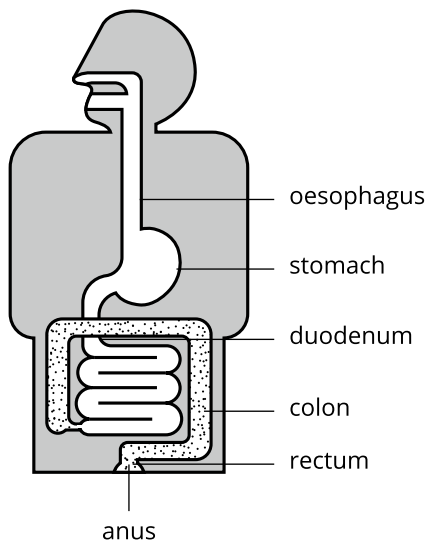


Colonoscopy Examination

This examination allows the doctor to look directly at the inside of the colon (large bowel) as a screening to detect disease early or find out the cause of symptoms.

Using a flexible fiber optic endoscope and dedicated attachments, the procedure provides a detailed optical view that is captured for future reference and can deliver targeted therapies such as removal of polyps, as well as taking biopsies to investigate abnormalities. Doctors may refer patients who are suspected of suffering from colonic diseases such as cancer, or require investigation for rectal bleeding, occult blood in stool, changes in bowel habit, chronic diarrhoea, constipation or difficulty in defecation, to have this examination.



What does it involve?

A colonoscopy is carried out under sedation. The doctor passes a thin flexible fibre optic tube with a bright light at the end through the rectum into the colon allowing a detailed view of the terminal ileum, caecum, sections of the colon, rectum and anus.

Sometimes a small amount of tissue may need to be taken from a particular area for further examination in the laboratory (biopsy). The tissue is removed using tiny forceps passed through the colonoscope. This process may cause a brief tugging sensation.

During the test, photographs or DVD of the colon may be taken.

Where is the large bowel?

The large bowel consists of the colon and rectum. This part carries the remains of digested food from the small bowel and gets rid of it as waste (called stool, faeces or bowel motion) through the anus. Refer to the diagram on the left.

Preparation needed before the procedure

- Dietary and bowel cleansing guidelines will be provided beforehand by medical staff to prepare the patient for the procedure.
- The patient **ONLY** drinks clear water up to two to three hours before the examination.
- Bowel emptying preparation usually consists of either drinking a large amount of a special cleansing drink or clear liquids and special oral laxatives.
- Instructions should be followed closely otherwise the examination may fail due to retained faeces.
- Inform the doctor of any major medical problems such as diabetes, hypertension, bleeding tendency or if pregnant. Medications should be continued as instructed.
- Provide information on any current medications and allergies.
- Do not drive to attend the procedure appointment and avoid heavy drinking, smoking or use of sedatives before the procedure.
- Seniors and those with difficulty walking should be accompanied by a family member.

The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow the instructions above carefully.

What about the current medication?

Usual medication should be continued, however, as some drugs may affect the examination, it is important to inform the doctor particularly for:

- Aspirin products
- Arthritis drugs
- Antiplatelet drugs eg. Plavix.
- Blood thinners eg. warfarin (anticoagulants)
- Insulin
- Diabetic tablets
- Iron supplements
- Any herbal remedies



It is essential to inform the doctor of:

- allergies to drugs
- allergies to x-ray contrast media (dye)
- a pacemaker
- a joint replacement
- a heart valve replacement

Those who need to take antibiotics before dental treatment may also need antibiotics before a colonoscopy.

How the procedure is performed

- The examination may be performed under general anaesthesia, but more often a light sedation or monitored anaesthesia is used. Prior to the examination, intravenous sedation is given to reduce anxiety and discomfort related to the procedure.
- Full consciousness will be maintained during the procedure.
- In general, the procedure lasts for 30-45 min, though this may be prolonged in complex cases.

Possible risks or complications of the procedure

Minor discomfort including abdominal pain and distension are common.

Major complications include:

- The bowel may be punctured. This can cause leakage of bowel contents into the abdomen. The risk is higher when polyps are removed, depending how large the polyp is.
- Bleeding from the bowel following a biopsy or removal of polyps. There may be oozing from where the polyps were removed or damage of large blood vessels.
- Cardiopulmonary complications
- Infection
- Acute intestinal obstruction
- Polyps or cancer can be missed. The risks are higher if the bowel is not cleaned properly. It is therefore important that the instructions to clear the bowel are followed precisely before the procedure.
- Death due to complications of colonoscopy is extremely rare.

In general, the complication risk is less than 1% but it varies depending on medical conditions and the complexity of the diagnostic and therapeutic methods used.

Complication rates are higher in cases that require polypectomy, endoscopic hemostasis, dilatation or stenting. When major complications arise, emergency surgical treatment may be needed.

The procedure may not be able to be completed due to bowel disease or other problems.

For more information please consult the doctor.

What to expect after a colonoscopy

- Cramping or bloating may occur due to air entering the colon during the examination. This should go away once gas is passed.
- Bleeding from the back passage for a few days after the procedure may occur. Heavy bleeding must be reported to the doctor.

The doctor will be usually able to explain visual findings directly following the examination. Nonetheless, if results from biopsies are required, then the doctor will schedule another time to report findings.

Care after the procedure

- If intravenous sedation is used, do not operate heavy machinery or drive for the rest of the day.
- Clarify with the doctor the examination results and date of follow up.
- Follow the instructions given by the medical staff in completing drug treatment.

Unpredicted emergency after discharge from hospital

- Call the doctor within office hours for any discomfort after the procedure.
- However, if there are any serious events such as passing of large amount of blood, severe abdominal pain, attend the local Accident and Emergency Department for treatment without delay.

For any queries, please consult our medical staff.

Written by:

Medical Surgical Unit,
Matilda International Hospital

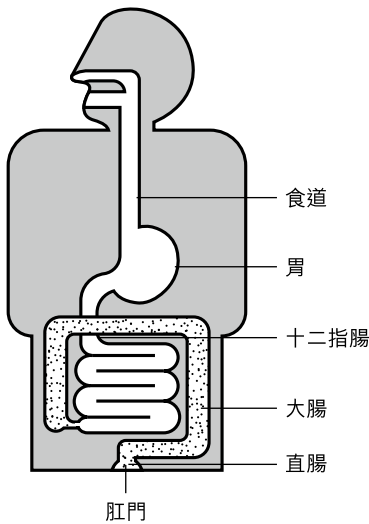
The materials contained here are for general health information only, and are not intended to replace the advice of a doctor. Matilda International Hospital and Matilda Medical Centres will not be liable for any decisions the reader makes based on this material.



大腸鏡檢查

大腸鏡檢查讓醫生查察結腸(大腸)的健康狀況，有助找出病徵源頭或作預防性治理。

醫生利用一支可彎曲的光纖內視鏡和專用配件，透視腸內，以取得光學影像及紀錄，供日後參考使用。檢查時，醫生更可為病人進行針對性治療（例如切除瘻肉）及抽取切片樣本檢驗，就腸內出現異常的情況作更深入調查。病人若懷疑患有腸道疾病如癌症，或須作進一步檢測病徵，如直腸出血、糞便帶血、排便習慣異常、長期腹瀉、便秘或排便不暢順等問題，或會被醫生轉介作大腸鏡檢查。



甚麼是大腸鏡檢查？

檢查前，醫生先給病人注射適量的鎮靜劑，然後會把一條幼細、可彎曲的光纖內視鏡經直腸伸入大腸位置，而光纖內視鏡的末端裝有光源，能幫助醫生仔細觀察迴腸末端、盲腸、大腸、直腸和肛門等部分的狀況。

檢查時，醫生或會使用細小的鉗子從特定部位抽取少量組織作進一步化驗，過程中病人或可能會短暫感到拉扯。

檢查大腸之過程或會以照片或DVD紀錄下來。

大腸在哪裡？

大腸包括結腸、直腸及肛門。當食物消化後，食物殘餘會儲存在大腸，再經由直腸（肛門）排出體外（稱為糞便、排泄物或大腸運動）。大腸構造可參考左圖。

檢查所需要的準備

- 醫護人員會給予病人檢查前的飲食及清腸程序指引
- 檢查前2至3小時內祇可飲用清水
- 清腸的準備通常包括飲用大量的特製腸道清潔飲料或只飲用清淡飲料及服食特定的口服輕瀉藥
- 病人必須嚴格遵從指示，否則檢查可能因倘有殘餘糞便而不能進行
- 如有任何嚴重的健康問題如糖尿病、高血壓、出血傾向或正在懷孕等，應通知醫生，並按指示服藥
- 如正服用藥物、對任何藥物敏感或患有過敏症，請通知醫生
- 不要自行駕車到院檢查。檢查前應避免大量喝酒、吸煙或使用鎮靜劑
- 長者及行動不便者應由家屬陪同

為確保大腸鏡檢查準確地完成，必須徹底清腸，請嚴格遵從以上指示。

病人正在服用藥物，怎麼辦？

在正常情況下，病人應如常服用藥物，但某些藥物可能會影響檢查，故必須預先通知醫生，尤其病人正在服用以下藥物：

- 阿士匹靈類藥物
- 關節炎藥物
- 抗血小板劑，如柏域斯（Plavix）
- 薄血藥，如華法林（抗凝血劑）
- 胰島素
- 糖尿藥物
- 鐵質補充劑
- 所有草本治療物



如病人有以下情況，亦應通知醫生：

- 對藥物敏感
- 佩有人工關節
- 對顯影劑敏感
- 佩有人工心瓣
- 佩有心臟起搏器

須於接受牙科治療前服用抗生素的人士通常在進行大腸鏡檢查前，也須服用抗生素。

大腸鏡檢查的檢查過程

- 大腸鏡檢查或須全身麻醉，但通常只會使用少量鎮靜劑或麻醉劑：檢查前醫生會為病人注射鎮靜劑，以減低檢查時的焦慮和不適
- 檢查期間，病人會保持清醒
- 過程一般需時30至45分鐘，但較複雜的病例可能需時較長

檢查的潛在風險或併發症

輕微不適，如腹痛及腹脹是屬常見的。

較嚴重的併發症則有：

- 大腸有可能被刺穿，令大腸組織流進腹腔。切除瘻肉時，風險相對較高，但風險亦會視乎瘻肉的大小
- 抽取切片組織或切除瘻肉後，大腸可能出血；瘻肉切除位置可能會滲血，大血管或會受損
- 心肺併發症
- 細菌感染
- 急性腸阻塞
- 有可能察覺不到瘻肉或癌症。若大腸並未清理乾淨而作檢查，該風險會更高，故此須緊貼遵從檢查前的指示
- 因大腸鏡檢查併發症導致死亡的情況屬罕見

一般因大腸鏡檢查出現的併發症大約只有1%，但風險程度會視乎個別的身體狀況、診療的複雜程度和使用的治療方法。

如病人需要切除瘻肉、進行內視鏡止血、擴張或支架術，其併發症的比率則相對較高。當病人出現較嚴重的併發症，醫生須為病人進行緊急的手術。

另外，大腸或其他疾病可能會令檢查無法完成。

請向醫生查詢更多資訊。

檢查完畢後

- 檢查過程中，腸道或會因空氣注入而出現痙攣或氣谷，但腸氣排出後，情況會改善
- 檢查後數天，可能會出現直腸出血，如流血情況嚴重，必須通知醫生

檢查後，醫生應可隨即為病人講解檢查結果，但亦有可能會預約其他日子，以待活組織檢驗報告，一併與病人討論檢查結果。

檢查後的護理

- 如曾作靜脈注射鎮靜劑，日內不可操作機器或駕駛
- 清楚了解檢查結果及覆診日期
- 遵從醫護人員的指示及完成藥物的療程

出院後，若遇有緊急情況

- 檢查後，感到任何不適，請於辦公時間內通知醫生
- 如出現嚴重情況如大量出血和嚴重腹痛，請立即前往附近的急症室尋求協助

如對以上有任何問題，請向醫護人員查詢。

著寫：

明德國際醫院普通外科

此健康單張所提供的資訊僅供參考之用，並不能取代醫生的專業意見。明德國際醫院及明德醫療中心對讀者在閱讀後所作出的任何決定並不負上任何責任。

