

A/PROF GREGOR JE BROWN

MBBS, PHD, FRACP

GASTROENTEROLOGIST

578 HIGH STREET
PRAHRAN VIC 3181

PROVIDER No: 2055019Y
WWW.GREGORBROWN.COM.AU
EMAIL: ADMIN@GREGORBROWN.COM.AU

PHONE: (03) 9521 1155
FAX: (03) 9521 1905

What is a colonoscopy?

Colonoscopy is a procedure where the doctor inserts a long thin flexible instrument called a colonoscope into the back passage, allowing direct inspection of the colon (or large bowel).

How are you prepared?

In order to get the best view possible your bowel needs to be cleaned out. You will be given details on which preparation kit containing laxatives to purchase from your pharmacy (or we may have given kit to you) and instructions on how and when to take them, and changes to your diet for the 2 days preceding the procedure. It is important to take plenty of clear fluids before the test, in addition to the laxatives, until 2 hours prior to arrival.

Special considerations

Iron tablets should be stopped one week before the procedure. People with diabetes, heart-valve disease or on blood thinners (other than aspirin) may require special arrangements which should be discussed with Dr Brown.

What happens on the day of the procedure?

- Come to the Endoscopy Unit at the time you are told. Don't bring any valuables.
- You will be met by a nurse and asked to change into a gown.
- Once in the examination room you can have a sedative injection to help make you comfortable.
- The time taken to complete the procedure varies, but is generally around 15-30 minutes.
- Depending on the findings, biopsies (samples) may need to be taken, or polyps (small growths of the bowel lining) removed.

What happens after the colonoscopy?

- After the procedure you will be taken to the Recovery Area until any sedation wears off – you may have some bloating and discomfort from the gas inserted during the procedure, which will pass.
- After something to eat and drink you will be able to go home – you may not drive yourself, sign legal documents, or drink alcohol that day. **An adult needs to take you home and stay with you.**
- You will be given discharge instructions, and if necessary a follow-up appointment will be made.

Safety and risks

- The instruments are completely cleaned between each patient so there is almost no risk of transmission of infectious diseases.
- The most common complications of colonoscopy are intolerance of the bowel preparation, soreness around the anus, and bloating and discomfort after the procedure.
- More serious complications are rare and include: puncture of the bowel wall (perforation), bleeding from the bowel, reactions to the sedative injection, or chipped teeth. These problems may require urgent treatment such as blood transfusion or even operation.
- While colonoscopy is the most accurate means of assessing the bowel, it is possible to miss small but important lesions.
- You may not be aware of complications until up to 2 weeks after the procedure. (You should not plan to travel for this time). Any bleeding or severe pain should be reported to a doctor promptly.
- As with any invasive medical procedure, there is a remote chance that complications can result in death - *this is extremely rare*.

In an emergency, page Associate Professor Brown on 9387 1000