

Understanding Colonoscopy

What is a colonoscopy?

Colonoscopy enables Dr. Christensen to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube as thick as your finger into your anus and slowly advancing it into the rectum and colon.

What preparations are required?

The colon must be completely cleaned out for the procedure to be accurate and complete. Dr. Christensen will explain the preparation that is required when you see him in consultation.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform Dr. Christensen about medications you are taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners).

What happens during colonoscopy?

Colonoscopy is well-tolerated and rarely causes much pain. In general Madison Anesthesia personnel administer the medications that put you to sleep during procedure.

You will lie on your back while Dr. Christensen slowly advances a colonoscope through your large intestine to examine the lining. Dr. Christensen will examine the lining again as he slowly withdraws the colonoscope. The procedure itself usually takes 15-45 minutes, although you should plan on 1-2 hours for waiting, preparation and recovery.

In some cases, the doctor cannot pass the colonoscope through the entire colon to where it meets the small intestine. Although another examination might be needed, it may also be decided that the limited examination is sufficient.

What if the colonoscopy shows something abnormal?

If Dr. Christensen thinks an area needs further evaluation, he will pass an instrument through the colonoscope to obtain a biopsy (a sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and a biopsy may be done even if cancer is not suspected. If colonoscopy is being performed to identify sites of bleeding, the bleeding may be controlled by injecting medications or by coagulation (sealing off bleeding vessels with heat treatment.) If polyps are found during colonoscopy, Dr. Christensen will most likely remove them during the examination. These procedures don't usually cause any pain.

What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a tiny dot to several inches. Dr. Christensen can't always tell a benign polyp for a malignant (cancerous) polyp by its outer appearance, so he will send removed polyps for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

Dr. Christensen will destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. A technique called "snare polypectomy" will be used to remove larger polyps. A wire loop is passed through the colonoscope and will remove the polyp from the intestinal wall using electrical current. You should feel no pain during the polypectomy.

What happens after a colonoscopy?

Dr. Christensen will explain the results of the examination to you after the procedure, although you'll have to wait several days for the results of any biopsies performed. Because you will be given a sedative, someone must drive you home and stay with you for a while after the procedure. Even if you feel alert after the procedure, your judgment and reflexes will be impaired for the rest of the day. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas.

You should be able to eat after the examination.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures.

One possible complication is a perforation, or tear through the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding may not occur for several days to 2 weeks after the colonoscopy. Bleeding can stop on its own or be controlled through the colonoscope: it rarely requires follow-up treatment. Some patients might have a reaction to the sedative or complications for heart or lung disease.