

# My doctor wants me to have a colonoscopy test

## Making an informed decision

Your doctor has recommended that you have a colonoscopy. This test helps your doctor look for early signs of colorectal cancer. Before you agree, or consent to having a colonoscopy, it's important that you are fully informed and comfortable in your decision.

This booklet will give you information about:

- Screening for colorectal cancer
- Why a colonoscopy is done
- What a colonoscopy is and what to expect when having this test
- Benefits and risks of a colonoscopy
- Other colorectal cancer screening tests



**If you have questions or concerns** about having a colonoscopy, please talk to your doctor or nurse. Adjustments can be made so you feel comfortable and safe during your test.

**To learn more** about colonoscopy watch this helpful video series at [myhealth.alberta.ca/colonoscopy](https://myhealth.alberta.ca/colonoscopy) or scan this QR code.

## Screening for colorectal cancer

Screening means looking for **early signs** of cancer or pre-cancer, **in people who feel well and have no symptoms**. If colorectal cancer is found early, it can be treated more successfully. In fact, about **90% of cases are treatable when found early**.

The colon and rectum are also called the large bowel or large intestine. **Most colorectal cancers begin as small growths** on the inner wall of the colon and or rectum. These growths are **called polyps**.

Not all polyps turn into cancer, but some types can with time. Early-stage colorectal cancer and polyps can exist for years, without symptoms. With regular screening, colorectal cancer can be found early, and many types of **polyps can be removed before they turn into cancer**.

Most people start colorectal cancer screening at the age of 50. You may need to start at the age of 40 or earlier depending on your personal or family history.

Once you turn 75, the benefits of continuing to screen will depend on your personal health. Talk to your doctor when you turn 75 to see if screening is still right for you.

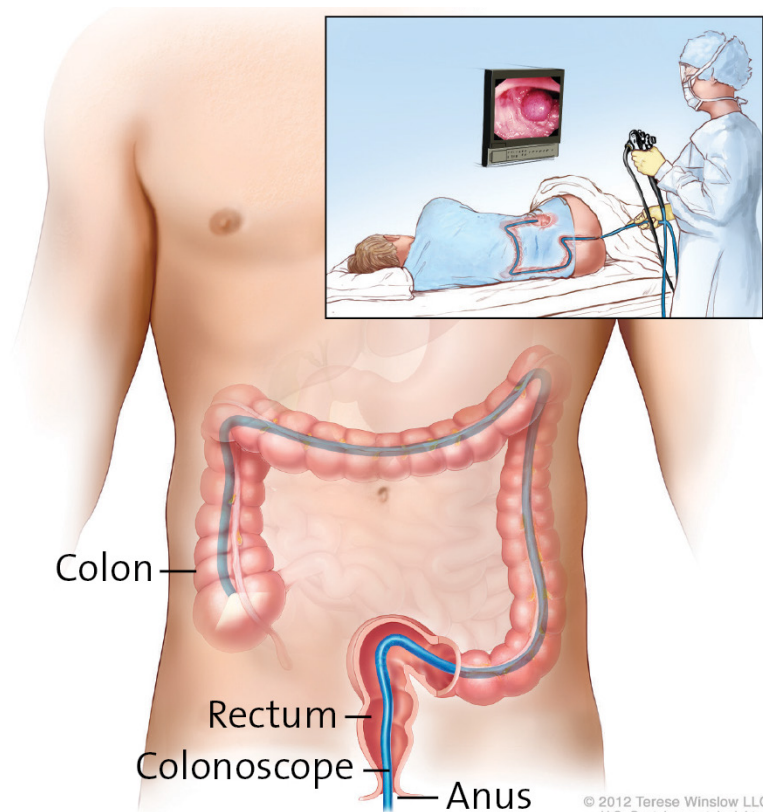
## Why a colonoscopy is done

Your doctor may recommend a colonoscopy to:

- **Follow-up after an abnormal FIT result** (Fecal Immunochemical Test). An abnormal FIT (poop test) means blood was found in the stool. When blood is found in the stool, it's important to find out what may have caused it. Most often, a colonoscopy test is recommended.
- **Check on symptoms.** A colonoscopy can help your doctor investigate and find the cause of symptoms such as rectal bleeding, abdominal (belly) pain, a change in bowel habits, and unexplained weight loss.
- **Monitor** after colorectal treatments.
- **Screen for colorectal cancer.** If you have a personal or family history of colorectal cancer or high-risk polyps (a type of polyp that can turn into cancer if not removed) your doctor may recommend a screening colonoscopy test.

## What is a colonoscopy?

- A colonoscopy lets the doctor **see** the inside lining of the **colon and rectum**.
- This is done with a colonoscope, a long, **flexible tube with a light and small video camera** on the end.
- This test will help your doctor **know if there are polyps or cancer** in the colon and or rectum.



## What to expect with a colonoscopy

### Medicines



Your doctor **may need to adjust or stop** certain medicines before the test. Be sure to tell your doctor about any medicine you are taking. Some examples of medicines that might need to be adjusted or stopped are iron tablets, diabetic pills and or insulin, blood thinners and antithrombotics (for example, Coumadin™, Plavix™, Pradaxa™, and Xarelto™).

### Diet changes



Your **colon and rectum will need to be empty and cleaned out** before your colonoscopy. A clean colon and rectum helps the doctor to see the entire inside lining. To prepare for the test you will be given detailed instructions.

You will be asked to **eat a low-fibre diet starting four days before** the test. Low-fibre foods help prepare the colon for the clear fluid diet that follows. Some examples of foods that are OK to eat on a low-fibre diet are white bread and well-cooked vegetables. You'll also be asked to **avoid some foods such as nuts and seeds.**

The **day before** your test you will **start a clear fluids diet.** Some examples of clear fluids are broth and clear juices. Your instructions will include a list of foods and clear fluids that should and should not be taken before your colonoscopy.

### Drinking the bowel prep solution



You will also be asked to drink a strong laxative solution to empty and clean out your bowel. This can be unpleasant. In most cases you will **start drinking the laxative solution the evening before your test.**

Drinking this solution will cause you to have loose and watery stools (**diarrhea**). It's a good idea to make plans to **be home during this time** as you will need to use the bathroom often.

### Why a clean bowel is so important

Having a properly prepared bowel is the most important thing you can do for your colonoscopy to be a success. If the colon and rectum aren't completely cleaned out:

- A **polyp or a cancer may be missed.**
- The test may take **longer** to complete.
- The test may be **cancelled.** It would be unsafe for the doctor to continue without being able to see properly.
- The colonoscopy and the bowel preparation may need to be **repeated** on a different day.

## Comfort and sedation medicine

A colonoscopy is generally well tolerated but some people may feel cramps (pain), bloating and pressure as the doctor moves the colonoscope around the corners of your colon.

Sedation medicine is usually offered at the beginning of the test to make you comfortable and help you relax. Sedation medicine will make you feel sleepy or lightheaded. Most people remain aware of what's happening but may forget some details about the test.

Some people choose to have the test with no sedation. If you have questions about whether sedation is right for you, talk to your nurse or doctor. In many cases colonoscopies can be comfortable without sedation medicine.

## Make plans to get home after your test



Patients given sedation medicine are considered to be impaired. You will need a responsible adult to take you home after the test. **You may not drive for at least eight hours** after you were given sedation.



Even if you don't plan to have sedation, you should still arrange for someone to pick you up in case you change your mind during the test.

## When you arrive for your colonoscopy

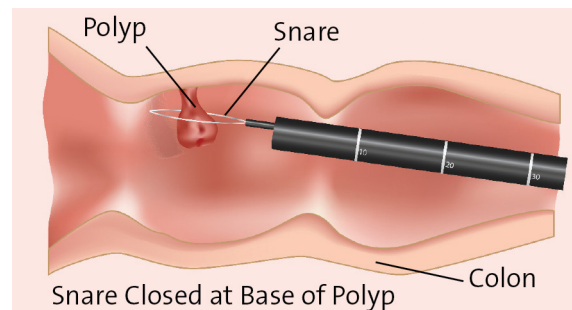
- You will be asked to **provide the name and phone number of the person who'll be driving you home.**
- You'll also be asked about the last time you ate and drank.
- Before your colonoscopy your nurse or doctor will go over the test with you, explaining the risks and benefits. If you have any questions about your colonoscopy or other alternatives to this test, please ask the nurse or doctor before your procedure. You will sign a consent form after all your questions have been answered.
- You will change into a hospital gown. The nurse will review any medicines you take, any allergies, and check your breathing, blood pressure, temperature, and heart rate. An IV (intravenous) will be started in a vein in your hand or arm. An IV is a small flexible tube that's inserted with a needle into your vein to give you fluids or medicines. You might feel a slight pinch or sting for a few seconds when it's inserted.
- You should **plan to be at the clinic for about 1.5 to 3 hours.** There are times when tests can be delayed. Your patience is appreciated as sometimes these delays are unexpected.

## During the colonoscopy

- The colonoscopy will be done by a doctor and one or two nurses will also be in the room.
- You will be lying on a stretcher, on your left side, and may be asked to turn on to your back or right side during the test.
- If you choose to have sedation medicine, it will be given through your IV. The sedation medicine will make you feel sleepy. You'll still be able to breathe on your own, but the nurse will place a small oxygen tube into your nose.
- The colonoscopy test begins with a rectal exam. Your doctor will gently insert a lubricated, gloved finger into the rectum. This is to check if anything feels abnormal. The doctor will then insert the colonoscope through the anus into the rectum, then pass it slowly through the colon.
- The colonoscope has a light and camera on the end. Your doctor can see images on a screen and take pictures as they move it through the colon. The colonoscope has openings where water, air, and instruments can pass through. To help your doctor see, air or carbon dioxide will be pumped in to keep your colon inflated.
- The **entire test takes about 20 to 45 minutes** to complete.

## If polyps are found

If polyps are found during the test, they will be removed with a tool (snare) that can go through the colonoscope. This is called a polypectomy. There are no pain receptors in the bowel so this shouldn't hurt. The polyp is then sent to the lab for testing.



## Are polyps always removed?

If the doctor decides it's not safe to remove a polyp during the test (for example, a polyp is too large or you're feeling too much pain) it may need to be removed at a later date. A small biopsy (removal of tissue) may be taken and sent to the lab to be examined under a microscope to see if it's a benign (non-cancerous) growth, cancerous or something else.

## After the test

You'll be taken to a recovery area to rest. If you've had sedation medicine, it can take 30 to 60 minutes for the effects to start wearing off. During your recovery, the nurses will continue to monitor your breathing, blood pressure, temperature, and heart rate.

You'll be encouraged to pass gas to help relieve any pressure caused by the air in your colon.

If a tissue sample was taken, it's normal to see a small amount of blood on the toilet paper when you go to the bathroom.

Before you leave the clinic, information about your test and future care will be shared with you. The person who'll be taking you home will need to come into the clinic to pick you up. It's also OK to take public transportation but you need to have someone with you to make sure you get home OK.

### If you were given sedation:



Do not drive, drink alcohol, operate heavy machinery or sign legal or financial documents **for at least eight hours**. If you need to care for young children, have another adult stay with you.

## At home

You can start to eat and take your medicines as usual, unless told otherwise by your doctor or healthcare provider. Be sure to rest and avoid any hard exercise or heavy lifting. You can go back to your usual routine the day after your test.

Although complications are rare, they can happen up to four weeks after a colonoscopy. Get medical help if you're passing a lot of blood from your rectum, feeling faint, have a fever, or belly pain that doesn't get better after passing gas. Be sure to tell the healthcare team that you've had a colonoscopy.



It's also not recommended to travel within two weeks of your colonoscopy. You may not be covered by your travel insurance if you have a complication from your colonoscopy and are out of the province or country.



### Never ignore new symptoms

Although the colonoscopy is very accurate, it is possible for polyps and even cancer to be missed. This is why it is important to never ignore new bowel symptoms like rectal bleeding, a change in your bowel habits (narrow or ribbon like stools, diarrhea or constipation), pain in your belly or losing weight and you don't know why. See your family doctor if you develop these or any other symptoms you're worried about.

### Benefits of a colonoscopy

Overall, a colonoscopy test is safe, however, it's always important to know the benefits and the risks when you're considering any medical procedure or test.

- **A colonoscopy can prevent colorectal cancer** by helping the doctor find and remove polyps before they turn into cancer.
- **If colorectal cancer is found early, it can be treated more successfully.** About 90% of cases are treatable if found early.

### Risks of a colonoscopy

The **risks involved in having a colonoscopy are very low.** However, like any medical test, there is a small chance for problems (complications) to occur. These include:

- A **tear or hole** in the colon or rectum wall (perforation). This may require surgery to fix. Overall, there is a 1 in 1,000 chance of having a perforation.
- **Bleeding** from the site where a tissue sample (biopsy) was taken, or a polyp was removed. When a small biopsy is taken, the risk of bleeding is about 7 in 10,000 tests. When a polyp is removed the risk increases to a range of 2 to 10 in every 1,000 tests.
- **Delayed belly pain, discomfort and fever** developing anywhere from 12 hours to a few days after the test.
- **Missed polyps or cancer.**
- **Infection** related to bowel perforation (as bowel contents may leak into the abdominal cavity) or at the IV (intravenous) site.
- **Irritation or bruising to the vein** following the intravenous insertion.
- **Severe dehydration, falls, kidney troubles or chemical imbalances from the bowel preparation.**
- **Complications from sedation** medicine such as an allergic reaction, low blood pressure or breathing problems.



**'Risks of a colonoscopy' continue on next page**

Continues from previous page: **Risks of a colonoscopy**

- **Allergic reaction to the bowel prep solution.**
- **Damage to organs within the abdomen**, such as the spleen. The chance of this happening is very rare (about 1 in every 100,000 tests).

The risk of serious complication is about 1 in 1,000 tests. If a serious complication occurs, treatment including hospitalization, blood transfusion(s), and or repeat colonoscopy, or surgery may be needed. In extremely rare cases a serious complication from a colonoscopy could result in death. The risk of death from a colonoscopy is about 3 in every 100,000.



The number of people who benefit from this test is much higher than the number who have complications. If you have questions about the potential risks of a colonoscopy, please talk to the doctor doing your test.

### Other colorectal cancer screening tests

There are other colorectal cancer screening tests such as those described below, however, any abnormal results for these tests should still be followed by a colonoscopy.

#### Fecal Immunochemical Test (FIT)



FIT is the recommended test for **people at average risk for colorectal cancer**. This includes anyone ages 50 to 74 with no symptoms and no personal or family history of colorectal cancer. FIT is an easy, at-home test that checks for **hidden blood in your stool** (poop). You collect a small stool sample and take it to the lab to be tested. FIT should be done every year. If blood is found in the stool sample a colonoscopy is needed to find the cause of the bleeding. To learn more visit [screeningforlife.ca](https://screeningforlife.ca).

#### Flexible sigmoidoscopy

This test uses a colonoscope to **examine only the lower left side of the large bowel**. You will need an enema before the test. If a polyp is found, it's recommended that you have a colonoscopy to examine the other side of the colon.

Since a flexible sigmoidoscopy doesn't let the doctor see the entire colon, any polyps, or cancers farther in the colon won't be seen with



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this test alone. The risks of complications (problems) are very low but are possible. The risk of having a tear in the colon or rectum wall (perforation) is about 2 in every 100,000 tests. The risk of bleeding after the test is about 8 in every 100,000 tests.

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### **CT Colonography (virtual colonoscopy)**

This test uses x-rays (CT scan) to take pictures of the colon from outside the body. Like a colonoscopy, a complete bowel cleansing is needed before this test. **Polyps cannot be removed** with a CT colonography. If a polyp or abnormal tissue is seen a follow up colonoscopy may be needed.

CT colonography is not a recommended alternative for colorectal cancer screening and for that reason is not routinely paid for by the Alberta Health Care Insurance Plan. This test is often used when a patient is not able to have a complete colonoscopy. In these cases, the test is covered by insurance.

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