



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. The procedure can detect inflamed tissue, ulcers, and abnormal growths. It is used to diagnose early signs of colorectal cancer, bowel disorders, abdominal pain, muscle spasms, inflamed tissue, ulcers, anal bleeding, and non-dietary weight loss.

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 The colonoscope is then withdrawn very slowly as the camera shows pictures of the colon and rectum onto a large screen. Polyps or growths can also be removed by colonoscopy, which can be sent later for detection of cancer.

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. 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. Dr Woo 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.

3. 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.

4. What do I do to get prepared for the procedure?

See attached "Bowel preparation for colonoscopy"



5. 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.

- 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
- Minor complications are abdominal discomfort, cramping, diarrhea, some blood in the stool, and nausea from the medication used for sedation
- 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.

6. 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.
- You will need to see a doctor in 1-2 weeks to check the pathology result if there were any polyps removed or biopsy performed.
- You should return your normal bowel pattern within 2-3 days after your procedure.

7. 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.