

COLONOSCOPY

Colonoscopy is a procedure designed to evaluate the entire colon and rectum for the presence of diseases such as cancer, diverticulosis, colitis. It consists of passing a colonoscope, a lighted, flexible instrument equipped with a camera, suction and irrigation through the anus into the rectum and colon. The colonoscope is usually passed through the entire colon to its end where the small bowel enters the colon at a site called the ileocecal valve. Identification of the ileocecal valve, along with opening of the appendix, is one way to determine that the end of the colon, called the cecum, has been reached. Once the end of the colon has been reached, the colonoscope is gradually withdrawn and the colon and rectum carefully examined.

PREPARATION

Patient should not take aspirin, nonsteroidal antiinflammatory agents (NSAIDS, motrin, alleve, Excedrin, advil), or blood thinners such as coumadin or persantine or antiplatelet agents for one week before the procedure.

A cathartic preparation is given the day before the procedure to purge the colon of feces. Patient should consume only clear liquids the day before the procedure and while taking the preparation. Commonly used preparation kits include polyethylene glycol and sodium phosphate preparations. Both polyethylene glycol and sodium phosphate should be taken with approximately two liters of water.

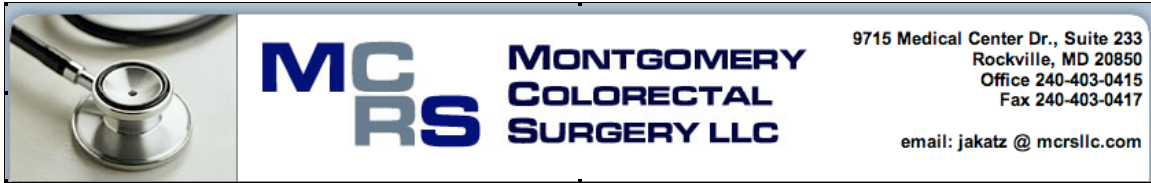
Patients should have absolutely nothing by mouth except for cardiac medications with a sip of water for six hours prior to the procedure.

SEDATION

Colonoscopy is done either with sedation or under monitored anesthesia care. Following the procedure, the patient must leave the hospital accompanied by a family member or friend. Patients will not be allowed to leave the hospital alone. If no one is available to accompany the patient, the patient may be admitted to the hospital for observation overnight. Since such admission is rarely covered by insurance, the patient will be responsible for the cost of this admission.

RISKS OF COLONOSCOPY: BLEEDING AND PERFORATION

If the colon and rectum are normal, the endoscope is removed and the procedure is concluded. However, if polyps or other abnormal conditions are seen, a biopsy or polypectomy may be performed using various instruments. These procedures increase the risk of bleeding and so patients must refrain from all drugs such as a coumadin, persantine, aspirin, ibuprofen, motrin, alleve, excedrin, or any other nonsteroidal antiinflammatory agents for 10 days prior to colonoscopy. Even when all precautions have been taken, bleeding can occur and may require repeat colonoscopy, hospital admission, and most significantly, a blood transfusion. Patient who will not accept blood transfusions must notify their physicians immediately.



PERFORATION

The most significant complication of colonoscopy is perforation. This occurs when the colonoscope perforate, punctures, or tears the wall of the colon, causing feces to pass into the abdominal cavity. This usually represents a life threatening surgical emergency requiring emergency operation in which the abdominal cavity is opened, the damage colon cut out or repaired. Usually it is necessary to create a temporary colostomy (diversion of the fecal stream onto the abdominal wall). The colostomy may be closed in three to six months in a second operation. The reported risk of this complication is approximately 0.1% (1 in 1000).

The reason that physicians expose patients to the risk of this complication is that colonoscopy can detect and remove polyps and identify colorectal cancer before it becomes clinically apparent, and potentially save lives.