

COLONOSCOPY Procedure Information

Reasons for the test include: To look for polyps (benign growths) and cancer in the colon (large bowel or lower bowel). In some cases, the ileum (part of the small intestine) is also examined. The test is also used to look for a cause of bleeding or diarrhea. To check other problems that might be found on radiology tests or blood tests.

Brief Description of the test: A flexible tube with a light and a camera is used to look inside of the colon. It is inserted through the rectum and steered through the colon.

The doctor may: Remove samples of tissue with a set of small tweezers (biopsy). Remove polyps with a tweezers or wire loop (snare). Prevent or treat bleeding, using cautery (heat), injection of drugs, or clips. Stretch narrow areas using balloons or plastic dilators. Take photographs.

Other things you should know: Plan to be here 3-6 hours. The test usually takes about 20-40 minutes but may take up to 60 minutes. Each procedure is different and according to various problems, and the time length of procedure may vary, depending what the doctor sees during the procedure. There is some waiting time during check-in, before the test, and after the test in the GI lab and day surgery area. Occasionally there are emergency cases that can cause delays in the schedule. You will have a team of physicians and nurses caring for you, including a GI attending, GI fellow, GI endoscopy nurse, and GI endoscopy technician.

Many patients choose to have moderate sedation for procedures. This is medicine given by vein to make you sleepy and reduce pain. Some procedures are scheduled with sedation by the anesthesia service. If you have sedation of any kind, you should not drive, operate machinery, or make important decision until the day after the test. You must have someone to drive you home. If you do not want sedation, tell the scheduler before the procedure, or your nurse the day of the procedure. You will be given a copy of the report when you leave, for your personal records. If samples of tissue are removed, they will be sent to the laboratory. We will send you a letter about the biopsy results in about 7-10 days. Results of the tests are also available for your regular physician in the electronic medical record.

Known risks of this treatment include, but are not limited to: Discomfort and pain can occur due to pressure from the scope or from gas that is put in during the exam. A hole or tear in the colon happens in about 1 patient in 1000. You would need surgery to repair the hole. Bleeding can occur during the procedure or up to 1-2 weeks later. This rarely happens when polyps have been biopsied or removed. If polyps are removed, the risk of bleeding is about 1 in 300. If the polyp is very large, the risk is about 1 in 20. If you have serious bleeding, you may need to have blood transfusions, another colonoscopy, or an x-ray test. You may need surgery to stop the bleeding. If you have concerns about blood transfusions, you should talk with the doctor before the procedure. About 10% of polyps and 1% of cancer may be missed by the procedure. In 5-10% of cases, the procedure cannot be finished for some reason. If this happens, you may need to have the procedure tried again on a different day. You may need a different kind of test (for example, a colon X-ray test). The risk of death is between 1 in 3,500 and 1 in 5,000.

Please call the GI Lab at 214-857-0873, 214-857-2332, or 214-857-1567 if you have questions about your procedure or wish to speak with one of the nurses or doctors.