
WHAT IS COLONOSCOPY?

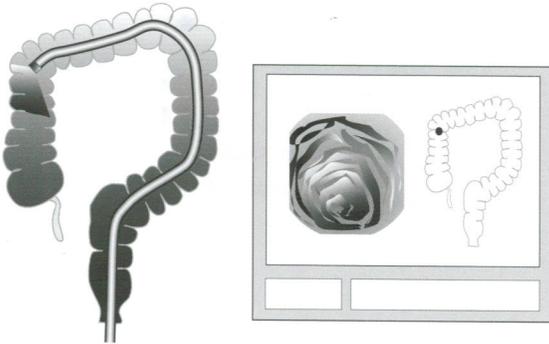
Colonoscopy is a safe, effective method of examining the full lining of the colon and rectum, using a long, flexible, tubular instrument. It is used to diagnose colon and rectum problems and to perform biopsies and remove colon polyps. Most colonoscopies are done on an outpatient basis with minimal inconvenience and discomfort.

WHO SHOULD HAVE A COLONOSCOPY?

Colonoscopy is routinely recommended to adults 50 years of age or older as part of a colorectal cancer screening program. Patients with a family history of colon or rectal cancer may have their colonoscopy at age 40. Your physician may also recommend a colonoscopy exam if you have change in bowel habit or bleeding, indicating a possible problem in the colon or rectum.

A colonoscopy may be necessary to:

- Check unexplained abdominal symptoms
- Check inflammatory bowel disease (colitis)
- Verify findings of polyps or tumors located with a barium enema exam
- Examine patients who test positive for blood in the stool
- Monitor patients with a personal or family history of colon polyps or cancer.



Left: Flexible fiberoptic colonoscope in place examining the lining of the colon.
Right: Image of the portion of the colon being examined on the television monitor.

HOW IS COLONOSCOPY PERFORMED?

The bowel must first be thoroughly cleared of all residue before a colonoscopy. This is done one to two days before the exam with a preparation prescribed by your physician.

Many patients receive intravenous sedation, or “twilight sleep” for this procedure. The colonoscope is inserted into the rectum and is advanced to the portion of the colon where the small intestine joins the colon. During a complete examination of the bowel, your physician will remove polyps or take biopsies as necessary.

The entire procedure usually takes less than an hour. Following the colonoscopy, there may be slight discomfort, which quickly improves with the expelling of gas. Most patients can resume their regular diet and activities the same day.

WHAT ARE THE BENEFITS OF COLONOSCOPY?

Colonoscopy is more accurate than an x-ray exam of the colon to detect polyps or early cancer. With colonoscopy, it is now possible to detect and remove most polyps without abdominal surgery. Removing polyps is an important step in the prevention of colon cancer.

WHAT ARE THE RISKS OF COLONOSCOPY?

Colonoscopy is a very safe procedure with complications occurring in less than 1% of patients. These risks include bleeding, a tear in the intestine, risks of anesthesia and failure to detect a polyp.

WHAT IS A COLON AND RECTAL SURGEON?

Colon and rectal surgeons are experts in the surgical and non-surgical treatment of colon and rectal problems. They have completed advanced training in the treatment of colon and rectal problems in addition to full training in general surgery. Colon and rectal surgeons treat benign and malignant conditions, perform routine screening examinations and surgically treat problems when necessary.



Colon Cancer Prevention

Get screened for colon cancer

People with an average risk of colon cancer can consider screening beginning at age 50. But people with an increased risk, such as those with a family history of colon cancer, should consider screening sooner. African-Americans and American Indians may begin colon cancer screening at age 45.

Several screening options exist — each with its own benefits and drawbacks. Talk about your options with your doctor, and together you can decide which tests are appropriate for you.

Options may include:

- Annual fecal occult blood testing
- Flexible sigmoidoscopy every five years
- Colonoscopy every 10 years
- Virtual colonoscopy (CT colonography) every five years
- Stool DNA testing — though this is a new screening approach and it's not clear how often it should be repeated

More frequent or earlier screening may be recommended if you're at increased risk of colon cancer. Discuss the benefits and risks of each screening option with your doctor. You may decide one or more tests are appropriate for you.

Make lifestyle changes to reduce your risk

You can take steps to reduce your risk of colon cancer by making changes in your everyday life.

Take steps to:

- **Eat a variety of fruits, vegetables and whole grains.** Fruits, vegetables and whole grains contain vitamins, minerals, fiber and antioxidants, which may play a role in cancer prevention. Choose a variety of fruits and vegetables so that you get an array of vitamins and nutrients.
- **Drink alcohol in moderation, if at all.** If you choose to drink alcohol, limit the amount of alcohol you drink to no more than one drink a day for women and two for men.
- **Stop smoking.** Talk to your doctor about ways to quit that may work for you.
- **Exercise most days of the week.** Try to get at least 30 minutes of exercise on most days.



If you've been inactive, start slowly and build up gradually to 30 minutes. Also, talk to your doctor before starting any exercise program.

- **Maintain a healthy weight.** If you have a healthy weight, work to maintain your weight by combining a healthy diet with daily exercise. If you need to lose weight, ask your doctor about healthy ways to achieve your goal. Aim to lose weight slowly by increasing the amount of exercise you get and reducing the number of calories you eat.

Colon cancer prevention for people with a high risk

Some treatments, including medications and surgery, have been found to reduce the risk of precancerous polyps or colon cancer. However, not enough evidence exists to recommend these medications to people who have an average risk of colon cancer. If you have an increased risk of colon cancer, discuss the benefits and risks of these preventive treatments with your doctor:

- **Aspirin.** Some evidence links a reduced risk of polyps and colon cancer to regular aspirin use. However, studies of low-dose aspirin or short-term use of aspirin haven't found this to be true. It's likely that you may be able to reduce your risk of colon cancer by taking large doses of aspirin over a long period of time. But using aspirin in this way carries a risk of side effects, such as gastrointestinal bleeding and ulcers.
- **Other pain relievers.** Other pain relievers, such as ibuprofen (Advil, Motrin, others) and naproxen (Aleve, others), have also been studied as a way to prevent colon cancer. Some studies have found these other pain relievers may reduce the risk of precancerous polyps and colon cancer. But side effects include ulcers and gastrointestinal bleeding. Some of these other pain relievers have been linked to an increased risk of heart problems.
- **Celecoxib (Celebrex).** Celecoxib and other drugs known as COX-2 inhibitors provide pain relief. Some evidence suggests COX-2 drugs can reduce the risk of precancerous polyps in people who've been diagnosed with these polyps in the past. But COX-2 drugs carry a risk of heart problems, including heart attack. Two COX-2 inhibitor drugs were removed from the market because of these risks.
- **Surgery to prevent cancer.** In cases of rare, inherited syndromes such as familial adenomatous polyposis, or inflammatory bowel disease such as ulcerative colitis, your doctor may recommend removal of your entire colon and rectum in order to prevent cancer from occurring.