Colon Screening Program

Colonoscopy Patient Education

www.screeningbc.ca/colon
Colon Screening Program of BC

• The patient coordinator (a Registered Nurse) works together with the patient, family doctor, physician performing the colonoscopy (colonoscopist) and other health care team members

• Provide safe and timely access to high quality colon cancer screening in BC
Three Reasons for Colonoscopy

1. An abnormal FIT test result
   • An abnormal result does not mean you have colon cancer
   • Many other reasons for blood in your stool: hemorrhoids, anal fissures, diverticular disease, inflammation or polyps
Three Reasons for Colonoscopy

2. Family history of colon cancer

- One first degree relative (a parent, full sibling or child) with colon cancer diagnosed before age 60

- Two or more first degree relatives with colon cancer diagnosed at any age
Three Reasons for Colonoscopy

3. Personal history of polyps

- Have had prior adenomas (polyps which could turn into cancer)
- Colon screening program has recalled you for a surveillance colonoscopy at either 3 or 5 years
Why Colonoscopy?

• Colonoscopy can prevent colon cancer by finding and removing polyps before they turn into cancer.
• Polyps are small growths that can develop in the lining of the colon or rectum.
• Colon cancer occurs when a polyp becomes cancerous.
• Colonoscopy can also find cancer early.
• Early detection means more treatment options and better outcomes.
Colonoscopy: Some Considerations

- Colonoscopy is a two day commitment
- Purchase bowel preparation
- Arrange for someone to drive you home after your procedure
Personal Health Assessment

• Important that patient coordinator has a list of all your current medications: notify patient coordinator of any changes made prior to colonoscopy

• Blood thinners, diabetes, heart problems, breathing problems, kidney problems

• In some cases, you may need to get special directions about your medications from your doctor, or meet with the physician performing the colonoscopy prior to your procedure
The Colon

- Large intestine, about 5 feet long
- Absorbs water and minerals from digested food
- Contains the rectum which stores undigested waste
Colonoscope

- Instrument used to look inside colon
- Long, thin flexible tube - camera, light
- Picture shown on TV monitor
- Clear, detailed view of colon
Procedure

What happens during a colonoscopy?

1. A colonscopist inserts the colonoscope into the rectum and advances it along the length of the colon.

2. Air and water is sent through the colonoscope to expand the colon for better viewing.

3. Images of the lining of the rectum and colon are sent to a video monitor where the colonscopist will look for anything unusual, like a polyp. A polyp is a small growth of tissue on the wall of the intestine.

4. Polyps can grow very slowly, and some can become cancerous. It may be necessary to take a sample (biopsy) or remove the polyp (polypectomy). This is painless.

5. The biopsy or polyp is then sent to a lab for analysis.
Removing a Polyp

- Vary in size and shape
- Most polyps are not cancer, but some can become cancerous
- Colonoscopist will remove polyps if seen: polypectomy
- Polyps will go to lab for testing
Risks

Approximately 5/1,000 people will have a serious complication:
- Bleeding from the colon
- Perforation of the colon (hole in the colon)
- Reaction to Bowel Preparation
- Reaction to medication used
- An infection
- Heart or lung problems

Risk of missing a lesion is less than 1/10
Risk of dying from a colonoscopy is less than 1/14000

If a complication occurs treatment may be required, including:
- Antibiotics
- Blood Transfusion
- Hospitalization
- Repeat Colonoscopy
- Surgery
Get your questions answered

- Important that you understand the risks
- Talk to your doctor or patient coordinator if you have questions
- Risk is reduced when you follow instructions carefully
Bowel Preparation

- Success of procedure depends on how clean your colon is
- Different types of preparations; your medical history will help us choose which one is right for you
Important Notes on Your Bowel Preparation

- Purchase bowel prep one week before
- Five days before your colonoscopy, avoid seeds, nuts, corn, whole grain bread and granola
- Stop any iron-containing supplements 7 days before your colonoscopy
- Make sure your patient coordinator knows if you are prone to constipation
Clear Fluid Diet

- Clear juices (no pulp): white grape juice, apple juice, white cranberry juice
- Gatorade, Vitamin water
- Popsicles, jello
- Clear broth, consommé
- Ginger ale, Sprite, 7-Up
- Tea and coffee but NO milk/creamers
- Avoid purple and red food colouring
Bowel Preparation

• Some preps you will drink the day before your procedure, some you will do half the day before and the rest the morning of your procedure
• Your instructions are tailored to your needs and the time of your appointment
• Avoid becoming dehydrated by drinking LOTS of fluids
• It is important to drink fluids a variety of fluids and not water alone to ensure you receive necessary sugar and electrolytes (salts)
• Stay home after drinking your prep
• Consider buying baby wipes and zinc ointment or Vaseline
Day of Procedure

- Arrive on time with BC Care Card, photo ID
- Hospital registration, clerk will give you an ID and allergy bracelet
- You will change into a hospital gown
- Leave valuables at home (large amounts of cash, jewelry, laptops)
- Don’t wear scented products
- Know how you are getting home – have phone numbers handy
IV Sedation

- A nurse will start an intravenous (IV), take your blood pressure, and ask you some questions
- You will be brought into colonoscopy suite and positioned comfortably on a stretcher
- IV is for sedatives and pain medication; you will be relaxed and drowsy for the procedure
- You will be monitored closely throughout colonoscopy procedure
Recovery

• After procedure you will be transferred to recovery area and monitored by nurses

• After one hour, you should be alert, be able to pass gas, and have something to eat/drink

• Discharge teaching will be provided by the nurses

• You are legally impaired after colonoscopy: No driving or signing legal documents until the next day

• You MUST have a responsible adult accompany you home
• Before you leave the hospital, the nurse or colonoscopist will tell you what they saw and did
• Any polyps taken during the procedure will be sent to the lab for analysis
• Two weeks after your procedure, the patient coordinator will phone you and go over recommendations for future screening (3 yrs, 5 yrs, other)
• Your doctor will receive all of your reports
• If you are within the screening age group (50-74 years old), you will be on an automatic recall through the Colon Screening Program
Healthy lifestyle choices can help you reduce the risk of developing colorectal cancer. Here are a few tips:

- Eating red and processed meats in moderation; consume a diet high in fruits, vegetables, and whole grains
- Exercise regularly
Prevention

- Limit alcohol
- Don’t smoke
- Maintain a healthy weight
- Get screened!
Thank You

- Please stay and get your blood pressure done before leaving
- Make sure you have your appointment details/colonoscopy pamphlet before you leave
- If you have seen your doctor for medication instructions, please speak with the patient coordinator before you leave