

Patient Information: Colonoscopy & Polypectomy

Colonoscopy & Polypectomy

The following are answers to some questions you may have about colonoscopy and polypectomy. It has been decided after careful medical assessment that colonoscopy is necessary for further evaluation and treatment of your condition. This brochure has been prepared to help you understand the procedure.

What is a Colonoscopy?

A colonoscope is a long flexible tube that is about the thickness of a finger. It is inserted through the rectum into the large intestine (colon) and allows the physician to carefully examine the lining of the colon. Abnormalities suspected by x-ray can be confirmed and studied in detail. Abnormalities which are too small to be seen on x-ray may also be identified. If the doctor sees a polyp, suspicious area or needs to evaluate an area of inflammation in greater detail, he can pass an instrument through the colonoscope and take a small piece of tissue (a biopsy) for examination in the laboratory.

Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. A small instrument may be introduced as well to collect cells from an area for examination in the laboratory. Colonoscopies are often performed for screening purposes. As we age, the likelihood of developing pathology increases. Therefore if you are 50 or older, a screening colonoscopy may be arranged. Also, if you have a familial tendency to/or history of polyps or bowel cancer, your physician may decide a colonoscopy is warranted for you.

What is a Polypectomy?

During the course of the examination, a polyp may be found. Polyps are abnormal growths of tissue which vary in size from a tiny dot to several cms. If your doctor feels that removal of the polyp is indicated, he will pass a wire loop or snare through the colonoscope and sever the attachment of the polyp from the intestinal wall by means of an electrical current. If additional polyps are detected, they may be removed as well. You should feel no pain during removal of the polyp. Even the smallest of polyps may be biopsied then cauterized (burned) to prevent future growth. Although the majority of polyps are benign (noncancerous), a small percentage may contain an area of cancer in them or may develop into cancer. Removal of colon polyps, therefore, is an important means of prevention of colon cancer.

What preparation is required?

For the best possible examination, the colon must be completely empty of waste material. Stop eating solid food when you start your bowel prep. Your doctor will give you detailed instructions in the cleansing routine that he prefers and can advise you on the specific liquids that are allowed. You may have clear fluids (black tea, apple juice or water) only up until three

hours before your scheduled arrival time. Do not chew gum or tobacco. Note: you should not drink beverages containing red or purple dye.

Be sure to let your doctor know:

- if you are allergic to any drugs,
- take medications, such as Ozempic or any blood thinners
 - You may be asked to discontinue the use of aspirin products and iron tablets for one to two weeks before the examination or as directed by your doctor.
- have concerns of having a body mass index of greater than 50.

$$\text{BMI} = \frac{\text{Weight (in kilograms)}}{\text{Height}^2 \text{ (in meters)}}$$

You may access this online tool to help estimate your BMI: [Body Mass Index \(BMI\) Calculator - Diabetes Canada](#)

You will not be able to drive home because you will be given medication to help you relax. Even though you may not feel tired, your judgment and reflexes may not be normal therefore you must arrange for a ride home prior to coming to the Hospital.

You can have your usual medications, taken with a sip of water. You should refrain from chewing gum, tobacco or smoking. Note you should not be taking any ASA product. If you are a diabetic, do not take your pills or insulin unless advised by physician.

What should you expect during the procedure?

When you arrive at the Hospital, bring your health card and present at the SDCU. Once in day care, you will be assessed by a RN and have an IV started. Once in the OR you will be attached to monitors and positioned on your left side. The scope will be introduced into the rectum and advanced through the large bowel. The colonoscope is then slowly withdrawn while the intestine is again carefully examined. The procedure is usually well tolerated but you will experience some discomfort during the procedure.

General anesthesia is not recommended. Your anesthetist will give you medication through your IV to make you relaxed and sleepy. In rare cases, passage of the colonoscope through the entire colon cannot be achieved. A limited examination may be sufficient if the area of suspected abnormality was well visualized; if not, an alternate exam may be required.

The length of the procedure is between 15-60 minutes.

What happens after the colonoscopy?

You will be kept in the Recovery Room until most of the effects of the medication have worn off. You may feel bloated for a few minutes right after the procedure because of the air that was introduced while examining the colon. You should pass flatus if you feel the need. It is very common after this procedure and will make you much more comfortable if you expel the gas. You will be able to resume your diet after the colonoscopy unless you are instructed

otherwise. If a polyp has been removed, your doctor may wish your diet to be limited before returning to your regular diet. You will be notified of this by the nurse following the procedure. You will be given juice after the procedure. Please bring a snack as you may be hungry following your scope.

Are there any complications from colonoscopy and polypectomy?

Colonoscopy and polypectomy are safe and are associated with very low risk.

Bleeding may occur from the site of biopsy or polyp removal. It usually stops on its own or can be controlled by cauterization (application of electrical current) through the colonoscope.

Very rarely perforation of the bowel may occur during colonoscopy. Be assured that all precautions are taken so that this does not occur. Perforation of the bowel will require further treatment in hospital.

If abdominal pain, bleeding or temperature should occur, notify your physician immediately. Contact your doctor's office to arrange to be seen, or if after hours, go to the nearest Emergency department to receive advice from a physician.

Why is the colonoscopy necessary?

Colonoscopy's greatest impact is probably in its contribution to the control of colon cancer by polyp removal.

Before colonoscopy became available, major abdominal surgery was the only way to remove colon polyps to determine if they were benign or malignant. Now, most polyps can be removed easily and safely without surgery.

Periodic colonoscopy is a valuable tool for follow-up of patients with previous polyps, colon cancer, inflammatory bowel disease, or a family history of colon cancer. Colonoscopy is a safe and extremely worthwhile procedure which is very well tolerated. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about your need for colonoscopy, do not hesitate to speak to your doctor.

Both of you share a common goal, your good health, and it can only be achieved through mutual trust, respect and understanding.

**For health advice or general health information from a Registered Nurse, call Telehealth
Ontario: 1-866-797-0000**