

COLONOSCOPY

Colonoscopy is a simple day-stay procedure performed under sedation. It involves the passage of a flexible tube (colonoscope) about the thickness of a pen into the colon (also called the 'large intestine') via the back passage (anus) to allow for careful examination of the entire colon.

WHEN IS COLONOSCOPY INDICATED?

Colonoscopy is performed to diagnose or treat a number of conditions of the colon, including altered bowel habit, constipation, rectal bleeding, or a positive faecal occult blood test (FOBT). It is also indicated in those with a family history of colorectal cancer, or previous polyps.



Figure 1. Colonoscopy under sedation.

As well as giving better images than x-ray (barium enema or CT) of what the colon looks like from the inside, colonoscopy also allows for the removal of polyps (polypectomy) or biopsies of the colon. This is a painless procedure done while sedated that avoids the need for major surgery and protects against cancer.

WHAT IS POLYPECTOMY?

Polypectomy is the removal of a pre-cancerous growth (polyp) in the lining of the colon. This is performed by using instruments passed through the colonoscope. For small polyps less than 5mm in size, this is done with biopsy forceps using electrocautery (see Figure 2).

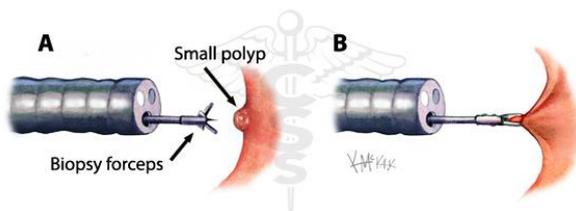


Figure 2. Biopsy using electrocautery of a small polyp

For larger polyps an electrocautery snare is used with the polyp then retrieved (see Figure 3). This process is painless to the patient.

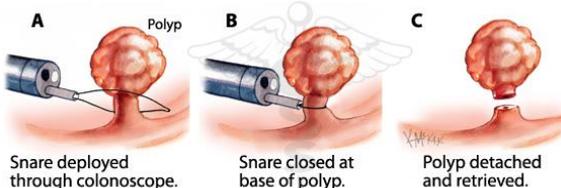


Figure 3. Snared polypectomy with retrieval of the polyp.

WHY PERFORM A POLYPECTOMY?

Colorectal cancer is the second largest cancer cause of death in Australia. Early detection and removal of polyps when they are small prevents them from becoming cancers.



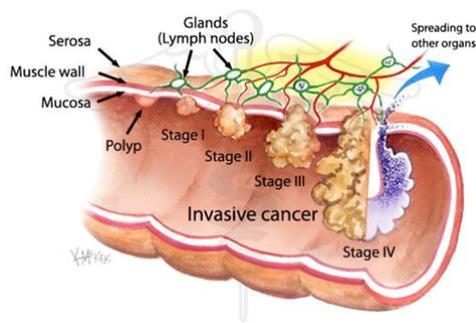


Figure 4. Colon polyp becoming a cancer over time.

WHAT SHOULD I DO BEFORE MY COLONOSCOPY?

Diet restrictions and clear fluids

You will need an empty colon for your colonoscopy. For 24 hours prior to your colonoscopy you can only drink clear fluids (no solid food). **Clear fluids** are fluids that can be poured through a sieve (no particulate matter) and can be seen through when placed in a glass. **Clear fluids include broth or soup, apple juice, lemonade, and dilute black tea or coffee and sports drinks such as Gatorade®, Lucozade® or Gastrolyte®.** Ideally at least 3 liters of clear fluid should be drunk the day before your colonoscopy.

Bowel Prep

PicoPrep® is a laxative taken orally the day before your colonoscopy and is available at most chemists without the need for a prescription. It is sold as a box of three sachets of white powder that are each mixed as a drink with a glass of water. Those having a **morning colonoscopy** drink their PicoPrep at 2pm, 4pm and 6pm the day before their colonoscopy. Those having an **afternoon colonoscopy** drink their PicoPrep at 6pm and 8pm (day before) and 6am (day of) their colonoscopy. Those having an **evening colonoscopy** drink their PicoPrep at 6pm (day before) and 6am and 8am (day of) their colonoscopy (see Table 1).



Figure 5. PicoPrep® bowel preparation.

When Should I Fast From?

You should fast 6 hours prior to your procedure. If a morning procedure, then fast from midnight the day before, if an afternoon procedure fast from 7am, and if an evening procedure, then fast from 11am.

Medications

If you are taking medications to thin your blood such as **aspirin** (Dispro®, Astrix®, Cartia® Cardiprin® Solprin® Asasantin®) clopidogrel (Iscover® or Plavix®), **warfarin** (Coumadin® or Marevan®) or **rivaroxaban** (Xarelto®) you should speak with your surgeon about the indication for these. Sometimes it is necessary to stop blood-thinning medications 7 days prior to your colonoscopy to reduce the risk of bleeding following polypectomy.



WHEN TO PRESENT TO HOSPITAL?

You need to present to hospital 1 hour prior to your colonoscopy. If a morning procedure, present at 7am, if an afternoon procedure, present at 12 midday, and if an evening procedure, present to hospital at 4pm.

WHAT HAPPENS BEFORE AND AFTER COLONOSCOPY ?

A nurse will direct you to the endoscopy unit. You will remove your clothes and underwear and wear a hospital gown. You will meet your surgeon and anaesthetist before your procedure to discuss any questions you may have. Colonoscopy will be performed with intravenous sedation. Colonoscopy may take from 30 to 60 minutes depending on whether or not biopsies are taken or polyps removed. You will then spend 1 hour in recovery until the effects of sedation have worn off. It is common to experience some abdominal cramping until you have passed much of the inflated air. Then you will spend 1 hour in the discharge lounge and be given a small meal and will meet with your surgeon to discuss your results before being allowed to **have a friend or relative drive you home**.

BIOPSY RESULTS AND FOLLOW-UP APPOINTMENTS

You need to call **1300 265 666** after 1 week to obtain any biopsy results or to make a follow-up appointment. If you have had polyps removed or have a family history of bowel cancer, you will be entered into a recall database for a reminder phone call for a repeat colonoscopy every 3-5 years depending on your circumstances.

WHAT ARE THE RISKS OF COLONOSCOPY OR POLYPECTOMY ?

Colonoscopy and polypectomy are very safe with very small risk of complications, although complications can occasionally occur. Anaesthetic complications are uncommon. Pain or swelling of the arm vein may occur at the site of injection of your anaesthetic. This will eventually disappear. Perforation of the colon is a rare but severe complication where a hole is made in the bowel. It occurs in less than 0.2% of cases. The risk of perforation following colonoscopy where a polypectomy is also performed is 0.3-1.0%. If this happens, and the hole is small, it may settle with antibiotics, however in some cases it requires abdominal surgery to close the defect in the bowel wall. Care will be taken to avoid this complication.

GASTROSCOPY

Gastroscopy is the passage of a much smaller scope via the mouth into the food tube (oesophagus) and stomach and small intestine (duodenum) to allow for inspection and biopsies to exclude certain conditions including gastritis, infection with helicobacter pylori, ulcers, cancer, acid reflux, coeliac disease and lactose intolerance. It can be performed under the same anaesthetic as colonoscopy.

If you would like to have a gastroscopy performed as well as colonoscopy under the one anaesthetic, please request this from your surgeon.





Figure 5. Gastroscopy under sedation.

WHAT IS THE COST OF COLONOSCOPY AND GASTROSCOPY?

For those with medicare in the public or those with private health insurance in the private, only the scheduled fee is charged by your surgeon and anaesthetist, meaning that you are not “out of pocket”.

TABLE 1. Checklist for patients having colonoscopy

	Morning Colonoscopy	Afternoon Colonoscopy	Evening Colonoscopy
Last Meal	Breakfast (Day Before)	Lunch (Day Before)	Dinner (Day Before)
Commence Clear Fluids	8am (Day Before)	1pm (Day Before)	5pm (Day Before)
1st PicoPrep	2pm (Day Before)	6pm (Day Before)	6pm (Day Before)
2nd PicoPrep	4pm (Day Before)	8pm (Day Before)	6am (Day of)
3rd PicoPrep	6pm (Day Before)	6am (Day of)	8am (Day of)
Fasting Time	12Midnight (Day Before)	7 am (Day of)	11am (Day of)
Present to Hospital	7am (Day of)	12pm (Day of)	4pm (Day of)
Procedure Time	8am (Onwards)	1pm (Onwards)	5pm (Onwards)
Discharge	1pm (Approx.)	5pm (Approx.)	9pm (Approx.)

