



INFORMATION SHEET ON RECTOSIGMOIDOSCOPY AND COLONOSCOPY

- **What is a colonoscopy.** It is an examination that allows direct visualization of the inner surface of the large intestine (colon).
- **Why is this examination necessary.** Because it provides specific information that other tests cannot provide. In addition, if necessary, it allows for the painless collection of biopsy samples from the intestinal lining and the removal of intestinal polyps.
- **What does it involve.** A thin, flexible tube called an endoscope is inserted through the rectum and gradually advanced through the sigmoid colon and the colon, allowing the physician to observe the inside of the intestine.
- **How is it performed.** The examination generally lasts 15–30 minutes. During the procedure, air is introduced into the intestine, which may cause mild discomfort or pain. The examination may be less well tolerated in cases of a very long intestine or in the presence of adhesions resulting from previous surgical procedures. For this reason, sedatives and/or pain-relieving medications are generally administered before and during the examination.

- **The presence of an accompanying person is strictly required.** This person must either drive the patient home or provide accompaniment after the procedure; otherwise, sedation/analgesia cannot be administered. At the discretion of the examining physician, it may be possible to assess the feasibility of an accompanying person arriving during the examination if requested by the patient.

Before the examination begins, it is important to inform the physician of any medication allergies and of any medications currently being taken. A vein in the arm will also be cannulated, and heart rate and blood oxygen levels will be continuously monitored.

- **Recommendations for preparation before the examination.** For the examination to be reliable, the intestine must be completely free of stool residue. For this reason, it is important to strictly follow the instructions provided by the department staff (or those reported on the instruction sheet supplied at the time of booking).
- **How to behave after the examination.** It is possible to eat immediately after the examination and return home within one hour. If polyps have been removed, a hospital observation period of 2–3 hours may be necessary, along with a low-residue diet for 1–2 days. Due to the sedative effects of the medications administered, rest will be required for 6 hours, during which time the patient must not drive, ride a bicycle, climb stairs or scaffolding, or engage in other potentially dangerous activities. For these reasons, if the examination is performed on an outpatient basis, it is advisable to be accompanied by a family member.
- **Risks and complications.** Colonoscopy is a safe procedure. The incidence of serious complications is very low and is mainly associated with operative procedures (for example, polyp removal). However, it is important to be informed of the risks, although they are rare. Undesirable reactions to the medications administered for sedation/analgesia are also possible, though uncommon; these reactions can vary in severity, and effective antidote medications are available.

Overall complications occur in 0.3% of cases; overall complications related to polypectomy occur in 2.3% of cases; perforation during diagnostic colonoscopy occurs in 0.2% of cases;

perforation after polypectomy occurs in 0.32% of cases; bleeding during diagnostic colonoscopy occurs in 0.09% of cases; and bleeding after polypectomy occurs in 1.7% of cases.

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