COUNTRY
SURGICAL PRACTICE

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COLONOSCOPY INFORMATION SHEET

Colonoscopy Medicare item numbers are 32222, 32219, 32223, 32224, 32225,32226,32227 or 32228.

Please read this information carefully before your colonoscopy. It explains the procedure, how to prepare, its benefits, possible risks, and what to expect afterwards.

What is colonoscopy?

Colonoscopy is a procedure done using a colonoscope (a thin, long flexible tube with a 'video camera' at the tip for real-time viewing on a monitor). The instrument is gently passed through the anus to the rectum and the colon (Large intestine) and can even view the last part of the small intestine. The colonoscope can be used to cleanse the bowel surface lining with water, inflate and remove air from the colon for optimal viewing.

It allows the doctor to inspect the entire large intestine and to take photographs and to perform specialized procedures like removal of polyps (abnormal growth which rarely develop into cancers) and taking a biopsy (tissue samples) for pathology.

Why have a colonoscopy?

Colonoscopy is indicated for investigation of symptoms such as rectal bleeding, positive Poo test (FOBT), altered bowel habits, abdominal pain, unexplained iron deficiency, and unexplained weight loss. It is also used in screening for colorectal cancer in high-risk groups (ex. Family history) and for surveillance for polyps and inflammatory conditions if there is a previous personal history.

Open access colonoscopy

Open access (also called direct access) colonoscopy means you will be booked for the procedure without having a prior office consultation with the clinician. This model aims to expedite the procedure and make it more cost-effective. If your procedure is booked as an open access colonoscopy, you will meet both Dr Werapitiya and the Anaesthetist on the day before the procedure. You will still have an opportunity to ask questions and make clarifications. However, if you would rather have an office consultation before the procedure, please let our staff know.

Preparation

For a colonoscopy to be successful, your doctor needs a completely clear view of the bowel lining, which is only possible when all waste material has been flushed out. (We need to be able to detect polyps as small as 3mm). Please read all the instructions clearly and do everything as instructed for bowel preparation. Thorough bowel preparation makes all the difference between a successful examination and one that must be repeated. (do it once do, it properly). This requires careful attention to dietary restrictions, taking the prescribed medication that will cause diarrhoea, and maintaining adequate fluid intake.

Adjusting what you eat - Starting from several days before your colonoscopy, you will need to modify your diet according to the specific instructions provided in more detail in the specific bowel preparation instruction sheet. Most preparation protocols require avoiding food that contains seeds, grains, or high-fibre plant material to reduce the load in the colon.

Taking your bowel preparation - Your doctor will prescribe a bowel preparation medication that causes diarrhoea to empty your colon. Several different preparations are available, and your doctor will select the most appropriate option based on your individual medical circumstances. Following the instructions

exactly as written ensures the preparation works effectively. An inadequately prepared bowel may require you to repeat the entire process on another day.

Maintaining your fluid intake - The bowel preparation process removes significant fluid from your body. You must drink the recommended amounts of clear fluids to prevent dehydration and help the preparation work properly. Your doctor's instructions will specify which fluids are appropriate and how much you should consume.

Managing your regular medication

Certain medications require adjustment before colonoscopy. You must inform your doctor about all medicines, vitamins, and supplements you take regularly, including those available without prescription. Iron supplements and anti-diarrhoeal medications typically need to cease one week before the procedure.

Blood-thinning medications – Please scroll to the bottom of this sheet for details.

Diabetic medication - Please scroll to the bottom of this sheet for details

GLP-1 receptor agonist,
e.g. Wegovy (semaglutide), Mounjaro (tirzepatide), Ozempic (semaglutide), Byetta and Bydureon (exenatide), Trulicity (dulaglutide), Victoza (liraglutide).

If you take these medication stomach emptying may be delayed, increasing the risk of regurgitation and aspiration during sedation. If you are taking any of these medications, please:

- Follow a **clear thin liquid diet for the 24 hours before your procedure**, in addition to the fasting instructions above. (no milk drinks, yoghurt drinks, ice cream fruit juice with pulp or soluble fiber) **Failure to follow these instructions may result in cancellation of your procedure on the day for safety reasons.**

Most regular medications, including blood pressure tablets and blood-thinning medications, can usually be continued.

How is colonoscopy performed?

The procedure is performed under intravenous sedation assisted by a specialist Anaesthetist whom you will meet on the day. You are not going to be in any distress and are unlikely to feel or remember anything. You will be asked to position yourself lying on your left side as you receive intravenous sedation, which will most likely be the last thing you remember about the experience.

The colonoscope is passed through the anus and gently guided through the colon to the far end, reaching to the opening of the small bowel. It is then slowly withdrawn, carefully examining the bowel lining for any abnormalities. The entire procedure usually takes between 20 – 30 minutes. Biopsies (small tissue samples) may be taken if abnormal tissue is seen and polyps (small growths on the lining of the bowel) may be removed. All samples will be sent to a pathologist for examination.

Risks and side effects

In the majority, colonoscopy is a well-tolerated procedure, and very few people will ever experience serious adverse events.
The main particular risk of colonoscopy is accidentally making a hole (perforation) in the bowel (less than one in two thousand). If it does occur, a major operation will be required to repair the hole.
Major bleeding can occur mostly after colonoscopy with removal of a polyp (Polypectomy) (up to one in five hundred). If you are on blood thinners, the chance of bleeding is higher.

Damage to or bleeding from internal organs outside the bowel, such as the spleen, can occur. (one in a thousand). There is a slight risk of aspiration (stomach contents coming up and entering the lungs during sedation).
Although rare, some of these complications can be serious and may even require hospital admission, blood transfusion, further procedure or even urgent surgery.

What are the limitations of colonoscopy?

Colonoscopy provides the most accurate examination of the colon. However, no test is perfect, and there is a small chance that an abnormality may not be detected.
A colonoscopy can miss small polyps in the bowel in 2 to 8 per cent of cases. For bigger abnormalities like cancer, the chance is much less but still present. For these reasons, it is recommended that all patients over the age of 50, and those with a significant family history of bowel cancer, perform a faecal occult blood test (FOBT) every one to two years and/or participate in the National Bowel Cancer Screening Program.
In a few cases colonoscopy may not be successfully completed. If it is due to poor bowel preparation, the procedure may have to be repeated. Rarely it is technically not possible to negotiate some bends in the bowel, and for safety reasons the procedure will have to be abandoned. In these cases, a different form of investigation may have to be considered.

What happens after colonoscopy?

Following colonoscopy, you will have a good rest in the recovery area under observation while the sedation wears off and you are fully awake. Before going home:

- You will usually be offered light refreshments.
- You must have a responsible adult take you home.
- A responsible adult should stay with you overnight.

Because sedation given may interfere with your judgement or ability to concentrate, for the next **24 hours**, you must not:

- Drive a motor vehicle
- Operate machinery
- Drink alcohol
- Sign important legal documents
- Make major financial or personal decisions

You may return to your normal diet unless your doctor advises otherwise.

After colonoscopy, expect mild gas and bloating and minor rectal bleeding. However, if you experience severe or worsening abdominal pain, heavy rectal bleeding, or passing of back tarry stools, fever with chills, ongoing or other symptoms that cause you to worry, please contact Dr Werapitiya immediately or present at the closest hospital to be checked.

Colonoscopy findings

In many cases, Dr Werapitiya will discuss the preliminary findings with you before you leave the hospital. If polyps were removed or biopsies have been taken, the laboratory results usually take **up to three weeks.**

Depending on your findings:

- A follow-up appointment with Dr Werapitiya may be arranged, or
- The results will be discussed with you by your referring doctor.

If you have any concerns or questions not addressed in this sheet, you may make an appointment to see Dr Werapitiya prior to your colonoscopy.