KLINIKA DOKTOR 24 d.o.o. | T: 0820 08240 | E: narocanje@doktor24.si | www.doktor24.si

COLONOSCOPY

Patient Information, Preparation, and Procedure

What is a colonoscopy?

A colonoscopy is a diagnostic procedure during which the mucosa of the colon, rectum and the terminal part of the small intestine is examined using a special flexible instrument called a colonoscope. The instrument is inserted through the anal opening. For better visualization during the examination, carbon dioxide gas is insufflated into the colon, which may cause a sensation of abdominal distention. The procedure is performed by a gastroenterologist with expertise in endoscopy, and it typically lasts between 20 and 60 minutes.

Why do I need a colonoscopy?

A colonoscopy can reveal various pathological changes, including diverticula (pouches in the colon), intestinal inflammation, ulcers, and both benign and malignant tumors. In particular, detecting polyps is important since they can be precursors to cancer.

How does the examination proceed?

Before the colonoscopy, your doctor will explain the procedure and discuss the potential complications. Your doctor will review any previous test results you may have and ask about your current illness history as well as your overall health status. By signing the consent form, you confirm that you agree to the examination and that you have been informed of the possible risks. We will ask you to change your clothes: for your comfort and to protect your privacy, you will be provided with special disposable underpants and slippers, while you may keep your upper clothing on.

The examination begins with lying on your left side. As the colonoscope is introduced into the anal opening, you may experience a burning pain around the anus, since the skin in this area might be red and irritated from thorough cleaning. This discomfort usually subsides within a few minutes. The doctor then gradually advances the instrument into the deeper parts of the colon, while a nurse may assist by applying gentle pressure on your abdomen to help guide the instrument. During the procedure, the doctor insufflates a special gas into your colon, which might cause bloating; it is advisable to release this air periodically. It is very important that you remain as relaxed as possible, breathe normally, and avoid contracting your abdominal muscles. This helps the procedure progress quickly and minimizes discomfort. If you experience severe pain at any time, you should alert the doctor immediately. Once the doctor has advanced the instrument to the end of the large intestine—and, if needed, into the terminal part of the small intestine—the withdrawal process begins. As the colonoscope is slowly removed, the doctor carefully examines the intestinal folds for any pathological changes in the mucosa. After the examination is complete, you will have plenty of time to use the restroom.

Procedures during colonoscopy

If any changes in the mucosa are detected during the examination, the doctor may introduce forceps through the instrument to remove a small piece of mucosa for histological analysis (biopsy). This procedure is not painful and may cause minor bleeding, which typically stops after a few minutes. If polyps are found, they are removed using a snare combined with electric current—a procedure known as polypectomy. In certain cases, special metallic clips are placed at the polypectomy site; these clips generally detach on their own after a few days and are naturally expelled from the body. If there are many polyps and it is not possible to remove all of them during one session, a repeat colonoscopy may be necessary. In cases where a removed polyp is large, precautionary hospitalization may be required following the polypectomy. In such situations, you will receive further explanations and instructions. If you are discharged for home care, additional written instructions will be provided. After the procedure, you will be informed of the examination's results.

Medications that reduce blood clotting

If you are taking medications that reduce blood clotting—such as Marevan, Xarelto, Roteas or Eliquis—please inform your doctor specifically. If you are on any anticoagulant medications, you should visit the antithrombotic clinic about one week before the scheduled procedure for a dose adjustment, and bring your doctor's report with you.

What are the possible risks of a colonoscopy?

Although colonoscopy is a safe procedure, complications can occur. The removal of a polyp or a small piece of mucosa may trigger minor bleeding, which typically resolves on its own. Occasionally, especially during the removal of larger polyps, more significant bleeding may occur; in most cases, this is successfully controlled during the procedure by injecting adrenaline at the bleeding site and applying a metal clip. In very rare instances, severe bleeding may require a blood transfusion or even surgery. Also, very rarely, the intestinal wall may be damaged or even perforated; such cases are treated surgically. Injury to the spleen is extremely rare. Complications might also occur up to 10 days after the procedure—especially after the removal of larger polyps—so it is important to follow the instructions given after a polypectomy.

After the examination

After your colonoscopy, you may feel bloated or experience cramps in your abdomen, which usually subside after you pass gas. You may eat, but it is best to consume small portions of light, cooked foods and avoid foods that cause bloating. Monitor your stool for any signs of bleeding, as this may appear even days after the procedure. If you notice significant intestinal bleeding, experience severe pain, or develop a high fever with chills, you should immediately go to the local emergency department—taking your colonoscopy report with you.

Turn the page, the text continues on the next page.

Sedation, Deep Sedation

(Read this section if the procedure will be performed under sedation or deep sedation)

Colonoscopy with sedation

Since gastroscopy can be uncomfortable, it is sometimes performed using sedation for a more tolerable experience. Prior to the procedure, medications are administered intravenously through a cannula to achieve complete sedation, relaxation, and minimal pain. During the procedure, you remain conscious, although you might briefly fall asleep. The sedative medications can have varying effects on your level of consciousness. Sedation may also reduce the oxygen content in your blood, so your oxygen levels and heart rate will be continuously monitored. If needed, oxygen will be supplied via a nasal catheter. An antidote—that is, a medication that immediately reverses the effects of the sedative—is available in case of any sedation complications.

On very rare occasions, an allergic reaction to the sedative may occur. It is also possible for a bruise (hematoma) to form at the cannula insertion site, and there may be some localized inflammation.

After the procedure (with sedation)

Once the examination is complete, you will be taken to a recovery room where qualified staff will continue to monitor your condition. For safety reasons, even after you have fully regained consciousness, you will remain in the recovery room until you are discharged. Upon discharge, you will need to be accompanied by someone who can take you home and ideally stay with you for the next few hours.

You will receive appropriate discharge instructions. Because the sedative prolongs your reaction time, you must not drive a car or ride a bicycle, or consume alcoholic beverages for 24 hours after the procedure. Likewise, you should not make any important, legally binding decisions during this period.

Colonoscopy in deep sedation

For a more comfortable experience, gastroscopy can also be performed using deep sedation. Before the procedure, a cannula is placed in your arm, and the medication Propofol is administered intravenously. The drug has a very rapid effect, and you will fall asleep soon after it is given. Due to the effect of the drug, you will not have any unpleasant memories of the examination, nor will you feel any pain. After the procedure, you will awaken quickly because of the short-term effect of Propofol, and you will not feel nauseous. The procedure is carried out by an anesthesiology specialist who will examine you beforehand and talk with you regarding any concerns. You will be asked about any known allergies to medications, as well as about any relevant medical conditions. Please have a list of the medications you regularly take ready.
During deep sedation, there may be temporary and transient slowing of your breathing or heart rate, and occasionally even a brief cessation of spontaneous breathing. For this reason, your breathing, blood pressure, heart rate, and blood oxygen level will be continuously monitored throughout the procedure. If necessary, oxygen will be supplied during the examination using a face mask and a breathing balloon. Deep sedation is generally safe for the vast majority of people undergoing gastroscopy.

After the procedure (with deep sedation)

After the examination, you will be taken to a recovery room where you will be monitored by trained staff for approximately 30 minutes. It is advisable to have a companion accompany you home upon discharge. You will be given detailed discharge instructions. On the day of the procedure, driving a car or riding a bicycle, as well as consuming alcoholic beverages, is discouraged. Similarly, you should avoid making any important, legally binding decisions.