

# My doctor wants me to have a screening colonoscopy test

## Making an informed decision

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

This booklet will help you in the decision making process by giving specific information about:

- Screening for colorectal cancer
- Who should have a screening colonoscopy
- What a colonoscopy is
- What to expect with a colonoscopy
- Benefits and risks of a colonoscopy
- Other colorectal cancer screening tests



**If you have questions or concerns after reading this booklet please speak to your doctor.**

For more information about colorectal cancer screening please visit [screeningforlife.ca](http://screeningforlife.ca)

## 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 of polyps can turn into cancer if they aren't removed early. This type of polyp can grow for a long time, even years, without any symptoms. A **colonoscopy can prevent colorectal cancer** by helping the doctor **find and remove polyps before they turn into cancer**.



## Never ignore symptoms

If you are having any symptoms such as abdominal (belly) pain, rectal bleeding, a change in bowel habits (narrow or ribbon like stools, diarrhea or constipation) or losing weight and you don't know why, let your doctor know as other testing may be needed.

## Who should have a screening colonoscopy?

A **screening colonoscopy** is recommended for people who are at an **increased risk** for developing colorectal cancer. This includes people who **do not** have symptoms and have at least **one** of the following:

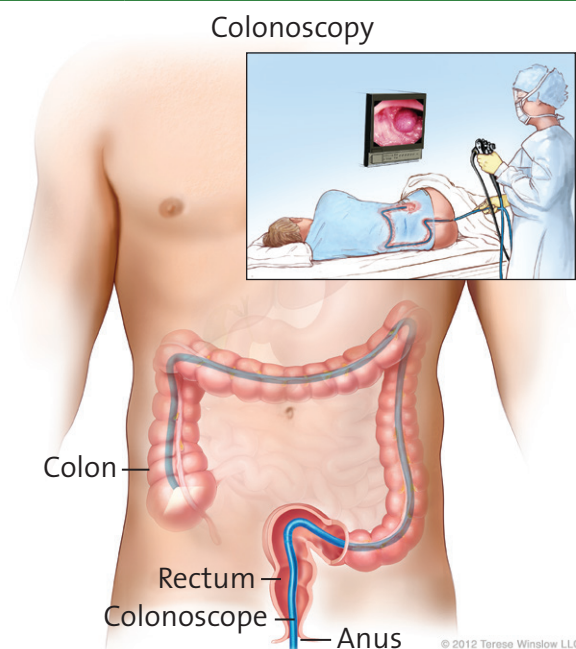
- An **abnormal FIT** (Fecal Immunochemical Test). An abnormal FIT (poop test) means blood was found in the stool.
- A **personal history** of colorectal cancer or high risk polyps (a type of polyp that can turn into cancer if not removed).
- **One first degree relative** (parent, sibling or child) who has been diagnosed with colorectal cancer or a high risk polyp at the **age of 60 or younger**.
- **Two or more first degree relatives** diagnosed with colorectal cancer or a high risk polyp at **any age**.

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. Recommendations for when to have your next screening test are based on your colonoscopy test results.

After age 74 the benefits of screening may no longer outweigh the risks. Talk to your doctor about your risk for colorectal cancer and when screening may no longer be of benefit.

## What is a colonoscopy?

- A colonoscopy test 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

### Medications



Your doctor **may need to adjust or stop** certain medications before the test. Be sure to tell your doctor about any **medication you are taking**. Some examples of medication 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 a few days before** the test. Low fibre foods help prepare the colon for the clear fluid diet that follows. Some examples of low fibre foods 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 the 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 **large amount of bowel prep (laxative) solution** which can be unpleasant. In most cases you will start drinking the prep 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 given during the test to **lessen any discomfort and help you relax**. This medicine is given slowly through an IV (intravenous). It may make you feel **sleepy or light headed**. You will still be able to breathe on your own. Most people remain aware of what is happening but may forget some details about the test.

Some people may choose to have the colonoscopy without any sedation. If you have **questions or concerns about getting sedation** please **ask your nurse or doctor**. If you do not want sedation, talk to your doctor. In many cases colonoscopies can be comfortable without sedation medicine.

## Make plans for getting home after your test

You will need a responsible **adult to take you home after the test**.



You may **not drive for at least 8 hours** after you were given sedation (or longer in some cases depending on what your healthcare provider has told you).

Patients given **sedation medicine** are considered **legally impaired**.



If you plan to have **no sedation** for your test, you will **still need to arrange for an adult to pick you up from the clinic**.

Although many times a colonoscopy can be comfortable without sedation, sometimes sedation is needed if you are having too much discomfort to be able to continue. If you still choose not to have sedation, your test may need to be stopped and booked for a later date.

## When you arrive for your colonoscopy

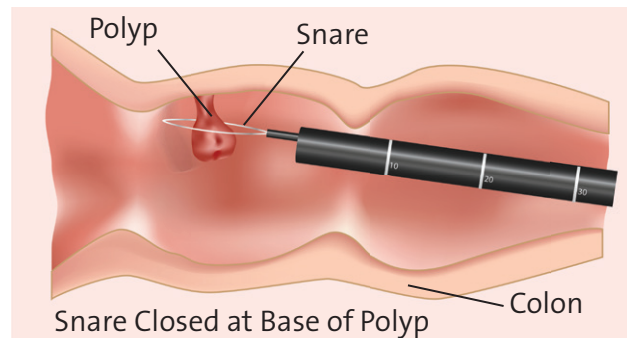
- You will be asked to provide the **name and phone number** of the person coming to pick you up after your test.
- Before your colonoscopy your nurse or doctor will go over the test with you, explaining the risks and benefits. If you have any questions about your colonoscopy or other alternatives to 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 should plan to be at the clinic for about **2 to 3 hours**. Do not make plans for the rest of the day in case your test is delayed.
- You will change into a hospital gown. The nurse will review any medication you take, any allergies, and check your blood pressure and pulse.
- An IV will be started in a vein in your hand or arm.

## During the colonoscopy

- The colonoscopy will be done by a doctor and 1 or 2 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 are having sedation medicine it will be given through the IV.
- The doctor will insert a colonoscope (scope) through the anus into the rectum, then pass it through the colon.
- To help the doctor see the entire colon, air or carbon dioxide is pumped into your colon to keep it 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 scope. This is called a polypectomy. The removal of a polyp doesn't usually hurt. The **polyp is then sent to the lab** to check if it has any areas that are abnormal.



## Are polyps always removed?

If the doctor decides it's not safe to remove a polyp or abnormal growth 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 will be taken to a recovery area to **rest**. It can take **30 to 60 minutes** for the first effects of the sedation to wear off. During your recovery time your blood pressure, heart rate and breathing will be monitored.

You may have some **cramping** or pressure in your abdomen (belly) because of the air pumped into your colon during the test. You will be encouraged to pass gas. This should help get rid of your feelings of bloating and cramping.

If a polyp is removed it's common to see a **small amount of fresh blood** on the toilet tissue.

Before you leave the clinic, the doctor or nurse will talk to you about the results of your colonoscopy.

If you had to stop taking any medications before the test, the doctor or nurse will let you know when you can start taking them again.

### If you were given sedation:



Do not drive, drink alcohol, operate heavy machinery or sign legal or financial documents **for at least 8 hours** (or longer in some cases depending on what your healthcare provider has told you).

## At home

- It's important to **rest** and **avoid** any activity that takes a lot of energy (such as hard exercise or heavy lifting).
- Depending on your job, you may go back to work the day after your colonoscopy.
- You can start to eat your normal diet.



It's important to note that you may **not** be covered by your travel insurance if you have a complication (problem) from your colonoscopy and are out of the province or country. If this is a concern, avoid travelling for **2 weeks** after your colonoscopy.

## 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, particularly if a polyp is removed. 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. When a polyp is removed the risk increases to about 1 in 500 tests.
- **Bleeding** from the site where a tissue sample (biopsy) was taken or a polyp was removed. The risk of bleeding after a routine colonoscopy is 7 in 10,000 procedures. When a polyp is removed the risk increases to about 10 in every 1,000 tests.
- **Infection** related to bowel perforation (as bowel contents may leak into the abdominal cavity) or at the IV (intravenous) site.
- **Missed polyps or cancer.**
- **Complications from sedation medicine** such as an allergic reaction, low blood pressure or breathing problems.
- **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).
- **Severe dehydration, falls, kidney troubles or chemical imbalances from the bowel preparation.**

The risk of a 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 might be needed. In extremely rare cases a serious complication from a colonoscopy could result in death – especially in people with other significant medical problems. The risk of death from a colonoscopy is about 1 in 14,000.



- 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 screening test for people at **average risk** for colorectal cancer. This includes anyone ages **50 to 74** with no signs or symptoms of colorectal cancer, no family or personal history, and no other high risk conditions for developing colorectal cancer.

FIT checks for **hidden blood in the stool** (poop), which can be a sign of colorectal cancer. This test can be done at home. FIT should be done every year. If blood is found in the stool sample a **colonoscopy** test is needed to find the cause.

### 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 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.

### 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.