Do I Need a Colonoscopy?

colonoscopy (ko-lun-AH-skuh-pee) is an exam that allows a doctor to look closely at the inside of the colon (large intestine) and rectum. A long, hollow, lighted, flexible tube—about the thickness of a finger—is inserted into the rectum. At the end of this tube is a tiny video camera, called a *colonoscope* (ko-LAHN-uh-scope), which sends pictures to a TV screen, allowing the doctor to view the inside of the entire colon. To help the doctor see the colon clearly, small amounts of air are puffed into the colon to keep it open.

The colonoscopy tube is hollow so that if the doctor needs to take tissue samples or encounters any abnormalities, such as a polyp (a small growth that over time can become cancer), the doctor is able to move medical instruments through the tube, guided by the lighted video camera and TV screen.

How do I know if I need a colonoscopy?

There are many reasons why your doctor might recommend that you have a colonoscopy, including:

- Abdominal pain
- Rectal bleeding
- Chronic constipation
- Chronic diarrhea

Another common reason for a colonoscopy is to screen for colon cancer. Your doctor will decide how often you need this test, depending on your personal risk for, and family history of, colon cancer.

What are the risk factors for colon cancer?

If you are having a colonoscopy to screen for colon cancer, you should talk with your doctor about how often you need the procedure done. Colon cancer screening helps people stay well, and it saves lives. If you are at average risk for developing colon cancer, meaning you are aged 50 years or older, you should have a colonoscopy every 10 years. If you are at higher risk for developing colon cancer, the following risk factors will help you develop a screening plan with your doctor:

- Family history of inherited colorectal cancer syndromes. Family history could put you at greater risk for developing colorectal cancer.
- Strong family history of colorectal cancer or polyps. This usually means parents, siblings, or a child who developed these conditions younger than aged 50 years.
- Personal history of colorectal cancer or polyps. You may have been diagnosed with colorectal cancer in the past or had 1 or more polyps removed during a colonoscopy.
- Personal history of chronic inflammatory bowel disease. This could include ulcerative colitis or Crohn's disease.

How do I prepare?

It is important to clear your colon of any residue that may otherwise block the view of your colon and rectum during the exam. Your doctor will provide you with a detailed list of instructions prior to your exam, but generally you will be advised to:

- Follow a special diet the day before the exam. You will likely be limited to clear liquids and no solid food. Your doctor may further advise you to not eat or drink anything after midnight the night before the exam.
- Take a laxative. Laxatives come in both pill and liquid form, and you may be advised to take one either the night before your colonoscopy or the morning of the procedure, or both.
- Use an enema. An enema is a liquid solution inserted directly into the rectum. Enemas produce immediate bowel movements to quickly and efficiently clear your colon.

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Adjust your medications. At least 1 week before your colonoscopy, you should notify your doctor of all medications you currently take.
 Some medication dosages may need to be adjusted, and your doctor will work with you to develop a safe plan.

What can I expect?

People generally find that the most difficult part of a colonoscopy is the preparation, often called a *bowel prep*. You may need to make arrangements to stay home from work, and you may find it uncomfortable to be outside of your home for any length of time, as you will need to be near a bathroom when you begin taking the laxatives.

The procedure is done in your doctor's office or another health care facility. Although the procedure doesn't usually hurt, you may be given a mild sedative that allows you to relax while the doctor performs the colonoscopy. The procedure takes about 20 minutes to 1 hour.

Most people feel okay after a colonoscopy. You may feel woozy from the sedative, which can take about a day to wear off, so it is important and usually required that you make arrangements for someone to bring you home. Because the doctor pumped air into your colon during the procedure, you may have some gas, which could be uncomfortable.

If your doctor finds a polyp or tumor during the colonoscopy, it will likely be removed and sent for a biopsy (BY-op-see) to check under a microscope for cancer or precancer cells. Your doctor will tell you how long you must wait for these test results.

Are there alternatives?

Depending on your symptoms, a colonoscopy may not be the best choice for you. Your doctor will advise you which test is needed, but some alternatives may include:

Sigmoidoscopy (sig-moid-AH-skuh-pee).
 This procedure is similar to a colonoscopy, but

- the tube is shorter and the doctor is only able to see the rectum and about half of the colon.
- Stool test. This method checks your bowel movements for blood.
- Double-contrast barium enema. This test is a special X-ray of the large intestine that looks at the colon and rectum.
- Capsule endoscopy (en-DOS-kah-pee). This
 procedure involves swallowing a small, pillsized camera. It is being studied, but it is not
 recommended for standard screening at this
 time.

You should work with your doctor to develop a plan for how often you need a colonoscopy. Family history of colon cancer as well as your own medical history of abnormal colonoscopy results may require you to have more or less frequent colonoscopies compared with your friends or family members. A colonoscopy interactive tutorial is available at http://www.nlm.nih.gov/medlineplus/tutorials/colonoscopy/htm/index.htm.

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