscopy. These test kits are available from your chemist or local doctor.

3. Perforation of the colon

A perforation is when a hole or tear is made in the colon by the colonoscope. This is rare, occurring in 1 in 1000 cases. If it occurs, then it would be likely that an operation would be required to repair the damaged area. This would involve a stay in hospital for approximately 1 week.

4. Bleeding from the bowel

Small amounts of blood are not uncommon after biopsies and polypectomies (removal of polyps). In 1 in 100 cases of polypectomy, the bleeding may be sufficient enough to require a transfusion.

What can I expect after the colonoscopy?

You will feel drowsy after the procedure and should not drive until the following day. You may experience some windy discomfort which should be short-lived. If it is persistent, or you are concerned, please feel free to ring your doctor.