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INFORMATION FOR PATIENTS CONSIDERING COLONOSCOPY AND POLYPECTOMY

Colon and rectal cancer is common with 153,760 new cases diagnosed in 2006. It is the leading cause of cancer death in the United States in non-smokers. The lifetime risk of developing colon cancer is approximately 5 to 6%.

Factors that increase the risk for colon cancer include: age greater than 50, cigarette smoking, excessive alcohol, obesity, chronic inflammation of the colon, and most importantly a family history of colon cancer. If you have a family history of colon cancer in a parent, brother, sister or child, your risk of colon cancer can be two to three times the normal lifetime risk. It is, however, important to realize that 70% of patients who get colon cancer do not have a family history of colon cancer.

Colon cancers almost always develop from benign polyps called adenomas. Adenomatous polyps have the potential to transform into cancer and spread beyond the colon where it is much more difficult to cure. The process from normal colon tissue to the formation of polyp to the development of cancer takes many years to develop. It is important to note that polyps and early cancers often do not cause symptoms such as rectal bleeding, abdominal pain, constipation, or weight loss. The best time to undergo colon cancer screening is when symptoms are not present.

Colonoscopy is a procedure we use to examine or look at the colon or large intestine with an endoscope. The endoscope is a flexible tube approximately one-third of an inch in diameter with a camera and a light on the end that allows us to see the inside of the colon. We perform colonoscopy after giving medications to reduce the amount of discomfort and anxiety associated with the test. This is known as conscious sedation. The physician will start with an initial dose of medication and add to this if you are uncomfortable during the examination. During the procedure you may experience a gas- like sensation or some cramping during advancement of the scope. Some patients are awake and watch the procedure and some are asleep and do not remember the examination. Our goal with IV conscious sedation is to make the exam comfortable. We monitor breathing functions and blood pressure frequently during the procedure. If polyps are found most can be removed through the colonoscope. Removal of polyps is a painless procedure. Any polyps that are removed are sent to pathologists to be examined microscopically. If the procedure is performed at Asheville Gastroenterology you will be in our facility for approximately two to two and one-half hours. We request that your driver be present during the entire procedure, so please plan appropriately. In most cases you will be allowed to eat and drink after the colonoscopy and you can return to work the following day.

The main, but not all, risks of colonoscopy and polyp removal include: adverse reactions to sedation, making a hole or perforation in the bowel, or bleeding from the bowel. Perforation of the bowel is a serious complication requiring hospitalization and potentially surgery to correct. A published study suggests that the risk of perforation is approximately one in one thousand to two thousand cases. However, the risk in our office is lower. Bleeding at the site of polyp removal occurs in approximately one-half to one percent of cases. Bleeding following polyp removal may require hospitalization and repeat colonoscopy as well as surgery to correct. Blood transfusion or surgery is rarely required.

An alternative to colonoscopy is barium enema, sigmoidoscopy, and CT colonography. None of the tests are as accurate as colonoscopy and, if polyps are found on either test, colonoscopy will still be needed to remove the polyps. Although colonoscopy is currently the most accurate way of examining the colon, it is not 100% accurate. There is a risk of missed lesions in a small percentage of cases or failure to make a diagnosis or a missed diagnosis. Be sure to ask if you have questions or concerns regarding colonoscopy.

Patient Name: _____ MR# _____
(Please Print) (Date of Birth)

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____