

Endoscopic examination of the bowel (colonoscopy)

Colonoscopy is an endoscopic examination of the large bowel. We pass a flexible tube, about the thickness of a little finger, through the colon, which is roughly 90-120 cm long. In about 98 % of patients we reach all the way to the caecum. In the remaining 2 % the examination is supplemented with a CT scan. The colonoscope is 150 cm long and contains, in addition to a video camera, channels for air, water, suction and instruments.

When is a colonoscopy used?

Colonoscopy is the best way to examine the large bowel. We use it for, among other things:

- blood in the stool, low haemoglobin, weight loss, abdominal pain or changes in bowel habits
- screening for colorectal cancer, with or without a family history
- follow-up of patients with colorectal polyps
- follow-up after surgery for colorectal cancer

The Danish Health Authority recommends that close relatives of people with cancer of the rectum or colon have a colonoscopy every 3 or 5 years.

The examination gives a clear view of the lining of the bowel. If we find signs of disease, we can take tissue samples (biopsies) and perform smaller procedures during the same session. In around 20 % of patients we find and remove polyps during the exam.

How long does it take?

A colonoscopy usually takes between 15 and 45 minutes. If it takes longer, the bowel is typically unusually long (up to 280 cm) and tortuous, or positioned differently - for example after previous abdominal surgery.

Is the examination uncomfortable?

The bowel itself has no pain nerves. That is why we can cut and cauterise the lining without you feeling it.

Pain nerves are found in the mesentery, the tissue that suspends the bowel. Discomfort or pain can be triggered when we straighten the curves of the colon as the scope is advanced. It is usually brief and fades as soon as the loop has been passed.

We recommend sedative and pain-relieving medication during the examination. The choice is yours, but note that driving and operating machinery is not advised for the rest of the day if you receive medication. It can therefore be practical to bring a companion.

Preparation

A good result depends on the bowel being thoroughly cleaned out. This involves both a change of diet and the use of a cleansing agent.

Diet

- **3 days before the examination:** avoid foods with seeds, such as seeded rye bread, sesame seeds, linseed and similar - seeds can block the equipment.
- **The day before the examination:** eat until one hour before the cleansing starts and avoid very large meals. After that, only clear liquids: cordial, soft drinks, apple juice, Faxe Kondi, cola, tea, coffee, sparkling water, broth, sorbet (ice pop) without berries, beer and white wine. **No dairy products**, no creamed or thick soups (e.g. tomato or asparagus soup), and no red wine, beetroot juice or blueberry juice. Drink plenty - preferably sugary, so you get some calories.
- **On the day of the examination:** tea, coffee, cordial and water may be drunk as needed.
- **Regular medication** should be taken as usual.

Bowel cleansing

The cleansing begins 4 days before the examination. You start with Dulcolax tablets 5 mg, 2 tablets daily for 3 days, before the actual cleansing with Picoprep begins. Remember to bring the prescription you have received to the pharmacy.

The day before the examination you use Picoprep, which is dispensed free of charge at the pharmacy. The pack contains two sachets of powder:

- **At 14:00** - pour the powder from the first sachet into a glass with 150 ml of cold water. Stir for 2-3 minutes until it stops fizzing. Drink the mixture within 15 minutes. Then drink at least 1.5 litres of clear liquid over the next 4-6 hours.
- **At 20:00** - take the second sachet the same way, and drink at least 1.5 litres of clear liquid within the next 2-4 hours.

People react differently to the cleansing. It may take 3-8 hours before it starts working.

The cleansing produces strong, watery diarrhoea. You need to stay close to a toilet and should not leave the house while it is in progress.

- It may also affect your sleep at night.
- Many people experience mild cramps or nausea.
- The skin around the anus may become irritated - apply a rich cream regularly.

If you take daily medication, follow the package leaflet regarding other medicines. Do **not** follow the leaflet's own cleansing instructions - use the schedule above.

After the examination

- Allow about half an hour for observation. We offer a cup of coffee and a slice of bread.
- If you have received medication during the examination, you should have someone accompany you home.

Is a colonoscopy dangerous?

Colonoscopy is a safe examination, especially when performed by an experienced endoscopist. In fact there are fewer complications than with a traditional X-ray examination. The few complications that do occur are mostly related to polyp removal and can include bleeding or a small perforation of the bowel wall. Both are very rare, and the risk is clearly outweighed by the benefit of finding cancer or pre-cancerous changes in time.

Contact us

Contact Kirurgen.dk in the first days after the examination if you notice:

- significant bleeding from the bowel
- abdominal pain lasting more than 3 hours
- chills and a fever above 38.2 °C

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