



BowelScreen

An Clár Náisiúnta Scagthástála Putóige
The National Bowel Screening Programme



Colonoscopy

What is a colonoscopy?

A colonoscopy is an examination of your bowel using a small camera on the end of a thin flexible tube. The test looks for any polyps or signs of disease in the lining of your bowel. Polyps are small growths that are not cancer but, if not removed, might turn into cancer over time. If polyps are found they are usually removed during the colonoscopy to reduce the risk of cancer developing. This is painless.

A small sample of the lining of your bowel may be taken to look at more closely. This is called a biopsy.

Why do I need a colonoscopy?

We offer a colonoscopy to everyone who has a BowelScreen home test result showing traces of blood not visible to the eye.

A colonoscopy is the best way to diagnose bowel cancer and other conditions. If bowel cancer is found at an early stage, it is easier to treat.

A colonoscopy is carried out in a screening colonoscopy unit in a hospital organised by BowelScreen. The hospital is obliged to levy a statutory charge for all (except medical card holders) day care procedures of €75.

What should I do to prepare for my colonoscopy?

Before your colonoscopy, a nurse will phone you and explain what will happen at the colonoscopy. You should tell the nurse if you are taking any medications, in particular any blood thinning tablets such as aspirin or warfarin. The nurse will ask you about your health and you can ask any questions you may have about the colonoscopy.

The day before your colonoscopy you will have to empty your bowel completely so that the doctor doing the colonoscopy can see the lining of your bowel clearly. You will receive a bowel preparation (a strong laxative) to take at home. It is very important that you follow the instructions that come with this to fully empty your bowel.

What happens during the colonoscopy?

When you arrive at the screening colonoscopy unit in the hospital, a nurse will meet you and answer any questions you may have. You will be asked to sign a consent form, giving your permission for the colonoscopy.

The colonoscopy is a day procedure (not requiring you to stay overnight). You may be given a sedative to help you relax. This will make you drowsy and you may not remember anything about the colonoscopy afterwards. While you are sedated, your heart and breathing will be carefully monitored.

You will be asked to lie on your side. A thin flexible tube called a colonoscope is passed into your back passage (rectum) and guided around your bowel. At the end of the tube there is a small camera with a light that shows the doctor the inside of your bowel on a screen.

During the colonoscopy your bowel will be gently filled with air to help show the lining of your bowel more clearly. The air can give you a bloated or cramping feeling in your abdomen (tummy).

Sometimes small samples of the lining of your bowel are taken to look at more closely. This is called a biopsy. The samples will be tested in a laboratory. If any polyps are found, they will be removed and tested.

Once you have recovered from the colonoscopy (after about 30 minutes), you will be able to sit up. You will need to arrange to have someone to take you home from the screening colonoscopy unit as the sedative may leave you drowsy.

When will I get the results?

After the colonoscopy you will be told if any samples were taken or if polyps were removed. You will get the results in two weeks.

If the colonoscopy shows that you need more tests or treatment we will discuss and explain this to you and together decide the best course of action.

It can happen that the doctor could not see all of your bowel. This can happen if your bowel was not completely empty or the tube could not reach the end of your bowel. We may ask you to have another colonoscopy or another test. A copy of your results will be sent to your GP (family doctor).

Are there any risks with a colonoscopy?

For most people, having a colonoscopy is very straightforward. There can be complications but serious problems are rare as you are carefully monitored during the procedure. The main risks of a colonoscopy are outlined below.

While a colonoscopy is the best way to diagnose bowel cancer and other conditions, there is a small chance that a cancer or polyp will not be seen. This can happen because the bowel is not completely empty or, on rare occasions, if the doctor misses it. There is also a small chance that the colonoscope will not go along the entire length of the bowel because of a blockage or other difficulty.

Bleeding: Usually this is not serious and stops on its own. However in less than one in 150 cases this may need further investigation.

A small tear in the lining of your bowel:
If this happens, you may need an operation to repair the tear. This happens in less than one in 500 cases.

Breathing or heart problems: You may have a reaction to the sedative and this may cause temporary problems.

In extremely rare cases (less than one in 11,000) colonoscopy may result in death.

If you have any concerns about attending for your colonoscopy, you should discuss these with the nurse who calls you or contact BowelScreen on Freephone 1800 45 45 55.

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www.bowelscreen.ie