

Colonoscopy is advised for all patients, age 50 and older, as a method of colon cancer screening. The procedure is performed using a colonoscope, a long flexible tube that permits visualization of the lining of the large bowel. The instrument is inserted via the rectum and guided through the length of the colon. If the doctor sees a suspicious area, a biopsy can be done to make a diagnosis.

Reasons for Colonoscopy

Colonoscopy is a valuable tool for the diagnosis and treatment of many conditions within the large intestine, including:

- The detection and removal of polyps.
- Surveillance for new polyps in individuals with a past history of polyps, or cancer of the colon.
- Assessment of abnormalities of the large bowel detected on another study.
- Rectal bleeding.
- Changes in bowel habit.
- Inflammatory bowel disease.
- Therapeutic intervention such as in the setting of rectal bleeding, strictures of the colon, or abnormal lesions.
- Distention of the large bowel.
- Abdominal pain.

Polyp Removal (Polypectomy)

During the course of the examination, a polyp may be found. Polyps are abnormal growths of tissue which vary in size from a tiny dot to several inches. If your physician feels that removal of the polyp is necessary, he or she will pass a wire loop or snare through the colonoscope and remove the polyp from the intestinal wall. You should feel no pain during removal of the polyp. Polyps are usually removed because they can cause rectal bleeding, potentially grow larger and develop into cancerous growths or contain cancer. Although the majority of polyps are benign (non-cancerous), a small percentage may contain an area of cancer in them or may develop into cancer. Removal of colon polyps is an important means of prevention and cure of colon cancer, which is the second leading cause of cancer death in the United States.

Preparation for the Procedure

Specific instructions will be provided to you regarding cleansing the bowel in anticipation of the colonoscopy examination. It is very important that the instructions be followed as outlined in order to ensure a well-prepared colon.

Please bring a list of medications you currently take, including the dosage of these drugs, and inform your physician of any allergies you have to medications. If you are taking aspirin or blood thinners, please notify your doctor as the use of these drugs may need to be modified or discontinued temporarily.

A companion must accompany you to the examination. You will be given medications to sedate you during the procedure and you will need someone to take you home. Driving an automobile is not allowed after the procedure. Even though you may not feel tired, your judgment and reflexes may not be normal.

What to Expect During the Procedure

A small catheter for intravenous (IV) medicines will deliver sedating medicine into your arm that will make you relaxed and sleepy. For some patients, deep sedation, where the patient is completely asleep, is utilized. You will be placed in a comfortable position on your left side and your physician will examine the rectum gently with a lubricated, gloved finger. The colonoscope will then be placed into your rectum and advanced to permit examination of the colon. You may feel some cramping or gas from air that is introduced during the procedure. There may also be some discomfort as the instrument negotiates turns or bends in the colon. You may be placed into a different position during the examination (such as on your back) in order to facilitate passage of the instrument through the entire large bowel. The nurse assisting the doctor during this procedure may also compress the abdomen with his or her hand in order to reduce looping of the colonoscope and facilitate passage of the instrument through the colon.

The examination takes approximately 30 minutes to complete, however more or less time may be utilized depending upon the specific colon anatomy and whether biopsies, polyp removal or specific intervention is needed.

Recovery from Colonoscopy

You will be kept in the endoscopy recovery area until most of the effects of the medication have worn off (30 - 60 minutes). You may feel somewhat bloated after the examination because of air that was introduced to perform the examination. You will be able to resume your diet after the examination but you may receive special dietary guidelines based upon the findings of the colonoscopy or if a polyp is removed. The findings of the examination will be reviewed with you and additional recommendations, if necessary, will be discussed.

Risks of Colonoscopy

Colonoscopy and polypectomy are safe and associated with very low risk. One possible complication is perforation, or tear through the wall of the bowel that may allow leakage of intestinal fluids. This complication usually requires surgery for treatment. Bleeding may occur from the site of biopsy or polyp removal. It is usually minor and stops on its own or can be controlled by cauterization (application of an electrical current) through the colonoscope. Rarely transfusions or surgery are required. Irritation of a vein at the site where medications were administered may also occur. Drug reactions may also occur despite careful review of an individual's medical history. Finally, like any test, pathology may be missed in a small number of cases leading to an error in diagnosis.

Colonoscopy as a Preventive Service

The Affordable Care Act, passed in 2010, allows patients to access many preventative health services and procedures, including preventative screening colonoscopies, at no cost. However, there are evolving guidelines that define the circumstances under which a colonoscopy can be labeled a preventative service and these guidelines may exclude some patients from qualifying for services at no cost.

The majority of colonoscopy procedures fall into one of two categories:

Diagnostic Colonoscopy - Patient has past or present gastrointestinal symptoms, polyps, or gastrointestinal disease.

Preventative Colonoscopy Screening - Patient is asymptomatic (no gastrointestinal symptoms either past or present), over the age of 50, has no personal or family history of gastrointestinal disease, colon polyps or cancer, and the patient has not undergone a colonoscopy within the last 10 years.

Only the preventative category will qualify to be performed at no-cost to the patient. A screening colonoscopy is not performed to explain symptoms the patient may be experiencing, such as blood in the stool or a change in bowel habits. If the colonoscopy is performed to examine symptoms, it is considered diagnostic and will not qualify as a no-cost preventative screening.

Your primary care physician may have referred you for a screening colonoscopy; however, due to your medical history you may not qualify for the preventative screening category. If you are unsure which category your colonoscopy may fall under, please contact your physician's office for clarification. Patients may still be responsible for other services associated with the procedure, such as anesthesia, pathology and facility fees.

For more information, please visit arizonadigestivehealth.com