

Your physician has determined that a colonoscopy is necessary for the further evaluation or treatment of your condition. The following information includes answers to questions patients ask most frequently. Please read all the material carefully and feel free to discuss your questions with the nurse or physician.

What is a colonoscopy?

A colonoscopy is a procedure that enables your physician to examine the lining of the colon (large intestine) for abnormalities by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be completely clean for the procedure to be accurate and effective. In general, the preparation consists of one day of clear liquids and a large amount of special bowel cleansing solutions. Please follow the detailed dietary restrictions and the bowel cleansing routine. If you do not, the procedure may have to be canceled or repeated later.

What about current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. It is therefore best to inform your physician of your current medications as well as any allergies to medications several days prior to your procedure. Aspirin products,

arthritis medications, anticoagulants (blood thinners), insulin and iron products are examples of drugs whose use should be discussed with your medical staff prior to the procedure. **Please alert your doctor as soon as possible if you require antibiotics prior to undergoing dental procedures**, since you may need antibiotics prior to your colonoscopy as well.

What can be expected during a colonoscopy?

A colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at certain times during the procedure. Your doctor will give you medication through a vein to help you relax and better tolerate any discomfort you may have from the procedure. You will be lying on your left side or on your back while the colonoscope is advanced through the large intestine. As the colonoscope is slowly withdrawn, the lining of the intestine is again carefully examined. The procedure usually takes from 30 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations or procedures are necessary.

What type of sedation will I receive?

Your sedation will be determined by our physician in cooperation with the nurse anesthetist. Please inform our healthcare team of any complications or allergies you have previously

experienced with anesthesia or sedation.

All patients are monitored during the procedure using continuous pulse oximetry, heart monitoring and intermittent blood pressure recording.

Deep sedation is given by IV using a drug called Propofol. A nurse anesthetist will administer this sedation. Most patients will not be aware of or experience any discomfort during the procedure. Patients who receive deep sedation are unable to speak or respond to verbal commands during the procedure. Most insurance companies cover the deep sedation. Some deductibles may apply.

A separate bill from Carolina Anesthesia will be filed with your insurance carrier for deep sedation. For questions about Carolina Anesthesia billing information call 1-800-951-7850.

What if the colonoscopy shows something abnormal?

If our doctor thinks an area of the bowel needs to be evaluated in greater detail; a forceps instrument is passed through the colonoscopy to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. **You may get a separate bill for pathology.** If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscopy by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). None of

these additional procedures typically produce pain. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon, which vary in size from a tiny dot to several inches. The majority of polyps are benign (non cancerous) but the doctor cannot always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

What happens after a colonoscopy?

After a colonoscopy, our physician will explain the results to you. If you

have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with the passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy center, but our doctors may give you restricted diet and activities to follow, especially after a polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for

several days to weeks, but this will resolve. Applying hot packs may help relieve the discomfort.

Although complications after a colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Please contact our physicians if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than two tablespoons. Bleeding may occur up to two weeks following a polypectomy.