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Colonoscopy

What is a Colonoscopy?

A Colonoscopy is an examination of the colon (large intestine, or bowel) with a slim, flexible, lighted tube called a colonoscope. Your doctor can use this colonoscope to get a clear, magnified view of the inside of your colon from the anus to the area near the appendix.

When is it used?

Colonoscopy is the most direct and complete way to see the entire lining of the colon. It is usually done for one of the following reasons:

- Prevention and early detection of cancer. If you are between 50 and 80 years old, you should have a Colonoscopy every 5 years. It can help your doctor find and remove growths (polyps) before they become cancerous. It can also allow your doctor to detect cancerous growths early, when the cancer is easier to cure.
- Diagnosis of illness. If you have symptoms of illness that your doctor has not been able to explain, you may have this procedure to try to find the cause of your symptoms. For example, you may be having unexplained abdominal pain or your blood test results may be abnormal. Your doctor can check for inflammation of the bowel lining or infected pockets (diverticula) in the bowel wall.

How do I prepare for a Colonoscopy?

Your doctor will give you written instructions on how to clear bowel movements from the colon.

- You will probably be asked to eat no solid food for 24 to 48 hours before the exam.
- Only have clear liquids only, eg: broth & gelatin (NOT red gelatin), 12 - 24 hrs before the exam.
- You may be asked to take a liquid laxative or to give yourself a home enema a few hours before your exam. This will clear stool from the bowel. Be sure to complete this bowel preparation. The examination may not be possible if the colon still has stool in it.

You should arrange for someone to drive you home after the exam.

What happens during the procedure?

A Colonoscopy may be done in the doctor's office or in an outpatient clinic.

Just before your exam, you may be given medicine that will help relax you. You may be given this medicine with a needle in your vein (IV).

You may lie on a table on your side in a knees-to-chest position. Or your doctor may use a special table that allows you to rest your belly on the table as you kneel on the step in front of it. The table can be tilted or raised. These positions make it easier for the doctor to pass the colonoscope into your anus and rectum and up into your colon.

As the scope is passed through your colon, air will be used to gently open the walls of the colon so your doctor can see as much of the walls as possible. This air may make you feel bloated and give you cramps.

If your doctor sees anything abnormal during the exam, he or she may take small samples of tissue through the colonoscope for lab test. The doctor may be able to remove any abnormal areas, polyps, or small tumors from the colon through the colonoscope. This may help you avoid having another procedure to remove them.

What happens after the procedure?

After the doctor removes the scope, you may rest at the doctor's office or the clinic until you are awake and alert enough to be driven home. You should plan to continue to rest for a few hours after you get home. It is normal to have intestinal gas and mild cramps for a few hours after the exam. After resting, you should feel like eating a normal diet again.

Dr de Beer will phone you with your results. Kindly note that pathology results **take a minimum of 48hours**.

What are the benefits of this procedure?

The procedure helps your doctor diagnose problems in the colon. For some problems, such as cancer, treatment is more effective when the problem is detected early.

What are the risks associated with this procedure?

Risks include:

- Damage to the colon (perforation) from the colonoscope
- Infection in the abdomen if the colon is damaged (perforated)
- Bleeding inside the colon
- Some pain or swelling in your lower abdomen if air was added into your intestine during the procedure (this will last until your body passes the extra air shortly after the procedure)

When should I call the doctor?

Call the doctor immediately if:

- You have severe abdominal pain or rectal bleeding
- Pain or symptoms you had earlier become worse

Call the doctor **during office** hours if:

- You have questions about the procedure or its results
- You want to make another appointment

SPECIAL INSTRUCTIONS

If you are having the colonoscopy on Monday:

1. **Senokot** - take two (2) senokot on **Sunday** morning.
 2. Before 10h00 on Sunday try have a light breakfast (**eg:** scrambled eggs on toast)
 3. **Sunday** - Pico-prep – take 1 sachet @ 10h00, 1 sachet @ 14h00 & 1 sachet @ 18h00
 4. **Sunday** from 10h00 only clear fluids (**black** tea/ coffee, clear soups eg: hearty beef, tomato, or oxtail; Juices without cells eg: Oros, litchi, apple, Jelly but no red).
- Take at least 4 Liters fluids during the day.
5. **Nil per mouth** from 07h30 on **Monday**
 6. Report to Linksfield Hospital reception on **Monday** between **10h30 – 11h00**.

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SPECIAL INSTRUCTIONS

If you are having the colonoscopy on Wednesday:

1. **Senokot** - take two (2) senokot on **Tuesday** morning.
 2. Before 10h00 on **Tuesday** try have a light breakfast (eg: scrambled eggs on toast)
 3. **Tuesday** Pico-prep – take 1 sachet @ 10h00, 1 sachet @ 14h00 & 1 sachet @ 18h00.
 4. On **Tuesday** from 10h00 only clear fluids (**black** tea /coffee, clear soups eg: hearty beef, tomato, oxtail; Juices without cells eg: Oros, litchi, apple, Jelly but no red).
- Take at least 4 Liters fluids during the day.
5. **Nil per mouth** from 22h00 on **Tuesday**
 6. Report to Linksfield Hospital reception on **Wednesday** between **6h00 – 6h30**

NB!!! IF THE WARD DID NOT BOOK A FOLLOW-UP APPOINTMENT, PLEASE CALL THE ROOMS TO DO SO.