



Colonoscopy

Informed consent: patient information

1. What is a colonoscopy?

A colonoscopy is where the doctor uses an instrument called a colonoscope to look at the inside lining of your large bowel. This is done to see if there are any growths, polyps, cancers or disease in your bowel.

A colonoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of your bowel on a video screen. The scope bends, so that the doctor can move it around the curves of your colon. The scope also blows air into your bowel, so that the doctor can see better. As a result, you might feel some pressure, bloating or cramping during the procedure.

This instrument can also be used to remove or burn growths or polyps and/or to take biopsies.

This procedure starts from your back passage (anus) and goes to the right side of your bowel (ascending colon). You will lie on your side or back while your doctor slowly passes the colonoscope along your large bowel to look at the bowel lining. The lining will be looked at again as the colonoscope is taken out.

You should plan on two to three hours for waiting, preparation and recovery. The procedure itself usually takes anywhere from 20 to 45 minutes.

Samples of the bowel may need to be removed for pathology tests.

2. Will there be any discomfort? Is any anaesthetic needed?

The procedure can be uncomfortable and to make the procedure more comfortable a sedative injection or a light anaesthetic will be given. Before the procedure begins, the doctor will put a drip into a vein in your hand or forearm. This is where the sedation or anaesthetic is injected. Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure.

3. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications include:

- Mild pain and discomfort in the abdomen for one to five days after the procedure. This usually settles with walking and moving around to get rid of the trapped air.
- Nausea and vomiting.
- Faintness or dizziness, especially when you start to move around
- Headache.
- Pain, redness or bruising at the sedation injection site
- Muscle aches and pains.
- Allergy to medications given at time of the procedure.



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Uncommon risks and complications include:

- About a person in every 1,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.
- About 1 person in every 100 will experience a significant bleed from the bowel where a polyp was removed. Further colonoscopy, a blood transfusion or an operation may be necessary
- Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.
- Missed polyps, growths or bowel disease.

4. What are your responsibilities before having this procedure?

You are less at risk of problems if you do the following:

- Let your doctor know beforehand what medications you are taking, including over the counter items.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure.
- If you take Warfarin, Aspirin, Clopidogrel (Plavix or Iscover), Asasantin or any other medications that is used to thin your blood, ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting.

5. Preparation for the procedure

The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your instructions carefully otherwise you may need to have the test again.

- **One week prior to the colonoscopy:** Cease any iron tablets. All other essential medications should be taken throughout the preparation period. Maintain a normal diet but please avoid eating any foods containing large amounts of seeds e.g. grapes, passionfruit, wholegrain bread etc.
- **Two days prior to the colonoscopy:**
You may have a normal diet, but endeavour to increase your fluid intake as much as possible. If your bowels have not opened on that day take a mild laxative that evening e.g. Epsom Salts (1 teaspoon in a glass of water) etc.
- **One day prior to the colonoscopy:**
From the time of waking you may have **CLEAR FLUIDS ONLY** – that is no milk and only fluids containing no solid food particles.
Clear fluids may include fruit juice, soft drinks, cordial, black tea or coffee, bonox, strained soups and jellies. Please try to drink as much fluid as you can comfortably handle.



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The bowel cleansing agent is called **PICOPREP (usually three sachets)**, available over the counter at your local pharmacy.

- In the afternoon on the day prior to the test, at 3pm take the first sachet of **Picoprep** followed by a litre of clear fluids. Continue drinking clear fluids at least a glass per hour – the more you drink the better.
- At 6pm take the second sachet of Picoprep followed by another litre of clear fluids. Continue drinking clear fluids – the more you drink the better.
- You then take the final sachet of Picoprep at around 9pm. You may continue to have clear fluids up until 6 hours before the procedure is done.

Please note: The above times may vary due to your admission time to your hospital on the day. Hospital staff will advise any adjustments when you are contacted with your admission instructions.

6. What are polyps and why are they removed?

Polyps are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimetres in size. They are not usually cancer but can grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer. The doctor usually removes a polyp during colonoscopy, using a wire loop to remove the polyp from the bowel wall. An electric current is sometimes also used. This is not painful.

7. Are there other tests I can have instead?

Flexible sigmoidoscopy and double contrast barium enema or CT colonography (virtual colonoscopy)

A colonoscopy will still be required if some pathology is found.

8. What can I expect after the colonoscopy?

- You will be in the recovery area for about 2 hours until the effect of the sedation wears off. Most times you will eat and drink straight after the procedure.
- You might have some cramping pain or bloating because of the air entering the bowel during the procedure. This should go away when you pass wind.
- You will be told what was found during the examination or you may need to come back to discuss the results, and to find out the results of any biopsies that may have been taken.

Notify the hospital Emergency Department straight away if you have:

- Severe ongoing abdominal pain.
- Black tarry motions or bleeding from the back passage (more than ½ cup of blood).
- A fever.