

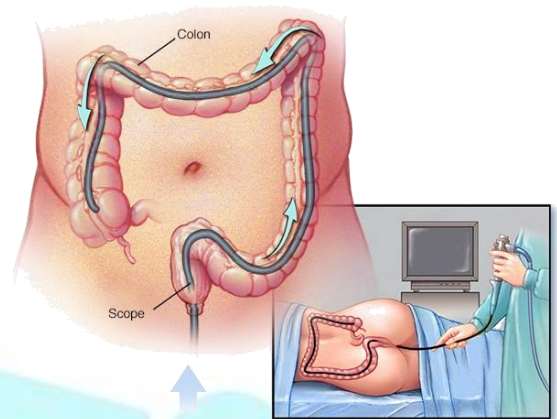


## Procedure Information

### Colonoscopy

#### Introduction

Colonoscopy is an examination that enables your doctor to view the inside of the large bowel by using a flexible video-endoscope which is passed through the anus into the rectum, then advancing slowly through sigmoid colon, descending colon, transverse colon, ascending colon and lastly to the caecum. It allows your doctor to have direct vision of the colon or pathological changes inside, such as tumors, ulceration or polyps. Your doctor will take a biopsy for pathological examination and may perform polypectomy and therapeutic haemostasis when necessary.



Source:

[https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/11/15/17/44/ca00083\\_-ds00035\\_-ds00669\\_-ds00705\\_-ds00824\\_-ds01195\\_-my00621\\_im04054\\_hdg7\\_colonoscopyt\\_hu.jpg.jpg](https://www.mayoclinic.org/-/media/kcms/gbs/patient-consumer/images/2013/11/15/17/44/ca00083_-ds00035_-ds00669_-ds00705_-ds00824_-ds01195_-my00621_im04054_hdg7_colonoscopyt_hu.jpg.jpg)

#### Why is Colonoscopy performed?

1. Change in the bowel habits
2. Chronic diarrhea
3. Unexplained abdominal pain
4. Blood in stool
5. Anemia
6. Colorectal polyps or tumors
7. Colon cancer screening

#### Outcomes

Colonoscopy can check the lower digestive tract. It will allow a biopsy to be taken if any abnormality is detected.

#### Procedures

1. You have to lie on your left side with both knees bending towards your chest.
2. Doctor may prescribe sedation or anaesthetic medication according to your condition.
3. Doctor will pass the colonoscope through the anus into the colon. It is normal if you feel mild abdominal distension and urging of the bowel during the procedure.
4. The procedure usually takes about 30 minutes.

#### Possible Risks and Complications

##### Before examination

- Laxative for bowel preparation may cause nausea, vomiting, abdominal pain or distension, etc.

##### During examination

- Injection of sedation may cause hypotension or respiratory difficulties. For severe cases, anaphylaxis and anaphylactic shock may be developed. The probability of developing such symptoms is higher for the elderly.
- Perforation (1:1000); the probability of developing major complications is higher for those clients

who needs to have a therapeutic procedure (e.g. polypectomy, endoscopic haemostasis, dilatation and insertion of stent).

- Perforation of the bowel will lead to peritonitis. A remedial surgical procedure may be required.

#### After examination

- May experience abdominal pain or distension, etc. It will improve about one hour after examination.
- Bleeding may occur after polypectomy (1:1000), which usually happens within 24 hours of examination.

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all procedures are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-procedure Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the procedure.
2. Please inform the doctor if you are or might be pregnant.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations and any complication with drug or anaesthesia.
4. Please inform the doctor if you currently take any drugs or medications particularly for diabetes or that could affect blood clotting, for example:
  - Aspirin products
  - Arthritis drugs
  - Antiplatelet drugs, e.g. Plavix, Persantin, Pletaal, Pradaxa
  - Blood thinners, e.g. Warfarin (anticoagulants)
  - Insulin
  - Diabetic tablets
  - Iron supplements
  - Any Chinese medicines or herbal remedies
5. Colonoscopy can be conducted as an out-patient or in-patient. Please consult your doctor about the arrangement.
6. Presence of stool inside the bowel will affect the view of the bowel wall. Therefore, the bowel must be cleaned thoroughly before the procedure. Bowel preparation can be carried out at home or in the hospital. Please take the laxative as prescribed by your doctor.
7. Diet arrangement:
  - i) Two days before colonoscopy  
You can only consume low residue diet (avoid food which is rich in fibre, e.g. vegetables, fruit, cereal etc.).
  - ii) The day before colonoscopy  
Only a fluid diet is allowed, such as clear meat soup and thin congee. Please do not consume too much dairy products.
  - iii) On the day of colonoscopy  
No food or drink six hours before the colonoscopy.
8. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
9. Please empty your bowel and bladder before the procedure.

## **Post-procedure Instructions**

1. After the colonoscopy, you should stay in bed until the sedative effect of the drug has completely worn off. It usually takes 3 – 4 hours.

### **For Out-patient**

For your safety, please arrange a responsible adult to stay with you when you leave the hospital. If there is no companion, a recovery bed has to be arranged for you after the procedure (additional charge for observation will be levied).

2. As the doctor will pump air into the colon to enhance the visualization, it is normal to pass gases after the colonoscopy.
3. If there is severe abdominal pain or bleeding occurs, medical personnel must be consulted immediately.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification