



What is a colonoscopy?

Colon cancer is one of the most commonly diagnosed forms of cancer, affecting one in six people in British Columbia. Screening procedures, such as colonoscopies, can detect the early warning signs of colon cancer and save your life.

What is a colonoscopy?

Colonoscopy is a procedure that allows a colonoscopist to see the inside lining of the rectum and colon using a special instrument called a colonoscope.

A colonoscope is a flexible tube with a miniature camera attached to one end so that the colonoscopist can take pictures and videos of your colon. During a colonoscopy, tissue samples can be collected and polyps can be removed.

Things to know

- The procedure is performed by a colonoscopist and usually takes 20 to 45 minutes to perform.
- You will be closely monitored before, during and after the procedure.
- It is normal throughout the procedure to feel slight pressure or experience cramps.

Who should get a colonoscopy?

Colonoscopy is recommended for women and men ages 50-74 who have at least one of the following:

- An abnormal fecal immunochemical test (FIT) result; or,
- One first degree relative (mother, father, sister, brother, daughter or son) with colon cancer diagnosed under the age of 60; or,
- Two or more first degree relatives with colon cancer diagnosed at any age; or,
- A personal history of adenomas. Adenomas are a type of precancerous polyp.

Before the colonoscopy

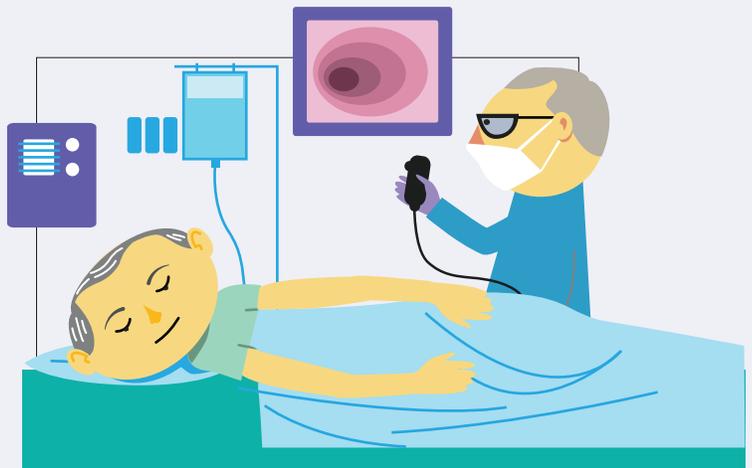
- Expect to be at the hospital for two to three hours.
- You will be asked to change into a gown.
- A nurse will complete your admission history and measure your vital signs.
- You will be asked to provide a list of your medications.
- A nurse will start an intravenous (IV) to administer sedation and pain medication.

After the colonoscopy

- Have an adult accompany you home. You cannot drive until the following day.
- You may be sleepy after you arrive home from the procedure. It is recommended that you do not operate equipment, sign legal papers or drink alcohol until the following day.
- You will be able to resume your regular diet and medications after your colonoscopy, unless otherwise directed by your patient coordinator or colonoscopist.
- The air inside your colon may cause you to feel bloated and/or have cramping after the procedure. It is important to relax and pass the air as soon as possible. If this discomfort increases or is unrelieved, go to the emergency department and advise them that you had a colonoscopy.

During the colonoscopy:

- 1** A colonoscopist inserts the colonoscope into the rectum and advances it along the length of the colon.
- 2** Air is sent through the colonoscope to expand the colon for better viewing.
- 3** Images of the lining of the rectum and colon are sent to a video monitor where the colonoscopist will look for anything unusual, like a polyp. A polyp is a small growth of tissue on the wall of the intestine.
- 4** Polyps can grow very slowly, and some can become cancerous. It may be necessary to take a sample (biopsy) or remove the polyp (polypectomy). This is painless.



- 5** The biopsy or polyp is then sent to a lab for analysis.

Results

You will be given preliminary results before you leave the hospital. Then, approximately two weeks after your procedure, the patient coordinator or the colonoscopist will inform you of your complete results and answer your questions during the follow up call. Your doctor will also receive your results.

If your colonoscopy is normal, your personal history will determine when you will be re-screened. Your patient coordinator or colonoscopist will advise you of your next screening date.

If your colonoscopy is abnormal, further procedures or more regular surveillance may be necessary. The patient coordinator, colonoscopist, or your doctor will explain the process for further appointments and next steps.

Risks

As with any medical procedure, colonoscopy has a small risk of complications.

Approximately 5/1,000 people will have a serious complication. Complications can include a reaction to the bowel preparation or medication used for sedation, heart or lung problems, an infection, bleeding from the colon and/or perforation of the colon (hole in the colon).

If a complication occurs, treatment including antibiotics, blood transfusion, hospitalization, repeat colonoscopy or surgery may be required. The risk of dying from colonoscopy is less than 1/14,000. There is also a risk of missing a significant abnormality. This occurs in less than 1/10 cases.

Contact us:

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