



GRANITE PEAKS GASTROENTEROLOGY

R. Kyle Barnett, M.D.
Andrew M. Heiner, M.D.

Christopher S. Cutler, M.D.
J. David Schmidt, M.D.

Steven G. Desautels, M.D.
James M. Stewart, M.D.

PATIENT INFORMATION SHEET Colonoscopy

You have been scheduled for a Colonoscopy which is the visual examination of the large intestine (colon) using a lighted, flexible video endoscope. The colon begins in the right-lower abdomen and looks like a big question mark as it moves up and around the abdomen, ending in the rectum. It is 5 to 6 feet in length. The flexible colonoscope can be directed and moved around the many bends in the colon and has a tiny, optically sensitive computer chip at the end. Electronic signals are then transmitted up the scope to a computer which displays the image on a large video screen. An open channel in these scopes allows other instruments to be passed through in order to perform biopsies, remove polyps or inject solutions. In order to obtain the full benefits of the exam, the colon must be clean and free of stool. The patient receives instructions on how to do this. It involves drinking a solution which flushes the colon clean or taking laxatives and enemas. Usually the patient drinks only clear liquids and eats no food for the day before the exam. The physician advises the patient regarding the use of regular medications during that time.

A colonoscopy is usually performed on an outpatient basis. An IV catheter will be placed and your blood pressure and pulse will be checked. Intravenous sedation is usually given to relax the patient, and cause short-term amnesia. The medicine usually given is Propofol (an anesthetic agent). Once the patient is mildly sedated, the endoscope is inserted through the anus and moved gently around the bends of the colon. If a polyp is encountered, a thin wire snare is used to lasso it. Electrocautery (electrical heat) is applied to painlessly remove it. Other tests can be performed during colonoscopy, including biopsy (small snips of tissue) to obtain a tissue specimen to be sent out to a laboratory for microscopic analysis. The procedure takes 20 to 60 minutes and is seldom remembered by the sedated patient. A recovery area is available to monitor vital signs until the patient is fully awake. It is normal to experience mild cramping or abdominal pressure following the exam. This usually subsides in an hour or so. For safety reasons the patient should not drive or operate machinery following the exam until the following day, as the full effect of the medicine wears off slowly. For this reason, someone else should be available to drive the patient home. Before you leave, you will be given an information sheet explaining the results of your exam with specific instructions for discharge.

Possible complications from this are mild cramping or abdominal pressure, mild bleeding, in rare instances, a tear in the lining of the colon can occur. These complications may require hospitalization and, rarely, surgery. Serious risks with colonoscopy, however, are very uncommon. These may include, but are not limited to heart or breathing problems which occur in 0.02% of exams, excessive bleeding occur in 0.09% of exams, a perforation, or tear in the colon can occur in 0.12% of exams or death, which is extremely rare, occurring in less than 0.006% of exams. If a polyp is removed, the risk of perforation is 0.3% of exams and bleeding in 1.7% of exams. These complications may require hospitalization, transfusion and, rarely, surgery. Any questions you have about this examination or possible side effects for complications should be thoroughly discussed with your doctor before the exam begins.