

Procedure Information Sheet

Introduction

1. Colonoscopy is an examination using a long, thin and soft optical instrument to diagnose diseases of the lower digestive tract, which includes the terminal ileum, caecum, ascending colon, transverse colon, descending colon, sigmoid colon and rectum.
2. Through the optical lens and light source at the tip of the endoscope, the doctor can view the inner part of the lower digestive tract and diagnose mucosal pathologies accurately.
3. During the procedure, if a small polypoid growth (<2cm) known as polyp is seen, it can be removed (polypectomy). If the growth looks suspicious, biopsy of the growth will be done and tissue sends for laboratory analysis.

Indication

- Suspected colorectal cancer
- Presence of rectal bleeding
- Presence of occult blood in stool
- Change of bowel habit
- Chronic diarrhoea
- Constipation
- Difficulty in defecation
- Family history of colorectal cancer or related cancer diseases should have the examination

Compared with conventional X-ray examination, colonoscopy is more accurate in making the diagnosis. With the use of different types of accessory equipment, the doctor can perform various therapies including polypectomy (removal of polyp), control of bleeding, and insertion of colonic stent.

The Operation / Procedure

1. Prior to the procedure, depending on the individual patient's condition, intravenous sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.
2. A flexible colonoscope with a diameter of around 1.5cm will then be introduced by the endoscopist through the patient's anus to perform the examination.
3. In general, the procedure would last for 15 to 45 minutes. In complex cases that require additional therapies, extra examination time may be required.

Before the Operation / Procedure

1. A written consent is required.
2. Except in special circumstances, patients should only take a low fibre diet (i.e. no grains, vegetables) three days before colonoscopy.
3. Only clear fluid, for example clear apple juice without pulp, jelly, water, clear soup (avoid milk), is allowed one day before procedure / on the procedure day (according to the medical personnel's instructions). Fast for at least 2 hours before the examination.
4. Patient should take all the laxative as instructed by doctor, or else the examination cannot be proceeded. If you have severe sweating, palpitation, vomiting, dizziness and abdominal pain after taking the laxative, please stop and inform your doctor or the nurse immediately. Please go to the nearby hospital or A&E Department if condition getting worse.
5. Do not take any valuables or wear any metal jewellery to the hospital.
6. Avoid having any make up or nail polish for it may interfere our medical observations.
7. Patients should inform the medical staff of any major medical problems including diabetes, hypertension and pregnancy, and continue the medications as instructed.
8. Do not drive to the hospital on the day of examination. It is better for the patient to be accompanied by a relative or friend to the hospital.
9. Patients should provide information concerning the current medications use and any allergic history.
10. Heavy drinking, smoking or use of sedative before the procedure should be avoided.



After the Operation / Procedure

1. The patient should resume diet only after the effects of any anaesthetic or sedative have worn off.
2. The medical staff would inform the patient the result of the examination. Patient should follow the instruction given by the medical staff to complete the drug treatment.
3. If the patient has received intravenous sedation, the consciousness and thinking ability would be impaired. Therefore, the patient should avoid operating heavy machinery or driving for the rest of the day to prevent an accident. Also, he/she should avoid signing any legal document.
4. The patient could contact the attending physician for any discomfort after the procedure, or any question about the examination result and drug treatment.
5. However, if patient has the following conditions such as passage of large amounts of blood, severe abdominal pain, or fever, he/she should seek medical advice at the nearest Accident and Emergency Department.

Risk and Complication

1. Colonoscopy is a very safe procedure. During examination, minor discomfort, including abdominal pain and distension, is common.
2. Major complications including perforation, bleeding, cardiopulmonary complication, infection or acute intestinal obstruction may happen. In general, the risk of the major complications is less than 1%.
3. The complication rate would be higher in the cases that require therapeutic procedures including polypectomy, endoscopic haemostasis, dilation or stenting. When major complications arise, emergency surgical treatment may be required and mortality might happen.
4. The complication rate varies with the patient's clinical condition and the complexity of the diagnostic and therapeutic methods performed. Patient should consult the attending physicians for the details of the endoscopic procedures.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website of Hospital Authority: Colonoscopy (5/2021)