

Wits Donald Gordon Medical Centre

Colorectal Unit

What is a colonoscopy?

A colonoscopy is a procedure to examine the inside of your colon (large intestine) for abnormalities by inserting a flexible tube as thick as your finger via the anus and advancing it into the rectum and colon. This brochure will give you a basic understanding of the procedure – how it is performed, how it can help and what side effects you might experience. It can't answer all of your questions as much depends on the individual patient and doctor. Please ask your doctor about anything you don't understand.

What preparation is required?

In order to get the best possible view and to make the colonoscopy easier your bowel needs to be cleaned out of all faeces or stool. This usually involves consuming a prescribed dose of a special cleansing mixture (e.g. Moviprep, Picoprep, Coloprep or Kleenprep) It is extremely important to drink lots of water and clear fluids during this process. You will also be advised about what diet to follow prior to the procedure. It is important for to follow the protocol that you will be given, otherwise it may not be possible to see anything, and the colonoscopy (and the prep) will need to be re-scheduled.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination.

Please inform us about any medication or herbal remedies you are taking, especially *aspirin* products, *arthritis* medication, *anti-coagulants* (blood thinners), *insulin* or *iron* products. We also need to know if you have a pacemaker.

If you have a condition that requires you to take antibiotics before a surgical or dental procedure, please let us know, as we might need to give you a dose shortly before your colonoscopy as well.

What happens during a colonoscopy?

At Wits Donald Gordon Medical Centre, the colonoscopy is usually performed under conscious sedation which will be administered by a specialist anaesthetist. Conscious sedation is not a general anaesthetic. Drugs will be given to you to make you sleepy and relaxed. You might remember parts of the procedure.

You will lie on your left side or back while the specialist passes the colonoscope into the large intestine to examine the lining. The procedure itself can take from 15 to 60 minutes but you should allow for 2 to 3 hours for waiting, preparation and recovery. Please arrange for someone to drive you home after the procedure.

Occasionally it is not possible to pass the colonoscope all the way round the colon; in this case we will discuss further options (which usually involve a special sort of CT scan as soon as you have recovered from the sedation) afterwards.

What happens if the colonoscopy shows something abnormal?

If an abnormality is found, in most cases a biopsy (small sample of the abnormal area) is taken which will be sent to the laboratory for microscopic analysis. If the colonoscopy is being performed to identify sites of bleeding, the site might be controlled by injecting medication or by coagulation (sealing off bleeding blood vessels with heat treatment). If any polyps are found, these are almost always removed through the colonoscope during the examination. These procedures do not usually cause any pain.

What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining ('mucosa') that are usually benign (pre-cancerous, that is, if they are left inside there is a chance that they will turn into cancer at some time in the future). They vary in size from a tiny dot to several centimetres. It isn't always possible tell a benign polyp from a malignant (cancerous) polyp simply by its appearance, so in most cases the removed polyps are sent for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps can be destroyed by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. A common technique is called "snare polypectomy", used to remove larger polyps. This involves passing a wire loop through the colonoscope and removing the polyp with an electric current. You should feel no pain during a polypectomy.

What happens after a colonoscopy?

The results will be sent to your referring doctor, but you will have to wait a day or two for the results of any biopsies. Depending on the results you might need to make an appointment with another specialist, but we will let you know about this.

If you have been given any sedatives during the procedure, someone **MUST** drive you home. Even if you feel alert after the procedure, your judgement and reflexes will be impaired for the rest of the day. **DO NOT DRIVE** or operate dangerous machinery for the rest of the day. Do not sign legal documents on this day.

You might have some cramping on or bloating because of the air introduced into the colon during the examination. This should disappear when you pass wind.

What are the possible complications of a colonoscopy?

Colonoscopies and polypectomies are generally safe when performed by trained specialists who are experienced in these procedures. Complications occur extremely infrequently and are related to the procedure itself or the sedation given.

The most serious complication is a perforation, or tear through the bowel wall; in almost every instance an operation is required to repair the hole. (The risk is less than 1 for every 1000 examinations)

Bleeding can occur at the site of the polypectomy but it is usually minor and stops on its own. Rarely a second colonoscopy is necessary to stop the bleeding. Some patients might have a reaction to the sedatives or anaesthetics. This is very uncommon but is of concern in people who suffer from heart or lung disease. The other important complication to be aware of is missing a polyp, the reported miss rate is anything from 10-12%.

Although complications after colonoscopy are uncommon, it is important to recognise early signs of possible complications. If you experience severe abdominal pain, fever/chills or rectal bleeding of more than a half a cup, please contact your doctor. The phone number of the MPU (Minor Procedures Unit) where you will have had your procedure is 011-356 6141/2, and of the Colorectal Unit 011-356 6402.

After hours, please do the following:

1. Contact the doctor who did your procedure. Dr Nadine Harran can be reached via 011 356 6575 during working hours, if out of hours contact the WDGC switchboard on 011 356 6000 and ask the operator to contact Dr Nadine Harran for you

Please note that bleeding can occur several days after the procedure.