



INFORMATION FROM
YOUR SURGEON

COLONOSCOPY

What is a colonoscopy?

Colonoscopy is a procedure that enables your surgeon to examine the lining of your colon, or large bowel. A narrow flexible tube with a tiny light and camera at the end is gently inserted and advanced through the colon. Your surgeon may also remove polyps, take a biopsy, or cauterize a bleeding vessel if indicated.

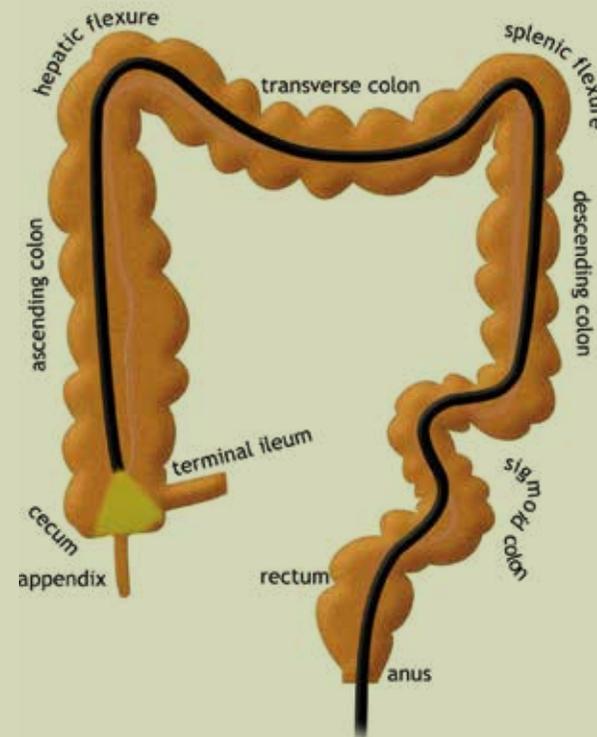
You will be sedated during the procedure, ensuring that you have little to no discomfort. Most people sleep through the entire procedure.

Colonoscopy is the gold standard test for colon polyps and prevention of colon cancer. It is the only test that will remove polyps at the time of the procedure.

Indications for Colonoscopy

- Any person over age 50
- Family history of colon cancer or polyps in a first-degree relative (parent, sibling or child)
 - > Begin at age 40, or 10 years prior to the youngest relative's diagnosis
- Family history of colon cancer in any 2 relatives
 - > Begin at age 40, or 10 years prior to the youngest relative's diagnosis
- Personal history of colon cancer or polyps
- Bleeding or anemia (low blood levels)

- Symptoms, such as diarrhea, constipation, abdominal pain, change in bowel habits
- Before, during or after some surgeries
- Abnormality of the colon noted on examination or in another study
- High-risk conditions including polyposis syndromes, genetic predisposition to colon cancer, or inflammatory bowel disease



SURGICAL ASSOCIATES

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BEFORE YOUR PROCEDURE

Plan Ahead

Make arrangements for someone to drive you home. You cannot be discharged without a responsible adult. If you choose a taxi or other public transportation you will still need someone to accompany you home.

Talk with your doctor about any medications you are taking. Some medications may need to be stopped before surgery.

Pre-surgery Phone Call

The pre-surgery nurse will call you one business day before your surgery to inform you of your arrival time.

If you do not receive a call by 2:00pm, call the pre-surgery nurse at **608-643-7193**.

Bowel Preparation

The colon must be completely emptied of stool for the procedure to be performed. You will be given instructions regarding the cleansing routine to be used. If you do not get instructions, are unable to take the preparation, or do not feel that your preparation has worked properly, please call your surgeon. If the bowel is not cleansed of solid stool, your procedure may have to be cancelled or rescheduled.

The bowel prep is extremely important to get the best results possible. If your surgeon cannot see the lining of the colon well, a polyp or lesion may be missed, putting you at increased risk for colon cancer.

The most effective bowel prep is a “split prep.” This means that you take part of the prep on the evening prior to your procedure, and another portion on the day of your procedure.

What to Expect

You will be asked to arrive an hour or more prior to your procedure. A nurse will admit you, and insert an IV (intravenous catheter). You will meet with your surgeon before your procedure and will have an opportunity to ask questions.

Sedation will be given in your IV during the procedure. The procedure is usually well tolerated, but you may experience a feeling of pressure or cramping at various times. Most people sleep through the procedure. It usually lasts 15-30 minutes.

If any polyps are removed, they will be sent to pathology for analysis. Results take less than 1 week.

After the procedure is completed, you will be observed until most of the effects of the sedative have worn off. You may have some mild cramping or bloating from the air that is placed during the examination. This should quickly improve with the passage of flatus.

You should be able to eat and otherwise resume normal activities later that day. You may not drive, operate machinery, sign legal documents, or make important decisions after your procedure.

How will I get my results?

Your surgeon will discuss results with you and any friends or family that you bring with you, if you wish to share the results. A written summary of your findings will be sent home with you on the day of your procedure.

If a polyp is removed, or a biopsy taken, you will be contacted in about 1 week regarding the results.

Limitations of Colonoscopy

It is not always possible to see the entire colon, but greater than 95% of screening colonoscopies are able to evaluate the entire colon. Incomplete examination can be due to inadequate bowel preparation, a difficult twist, or an obstructing lesion. There are also blind spots in the colon where a lesion may be missed. Polyps or problems may develop in the interval period between colonoscopies. Not all cancers begin in a polyp.

Risks and Complications

Complications are rare, but do occur. They include bleeding and perforation (tear). Perforation occurs in less than 1 of 1,000 procedures performed (0.1%). If you do experience a complication, it may be necessary for your surgeon to perform an abdominal operation to stop bleeding or repair the intestinal tear. Blood transfusions are rarely required. Reactions to the sedatives can occur. Lesions may be missed. Other less common complications are possible.

It is important to contact your surgeon immediately if you feel that you may have suffered a complication, have abdominal pain, fevers, chills, chest pain, shortness of breath, or more than a small amount of rectal bleeding.

REMEMBER ...

If you have any questions or concerns, please call your surgeon to discuss.

Colorectal Cancer

Colon and rectal cancers are the second leading cause of death from cancer, with a lifetime risk of 5.4% or 1 in 19 persons.

Most colorectal cancers begin in a polyp, and it is estimated that it takes about 10 years for a polyp to eventually turn into a cancer.

Prevention and Cure

The most effective prevention is a screening colonoscopy, and clearing the colon of polyps. This can reduce your chances of colorectal cancer by up to 90%.

Polyps are found in about 20% of colonoscopies, or 1 in 5 procedures performed.

Cure of colon cancer is achieved only by surgery. Cure rates are much higher with small early cancers. These early cancers often cause no symptoms, and are found only with screening, such as colonoscopy. Any concerning symptoms that develop should be evaluated with a colonoscopy.

Other things that can prevent colorectal cancer include:

- High fiber, low fat diet
- Maintain a healthy weight
- Regular exercise
- Refrain from smoking