

### **Introduction**

Colonoscopy is the technique that allows the direct visualization of the large bowel. This procedure involves passing an endoscope with a diameter of ~ 1.3cm via the rectum into the large bowel. The endoscope is a flexible tube attached to an optical system that allows the diagnosis, treatment of any abnormalities. Additional therapeutic procedures can also be performed at the same time, such as endoscopic polypectomy, injection or banding of piles and tumor biopsy. Colonoscopy may not be completed if bowel preparation is sub-optimal or anatomical variation exists.

### **Procedure**

1. An intravenous line will be set up for sedations.
2. Patient should lie on the left side with knees bend towards the abdomen.
3. Patient is under close monitoring with sedations given intravenously.
4. It is normal if you feel bloating and abdominal distention during the procedure.
5. The procedure will usually take half to one hour.
6. Additional therapeutic procedures could be done by doctor, such as haemostasis procedure, polypectomy or biopsy taking.
7. Photographs and DVD of the intestinal tract will be recorded for documentation.

### **Pre-procedural Preparation**

1. A written consent is required.
2. For the female, please note the date of last menstrual period and ensure no pregnancy.
3. Please inform doctor for the followings:
  - Drug allergy
  - Drug history - antiplatelet and anticoagulant, such as NSAID, Warfarin etc
  - Diabetes mellitus, hypertension, cardiac or pulmonary disease
  - Implantation of pacemaker or arthroplasty
4. Patient should adopt low residue diet starting 2 to 3 days before the procedure i.e. no fruits, vegetables, porridge or cereals and milk etc.
5. Bowel cleansing agent would be started in the afternoon preceding the day of procedure. Additional dose would be given in the morning of the procedure day as prescribed. However, please stop the bowel cleansing agent and inform nurses immediately when you find sweating, palpitation, dizziness, severe vomiting or abdominal pain. That may indicate dehydration or bowel obstruction.
6. Fluid diet on the day before procedure, such as rice water and broth.
7. No food or drink 4 hours prior to colonoscopy.
8. Remove dentures, spectacles, contact lens, and metallic accessory before the procedure.

### **Possible risks and complications**

- Sedation induced complication, such as hypotension, respiration depression, shock & allergy.
- Major complications including perforation (less than 1 in 1,000). Chance of perforation is higher in cases that require therapeutic procedures including polypectomy or haemostasis etc.
- Bowel perforation leads to peritonitis, which requires emergency operation for repair or bowel resection with a reported mortality rate up to 5-20%. It would be higher in patient with poor co-morbidity. Patients should consult your doctor for the detail of colonoscopy.

**Post-procedural information**

1. There may be minor abdominal pain or discomfort; it should subside shortly after the procedure. Patient should resume diet when fully awake (~2 hours) and is permitted by medical.
2. Patient should seek medical advice immediately if serious events occur, such as passing of blood, severe abdominal pain and fever etc.
3. Minor per rectal bleeding may occur in the next day or two if therapeutic procedure, such as polypectomy has been performed. However, repeat colonoscopy may be required if bleeding persisted.
4. Patient should be bed rest until fully awake after IV sedations. If patient needs to get out of bed (especially the first attempt), please press call bell to inform nursing staff for assistant to avoid fall. Patient should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.
5. Patients attending the endoscopic procedure must be aware that treatment or procedure that will be carried out on them may require general anaesthesia, sedation (e.g. monitored anaesthesia care -MAC) or a combination of techniques (“**anaesthesia/sedation**”). **Patients must fully understand and acknowledge that patients recovering from anaesthesia/sedation after the surgery must not leave the Hospital unaccompanied as a matter of patient safety. In this regard, patients wish to leave the hospital within 24 hours after the procedure should be accompanied by a responsible adult who is able to accompany them home.**
6. Patient is advised to enquire about the examination results and date of follow up.
7. Patient should follow the instruction in completing the drug treatment.
8. Patient could contact the ward nurse, endoscopy centre or doctor for any discomfort.

**Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** [www.ekg.org.hk/pilic/public](http://www.ekg.org.hk/pilic/public)

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_.

I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: \_\_\_\_\_

Pt No.: \_\_\_\_\_

Case No.: \_\_\_\_\_

Sex/Age: \_\_\_\_\_

Unit Bed No: \_\_\_\_\_

Case Reg Date & Time: \_\_\_\_\_

Attn Dr: \_\_\_\_\_

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_