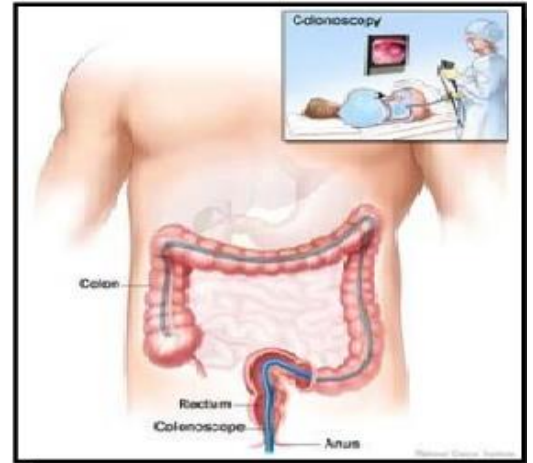


Introduction

1. Colonoscopy is a video-endoscopy used to examine the colon and small portion of terminal ileum if needed.
2. It is often the investigation of choice in patients suspicious of colorectal cancer, or in the presence of rectal bleeding, occult blood in stool, recent change in bowel habit, chronic diarrhea and constipation.
3. Colonoscopy is useful in making diagnosis with the use of different accessory equipment. It can perform biopsy and deliver targeted therapies such as removal of polyp.

The Operation / Procedure

1. During colonoscopy, the patient usually lies on his/her left side with his/her knees drawn up towards the abdomen.
2. Intravenous sedation would be administered to alleviate anxiety and discomfort related to the procedure.
3. A flexible colonoscope with a diameter of around 1.5 cm will then be introduced through the anus to perform the examination.
4. Though under sedation, patients might still be conscious during the procedure. In general, it lasts for 10 to 45 minutes.
5. The endoscopist will introduce air or carbon dioxide through the scope in order to open up the colon and allow the scope to move forward. Patient may experience bloating sensation or cramps as the air opens up the colon.
6. If necessary, the doctor may take biopsy (small pieces of tissue) or remove polyps which range in size from the tip of a pen to several inches, and send pathologist for examination.



Preoperative Preparation

1. Consume a low-residue diet for 3 days before and clear fluid diet on the day of procedure.
2. Iron preparation should be stopped at least 3-4 days before colonoscopy.
3. Drink bowel cleansing agent as instructed to wash out faeces from the colon.
4. Inform the doctor of any medical conditions, for example having a pacemaker, diabetes, heart diseases, high blood pressure and any medications you take, especially anti-platelet or anti-coagulation agents.

Postoperative Instruction

General

1. Resume oral intake only after the effect of sedative has worn off.
2. If intravenous sedation is used, patients should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.

Diet

Resume diet, usually 4 hours after anaesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)

Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischaemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease
3. Allergic reaction and shock

Procedure related complications

Before procedure

- Taking bowel cleansing agent may induce side effects such as nausea, vomiting, abdominal pain or distension.

During procedure

1. Using sedative agents may induce hypotension, respiratory difficulty, and even collapse (rare), which is more common in elderly patients.
2. Bowel perforation rate is reported to be about 1:1000. Chance of perforation is higher in cases that require therapeutic procedures including polypectomy, haemostasis, dilatation or stenting.
3. Bowel perforation leads to peritonitis, which requires emergency operation for repair or bowel resection with a reported mortality rate up to 5-20% (much higher in patient with poor comorbidity).

After procedure

1. Abdominal pain or distension are usually temporary and subsided within 1 hour after the procedure.
2. Bleeding might occur at the site of biopsy or polypectomy. It is usually minor and usually stop on its own.

Things to take note on discharge

1. See the doctor as scheduled for the examination result.
2. In case there are any serious conditions such as severe abdominal pain, passage of large amount of blood, fever, etc, you should seek medical attention at the Accident and Emergency Department of a nearby hospital.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Colonoscopy / Flexible Sigmoidoscopy" (2020)

Smart Patient: https://www.ekg.org.hk/pilic/public/surgery_pilic/surgery_colonoscopysigmoidoscopy_0161_eng.pdf (24-07-2023)