

# North Bay General Hospital

Ambulatory Care Unit  
Colorectal Screening Program – Colonoscopy

## What is a colonoscopy?

- A **colonoscopy** is an examination of the rectum and large bowel and is used to diagnose cancer, polyps, inflammation (for example) colitis), and causes of bleeding and abnormal or questionable x-rays.
- A colonoscope is a long, thin, flexible viewing instrument with a small camera in the tip that allows images of your entire large bowel (colon) to be seen by the doctor on the video screen.
- Instruments may be passed through the colonoscope to take tiny, painless biopsies (samples of tissue), cell brushings or fluid collections for examination in the Laboratory. Photographs and videotapes may also be taken during the procedure.

## What is a polypectomy?

- During the course of your colonoscopy, a polyp may be found. Polyps are abnormal growths of tissue which vary in size from a tiny dot to several centimetres.
- Depending on the size, shape and location of the polyp, your doctor may feel that it needs to be removed. Polyps can be the source of rectal bleeding although the majority of polyps are benign (non-cancerous), some may contain a small area of cancer or may develop cancer if left untouched. Removal of polyps is therefore an important means of prevention and cure for cancer of the large bowel (colon).
- The polyp is removed by inserting a snare (wire loop) through the colonoscope and around the polyp. An electrical current will then be passed to the wire loop which cuts off the polyp and prevents bleeding.

- A grounding pad will be applied to your thigh or arm to ground you to prevent an electric shock or burn. You should feel no pain during polyp removal.
- Medium sized polyps may be removed with a snare alone without electrical current. Very small polyps can be removed with biopsy forceps.

### **What are the risks of a colonoscopy?**

- Colonoscopy and polypectomy are safe as they are performed by doctors who have been specially trained and are assisted by specially trained personnel; however, there is a risk of injury to the colon (bowel).

Possible complications of the procedure are:

- Perforation (or puncture) in the colon – about 1 person in 1,000. It may require surgery to repair or be managed with antibiotics and intravenous fluids.
- Bleeding usually following a removal of a polyp – about 1 person in 500.
- Allergic reactions to the intravenous medications (including rash, fever or breathing problems).
- Local irritation where the intravenous is placed where medications are injected. Hot towels or moist packs help relieve discomfort.

### **Before your procedure**

- For the best possible examination, the colon must be completely empty of waste material for the colonoscopy to be thorough and safe.

- You will need two days depending on which type of prep your doctor recommends.
- Each doctor has a set of guidelines that you must follow, so that your doctor is able to perform the scope successfully.
- The bowel prep causes loose, frequent stools and diarrhea so that your colon will be empty for the test. It is recommended to stay home during your prep time (the day before the procedure) since you will need to use the bathroom frequently.
- To assist in cleansing the bowel, it is recommended that you drink large amounts of water during this period.
- Be sure to let your doctor know if you are allergic to any drugs or foods and if you are taking anti-coagulants (blood thinners).
- Nothing is to be taken by mouth (fasting) from midnight the evening before the procedure or as instructed by your doctor.
- You must arrange for someone to take you home after your colonoscopy as you will not be allowed to drive for 24 hours. This is because you have been sedated during the procedure and it takes 24 hours for the medication to get out of your system. You should not be taking public transit alone for 24 hours.

### **Day of procedure**

- Go to Day Surgery Registration – level 300 one hour prior to your booked time.

### **In the endoscopy clinic**

- You will be asked to change into a hospital gown. A nurse will then check your temperature, pulse and blood pressure.

- The nurse will then put an intravenous into a vein in your hand. This is required so that you may receive a mild sedation or anaesthetic prior to your colonoscopy procedure.
- Your doctor will see you before the procedure and explain the procedure and obtain a signed consent. (If a patient is a minor, have a parent or guardian available to sign).
- You may be given an intravenous injection to keep you comfortable and help you relax during the exam.
- You will lie on your left side during the procedure. The colonoscope will be introduced via your rectum or colostomy and your large bowel will be examined. You may have to change positions during the procedure. The staff will explain each step as it happens.
- The procedure is usually well tolerated and rarely causes pain. Mild cramping and pressure may be felt. You can reduce the cramping by taking several slow, deep breaths. Many people fall asleep during the procedure and have little recollection of the event.
- In rare instances, a complete examination of the bowel may not be achieved; however, a limited examination may be sufficient if the suspected area was well seen.
- You may require a further radiologic exam (barium enema) to assess the portion of the colon that was not seen.
- A colonoscopy exam usually takes 30 to 60 minutes.

### **After the colonoscopy**

- You will be taken to the Day Surgery Department, where you will rest until most of the effects of the medications have worn off.

- When your nurse has decided that you are recovered, you will be discharged in the company of your driver.
- At the time of discharge, you will be given instructions for follow-up.

If unable to keep your appointment, please notify your doctor's office or the Ambulatory Care Unit at 705-474-8600 ext 3800.

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