

**If you choose to have sedation for your procedure you must have someone to accompany you home and you will not be able to drive until the following day**

## What is colonoscopy?

Colonoscopy is an endoscopic procedure that allows a doctor to examine the lining of your large bowel (colon) and the end of your small bowel (ileum). This involves passing a thin flexible tube (colonoscope) through your anus and into the colon. A video camera on the end of the scope projects images to a viewing screen.

## Why is a colonoscopy done?

You may be referred for this procedure to investigate bowel symptoms such as a change in the consistency or frequency of your stool, diarrhea, bleeding or iron deficiency anaemia. Sometimes it may be done to investigate findings from a scan or to screen for problems. For example people with a family history of bowel cancer may have a colonoscopy to look for polyps or cancers. Removing polyps can reduce your risk of bowel cancer in the future. People with conditions such as Crohns disease or ulcerative colitis may have colonoscopy to assess the activity of their disease.

## What are the possible complications?

Colonoscopy is a safe procedure and most people will have no problems.

Possible complications include:

- Those related to the bowel preparation including fluid and electrolyte imbalances, nausea, vomiting or abdominal pain
- Complications related to sedation
- Complications related to the procedure
- Missed pathology – there is a very small chance that polyps or cancers can be missed by colonoscopy

Most complications related to the procedure are due to polypectomy (removal of a growth in the bowel). The risk of bleeding after a polypectomy is approximately 1-2% but is higher with larger polyps.

A small amount of bleeding can be expected after a large polyp is removed but significant bleeding is rare. Perforation (a hole in the bowel) is rare, occurring in 1:1000 to 1:10 000 procedures. The risk is higher with a large polypectomy but in that situation the hole can usually be closed immediately and successfully. If a perforation occurs, you may need to stay in hospital overnight. Antibiotics may be required and some patients will require surgery.

The doctor will talk to you about the general risks as well as any risks specific to you before obtaining your signed consent for the colonoscopy.

## What preparation is required?

Your colon must be completely empty so that the entire lining can be seen. You will need to alter your diet for a few days before the procedure then take bowel cleansing preparation over a 12-24 hour period before the colonoscopy. The bowel preparation and written instructions will be mailed to you.

It is very important that your bowel is clear. A poorly prepared colon will result in a longer, riskier and less accurate examination with an increased risk of missing polyps or other pathology and your procedure may need to be repeated.

If you are worried the preparation is not working effectively or have problems such as vomiting please call the Gastroenterology department as early as possible.

## You will be contacted for a pre-assessment

A nurse will contact you approximately two weeks before the examination. Be prepared for this phone call with a list of medications you take and any questions you want to ask. The nurse will review your medical history and ask about important medical conditions for example diabetes or cardiac devices. They will explain the bowel preparation and the procedure.

If you prefer you can have this pre-assessment performed face to face. If an interpreter is required we will arrange this.

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## Possible medication adjustments

You should be able to continue taking most of your normal medications. ***If you are taking blood thinners, insulin/diabetic medicines, or iron tablets you may need to stop or adjust the dose of these medicines.***

This will be discussed with you during your pre-assessment.

## Should I have sedation?

Many people will want to have sedation for their colonoscopy. Sedation works well for most people, even if they are very anxious. It is not a general anaesthetic and you will still have some awareness. The sedation is given through a small needle (cannula) inserted into your vein.

Some people will not want to have sedation. This strategy can work well and allows you to drive yourself home and resume normal activities immediately. This option will not be suitable for everyone and is something you can discuss with the nurse during your pre-assessment.

## What can I expect during colonoscopy?

You will be provided with a gown to change into. If you are having sedation an IV cannula will be inserted into a vein and monitoring attached.

You will be positioned on your side with your knees up while the colonoscope is gently passed into your rectum and moved up through your colon. You may be asked to change position during the procedure, usually onto your back and a nurse may apply brief pressure to your stomach to help the camera pass around. When the colonoscope reaches the end of your colon, it is slowly withdrawn while the doctor carefully examines the lining of your colon. Samples (biopsies) of the lining of the colon may be taken or polyps removed. If very large polyps are found you may need to come back at a later date to have these treated.

You may experience some feelings of pressure, bloating or cramping. You will be closely monitored and given more medication if this is needed. A colonoscopy usually takes 30 – 60 minutes but you will be in the department for at least two hours.

The Wellington Gastroenterology department uses both water assisted colonoscopy and CO2 insufflation which are both techniques that reduce discomfort.

## What happens afterwards?

You will be offered a light snack prior to discharge. The results of your colonoscopy will be explained to you by a nurse or doctor and you will receive a copy of the report to take home.

You may experience mild cramping or bloating from the air inflated into the bowel during the colonoscopy. This should quickly improve when you pass gas (wind/flatulence). If therapy is performed a small amount of bleeding may occur.

Unless told otherwise by the doctor, there are usually no special measures to take after your colonoscopy.

If biopsies are taken results are usually available a week after the procedure.

## If sedation is used during the colonoscopy please note the following instructions:

Sedation can affect your memory and judgement even though you may not feel any different to normal once the immediate effects wear off.

If you receive sedation, ***please arrange to have a responsible adult to accompany you home***, due to the effect the sedation may have on your judgement and reflexes for the rest of the day. We recommend you have someone to stay with you for the rest of the day and overnight.

***If you have sedation you are not allowed to drive***, and should not do any of the following for 18 hours after your procedure:

- Consume alcohol
- Make important decisions
- Sign any documents (including legal documents)
- Operate machinery
- Drive a car
- Ride a motorbike
- Ride a push bike

## Contact us

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Hours: 8am-4.30pm, Monday to Friday  
(excluding public holidays)