

# Sydney Colorectal Associates

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14 September 2011

Dear

Colonoscopy is a procedure whereby a flexible instrument is introduced into the colon through the anus (back passage). It is important that the bowel is clean to give a good view and to allow biopsies to be taken and polyps removed. Preparation is usually taken by mouth the day prior to the procedure.

The procedure is usually performed under light anaesthesia or sedation and requires a hospital stay of only a few hours. Because of the anaesthesia/sedation, patients should not drive until the day following the colonoscopy.

Colonoscopy is, at this time, the best way in which the entire colon and rectum may be viewed, and the only non-surgical method by which diagnostic biopsies can be taken, and polyps removed. Alternative methods such as barium enema and "virtual colonoscopy" are x-ray procedures which are not as accurate as colonoscopy, and do not allow for the removal or treatment of any colonic conditions such as polyps.

The major risk associated with colonoscopy is perforation of the colon which, according to the National Health and Medical Research Council (NHMRC), is reported to occur in up to one in every 1,000 colonoscopies in Australia. One of the most important factors which may reduce the rate of perforation is the experience of the colonoscopist.

Perforation may be treated with or without surgery, depending on the circumstances, but if surgery is required, then on occasions it is necessary to establish a colostomy, usually as a temporary measure. Bleeding may occur after colonoscopy but this is rarely serious and will usually stop spontaneously. Bleeding may require a repeat colonoscopy or surgery.

Both bleeding and perforation are more common if polyps are removed from the colon. It is essential to remove polyps when they are found since some may ultimately become cancerous if not removed.

According to the NHMRC approximately one person in 10,000 will die following a colonoscopy, usually as a result of a perforation, and usually in patients with other significant medical problems. The colonoscopists at Sydney Colorectal Associates have carried out more than 150,000 colonoscopies and have a complication rate significantly lower than the above statistics.

The above explanation is not an "exhaustive" list of complications. Naturally, you should consider these factors carefully before proceeding with the examination. Please speak with your doctor should you have any questions.

## **ADVICE FOR PATIENTS FOLLOWING COLONOSCOPY**

### **1. SAFETY FIRST**

You have had intravenous sedation (anaesthetic) for your procedure and you should not dress and depart until it is considered safe for you to do so. You may still feel somewhat sleepy.

Please take care with stairs and avoid crossing roads. You must NOT drive a vehicle for a period of 24hrs after your procedure, nor should you operate dangerous machinery or drink alcohol until the effects of the anaesthetic have fully worn off.

You should go straight home, preferably escorted by a friend or relative and have a sleep. You may drink liquids and have something light to eat today.

You may feel some wind in your abdomen and even a little discomfort. This is normal and is due to the air passed into the bowel by the instrument to allow a better view of the lining of your intestine.

### **2. TOMORROW**

If you feel that the effects of the anaesthetic have worn off by tomorrow morning and you are relatively comfortable, you may go to work or carry on your normal activities. You may resume a normal diet.

Your bowel habit may take some days to return to normal as there will initially be no solid matter in your intestine and, even after you have resumed a normal diet, the pattern of your bowel activity may be a little different at first.

If bulking agents or bowel medications have been prescribed, these may be introduced with the resumption of your diet.

### **3. REMOVAL OF POLYPS**

If your procedure included the removal of a polyp (or a number of polyps), a diathermy will have been used. This applies a heated current to the tissue in order to destroy small polyps or remove larger ones.

Complications are most unusual but if you experience any of the following problems:

- Abdominal pain (other than wind) starting suddenly and becoming severe (usually 1-2 days)
- Severe bleeding of a cupful (or more) of fresh blood (usually at 1-2 weeks) then:

Please telephone my nurse Stefani on **1300 553 347** during office hours. Alternatively outside office hours, please call your family practitioner or attend the Emergency Department of your closest hospital and your surgeon will be contacted.

#### 4. FURTHER REVIEW

A full report of your colonoscopy, any associated procedures and any pathology reports will be sent to your family practitioner and other consultants where appropriate. If a review is required in the future, you will be asked to make an appointment before you leave. If subsequent colonoscopy is recommended for screening purposes, a recall entry will be made in our computer system and a reminder notice will automatically be sent to your present address.