

What is a colonoscopy and how is it performed?

Colonoscopy is a procedure to inspect the inside of the colon (large bowel) using a thin, flexible, tube introduced via the rectum (back passage). The day before the procedure, you will need to take a special laxative preparation to clean out the bowel (see bowel preparation instructions). An intravenous sedative is given prior to the procedure so that you will be sleepy and comfortable during the examination. The entire procedure usually takes between 15 and 30 minutes. Biopsies (small tissue samples) may be taken and polyps (small growths attached to the lining of the bowel) may be removed if necessary.

What happens after the colonoscopy?

Following the colonoscopy, you will remain in the hospital recovery area for approximately one to two hours until the effect of the medication wears off. You may experience slight discomfort or bloating which usually eases with the passage of wind. If you have a biopsy or polyp removed, you may notice a small amount of blood passed in the toilet. If you develop severe or persistent abdominal pain, bleeding from the back passage or any other symptoms of concern, you should contact your doctor, or go to the nearest hospital's Emergency Department. Because the sedation given may interfere with your judgement or ability to concentrate, you should not drive a motor vehicle, travel on public transport alone, operate dangerous machinery or sign important documents for the remainder of the day. You must arrange for a relative or friend to take you home from the hospital and stay with you.

What are the risks of colonoscopy?

Any medical procedure carries some risk but colonoscopy is generally considered a safe procedure and complications are rare. Potential complications may include:

- Intolerance to the laxative bowel preparation (headaches, nausea, vomiting, dehydration)
- Reaction to the anaesthetic. The anaesthetist will speak to you prior to the procedure
- Bowel perforation (estimated risk is approximately 1 in 1000).
- Major bleeding (estimated risk is 1 in 3300 for biopsies; 1 in 500 for removal of polyps).
- Damage to or bleeding from internal organs such as the spleen (estimated risk is 1 in 1000).

Although rare, some of these complications can be serious and may require hospital admission, blood transfusion, further procedures or even urgent surgery. If you wish to have a more detailed discussion about potential risks, please contact your specialist prior to the procedure (Tel: 9650 7917).

What are the limitations of colonoscopy?

While colonoscopy is the best test for excluding bowel polyps or cancer, it is not perfect and a small proportion of polyps or cancers may escape detection. In about 5% of patients, the entire colon cannot be accurately assessed. This may be due to variations in the structure of the bowel, pathology within the bowel or because of inadequate bowel preparation. If this occurs your colonoscopy may need to be repeated another time or you may need a CT scan or barium X-ray.

Are there any alternatives to colonoscopy?

Alternatives to colonoscopy include a barium enema x-ray or CT colonography. Colonoscopy is usually recommended over the other two tests because it is more accurate and allows biopsies to be taken and polyps to be removed.