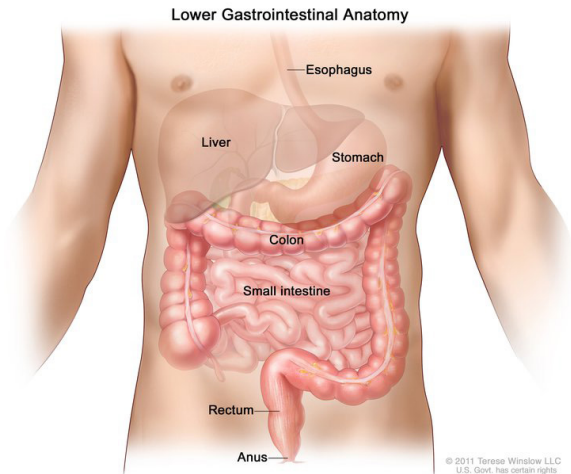


COLONOSCOPY INFORMATION

What is the colon?

- The colon and rectum together are known as the large intestine.
- The colon is a long tube that:
 - Takes in water and minerals from digested food.
 - Stores undigested solid waste.



What is a colonoscopy?

- A colonoscopy involves looking at the colon from inside the body using a long, thin (about the width of your little finger), flexible tube with a tiny camera on the end, through which the doctor can view your whole colon and rectum.
 - The colonoscope is inserted into the anus and advanced through the entire colon and possibly a short distance into the small intestine (called the terminal ileum).
 - The image on the TV monitor is magnified many times so the doctor can see small changes in tissue.
- The colonoscope contains channels that allow the doctor to obtain biopsies (small pieces of tissue), remove polyps, and to introduce or withdraw fluid or air.
- Polyps are extra growths of tissue that can range in size from the tip of a pen to several inches (doctors measure them in millimeters and centimeters).
 - If the doctor sees any polyps during a colonoscopy, he or she will remove them right away, during the procedure.
 - Most polyps are benign (not cancerous) but can become cancerous if allowed to grow for a long time. As a result, they are usually removed so they can be analyzed.
 - You will not be able to feel a polyp being removed and removing a polyp will not impact your recovery time.
- If the doctor sees areas of inflammation or needs a sample of tissue to look for microscopic changes, biopsies or samples of tissue can be obtained.
 - You will not be able to feel a biopsy and taking biopsies will not impact your recovery time.

How long does a colonoscopy take?

- The procedure is generally about 20-30 minutes long.

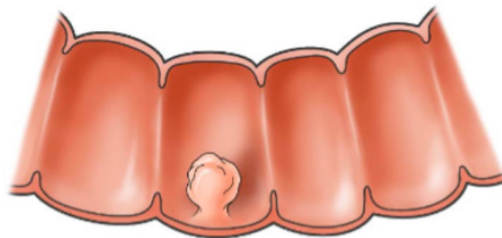


COMPREHENSIVE
GASTROINTESTINAL HEALTH

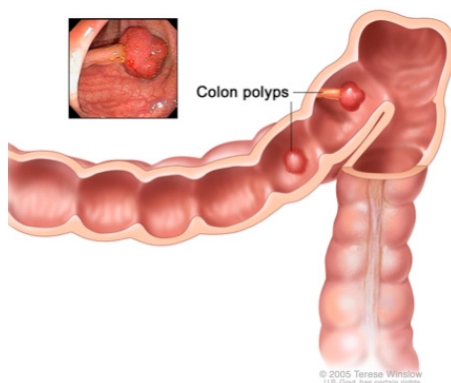
COLONOSCOPY INFORMATION

Why are colonoscopies recommended?

- **Colorectal cancer (also known as colon cancer) is the 2nd most common cause of cancer deaths in the United States, yet it is one of the most preventable types of cancer.**
 - Approximately 1 in 20 people will develop colon cancer in their lifetime.
 - Colorectal cancer is often curable when detected early.
- **Colonoscopy is the only test that allows a biopsy or removal of a polyp at the very same time it is first identified.**
 - Removing polyps during a colonoscopy could stop colon cancer from growing or even cure it.
- **There is no way to completely eliminate the risk of developing colorectal cancer, but the systematic detection and removal of colon polyps during screening colonoscopies is the single most important intervention to reduce your risk of developing colorectal cancer.**
- **As well, early detection of colorectal cancer by screening is the best way to improve the chance of a successful cancer cure.**



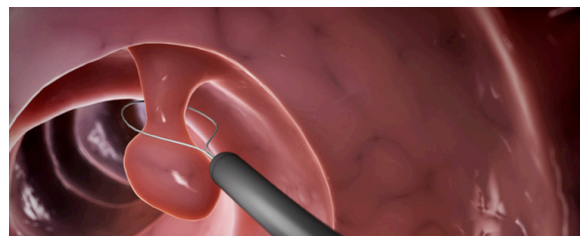
Colon with polyp



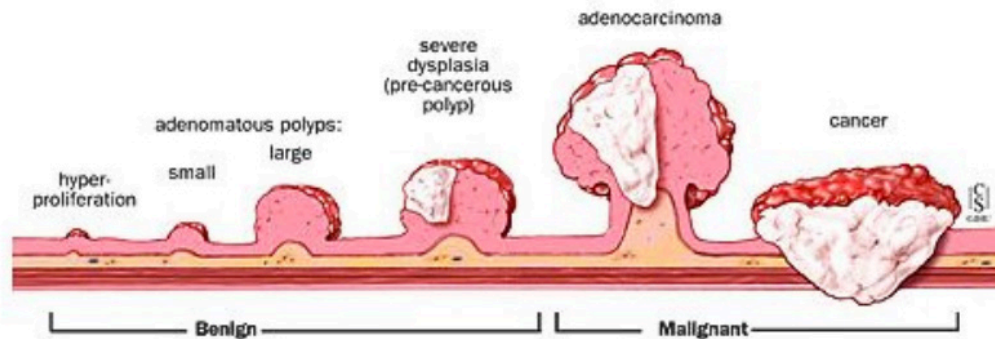
© 2005 Terese Winslow
U.S. Govt. has certain rights

How does a colonoscopy help prevent colorectal cancer?

- **Most colon cancers develop from precancerous polyps, which are abnormal growths from the wall of the colon.**
 - If these precancerous polyps are left alone, they have the potential to grow into a cancer.
- **Not all colon polyps have the same risk of turning into colon cancer.**
 - Precancerous polyps (adenomas and serrated polyps) could become cancerous; other types of polyps (hyperplastic, inflammatory) do not.
- **By performing colonoscopies, we can find these precancerous polyps and remove them before they have a chance to transition into a cancer.**
 - The development of more than 75-90% of colorectal cancer can be avoided through early detection and removal of precancerous polyps.
 - If people took advantage of screening tests, the vast majority of deaths from colon cancer could be prevented.
- **This also allows us to determine who needs a closer eye on them than the average population.**
 - Instead of colonoscopies every 10 years, some people need colonoscopies every 3-5 years depending on the number and size of polyps that are present.



COLONOSCOPY INFORMATION



What are the symptoms of colon cancer?

- Most early colorectal cancers produce no symptoms at all.
 - This is why screening for colorectal cancer is so important.
- Some possible symptoms associated with colorectal cancer should prompt a visit with your physician for an evaluation:
 - New onset of abdominal pain
 - Blood in or on the stool
 - A change in stool caliber or shape
 - A change in typical bowel habits, constipation, or diarrhea

But I have no symptoms, do I really need this now?

- Precancerous polyps usually cause NO SYMPTOMS, and removal of these polyps prevents colon cancer.
- Colon cancers found in patients with symptoms are more advanced and less likely to be cured.
- Colon cancers found in people WITHOUT symptoms are not as advanced and are more frequently cured.
- The biggest risk factor for developing colorectal cancer is aging.

But no one in my family has colon polyps or colon cancer, are you sure I really need to do this?

- Although having a family history of colon polyps or colon cancer increases your risk of developing colon cancer, 75% of colon cancers DO NOT have a family history.

How do I prepare for the colonoscopy?

- Most patients say that this is the most unpleasant part of the experience.
- Please see the detailed instructions attached so that you can achieve the best preparation possible.

Why is the preparation so important?

- An excellent bowel preparation is necessary and critical because, unfortunately, the scope is unable to see through any remaining fecal debris.
 - So any retained seeds/fibrous food or stool that are still present in the colon can block the ability to see a polyp or even a small cancer.

COLONOSCOPY INFORMATION

Why do I have to wake up in the middle of the night to do part of the preparation?

- This is called “split dose bowel preparation” and it has been shown to improve the quality of a colonoscopy.
- Split dosing consists of drinking half of your colon cleanse the day before your colonoscopy and the other half on the day of the procedure.
- Split dosing has been shown to be superior to same day preparation in clinical studies, BUT most importantly it decreases the likelihood that the procedure will need to be canceled and rescheduled because of a poor cleansing.
- Note that this may require you to awaken early in the morning in order to complete the prep. Although inconvenient, the correct timing of drinking the prep is critical to obtaining a good colon preparation.

What happens if the preparation isn't optimal?

- The colonoscopy procedure may take longer because the doctor will try to improve their views by taking time to clear debris.
- The doctor may lack confidence that the inspection was as careful as they hope for and may therefore ask you to return for a follow up procedure at an earlier time than would be otherwise recommended (ex. 1 year, rather than 5 or 10 years).
- If the preparation is very poor, the procedure may not be able to be completed safely and you will need to reschedule and repeat the procedure.

How can I reduce my risk of colon polyps and colon cancer?

- Do not smoke.
- Eat more foods that are high in fiber, such as whole grains, fruits, and vegetables.
- Eat more cruciferous vegetables, such as cabbage, broccoli, cauliflower, and Brussels sprouts.
- Raise calcium intake with low-fat milk, shellfish, salmon, and calcium supplements with vitamin D.
- Eat less fats, oils, butter, and red meat.
- Limit your intake of charcoal-broiled foods and skip salt-cured foods.
- Get active.
- Keep your weight in the normal healthy range.
- Limit alcohol intake.

Adapted from Up to Date Patient Information and AGA resources.

