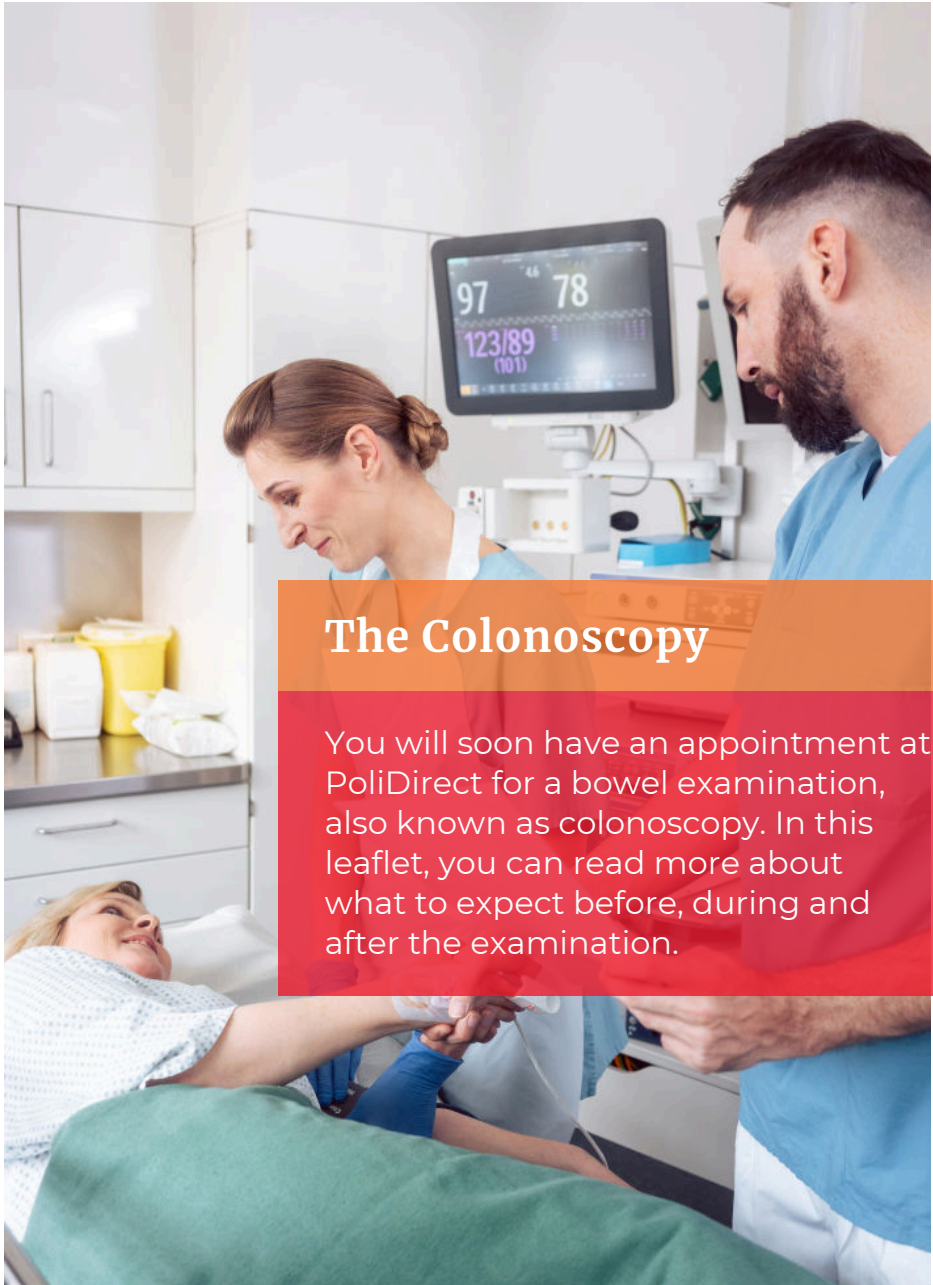


PoliDirect



The Colonoscopy

You will soon have an appointment at PoliDirect for a bowel examination, also known as colonoscopy. In this leaflet, you can read more about what to expect before, during and after the examination.

What is a colonoscopy?

A colonoscopy is an internal viewing examination of the bowel during which the gastroenterologist (MDL doctor) examines the rectum, colon and the last part of the small intestine for abnormalities.

The examination is made by using a colonoscope. This is a flexible tube with a small light and a camera at the end. The camera is connected to a monitor on which the doctor can follow the examination. A colonoscopy takes about half an hour.

You can choose whether you want to be sedated during the examination.

Sedation means that you are given sedative, pain-relieving & sleep-inducing medication. Together, the sedative effect is enhanced. The effect of sedation varies from person to person.

Some people fall asleep, while others are only slightly dazed. The sedation allows you to relax more and feel less pain and anxiety. You will still be able to follow the doctor's instructions.

How do you prepare?

It is very important for the colonoscopy that your intestines are clean. Bowel preparation consists of two parts: (1) the low-fibre diet and (2) laxatives. Read all about preparation in the information leaflet 'Preparing for colonoscopy'.

Make sure you report to the front desk 20 minutes before your appointment with your proof of identity, health card and Current Medication Overview (AMO).

Arrange transport for the return journey.

We can only give you sedation if you are accompanied back home after the examination. Therefore, please arrange transport home prior to the examination and make sure that we can call someone to pick you up after the examination.

Risks and complications

A colonoscopy is a safe examination. If the examination is limited to an inspection of the bowel only, complications occur in less than 0.5% of the cases. There is a risk of bleeding or intestinal perforation (hole in the bowel). However, the risk of this remains small.



Before the examination

The nurse will collect you from the waiting room. In the preparation room, you put on special scopy trousers. You will be given a squeezer on your finger or earlobe and a band around your arm. This allows the nurse to monitor your breathing, blood oxygen levels and blood pressure during the examination.

If you are given a sedation, the nurse will insert an infusion needle into your hand or arm.

Before the examination starts, you will be given a painkiller (Rapifen) and the sedative (Dormicum) via the infusion needle.

Be aware that a sedation is not a narcosis.

The course of the colonoscopy

The examination can now begin. The colonoscope, to which an anaesthetic ointment or lubricant has been applied, will be carefully inserted through the anus.

Carbon dioxide is then blown into the intestines in order to unfold the bowel, allowing an even better view. The colonoscope is then pushed to the end of the colon.

While withdrawing the colonoscope, the doctor carefully inspects the intestinal wall. If necessary, small pieces of intestinal tissue (biopsies) or abnormal tissue (e.g. polyps) are removed for further examination. You will usually receive the results after 1-2 weeks.

After the examination

After the examination, you will be taken to the recovery room. You will stay here for up to an hour after the sedation has been administered. When you have recovered sufficiently, we will give you something to eat and drink. You will then return to the waiting room.

The results

Before you leave, you will have a short conversation with the doctor, who will tell you the results of the examination. You will be given a letter with the results, additional information and important telephone numbers.

In this conversation, only the results of the examination are briefly discussed. Your GP will receive a digital letter with the results of the examination.

Would you like more detailed information about the examination and/or your symptoms? Then discuss this with your referring physician (e.g. your GP) or make an appointment at our outpatient clinic.

Removal of polyps

Removing a polyp is called a polypectomy. A polyp is usually between 5 and 15 mm in diameter. The doctor removes a polyp by placing a sort of wire around the base of the polyp. The thread is pulled tight, cut away and sometimes heated, burning through the base of the polyp. You will not feel anything from this.

What can and cannot be done after the examination?

You may feel sleepy, confused or forgetful for the first 24 hours after the examination. Therefore, make sure you are being picked up by someone who can accompany you from the ward to inside the house (i.e. not a taxi).

In the first 24 hours, we strongly discourage the following:

- Work and other responsible tasks (e.g. operating machinery, important decisions)
- Consuming alcoholic beverages
- Participating in traffic

Caution! If you will do the above within 24 hours and cause an accident, you are not insured.

Possible side effects

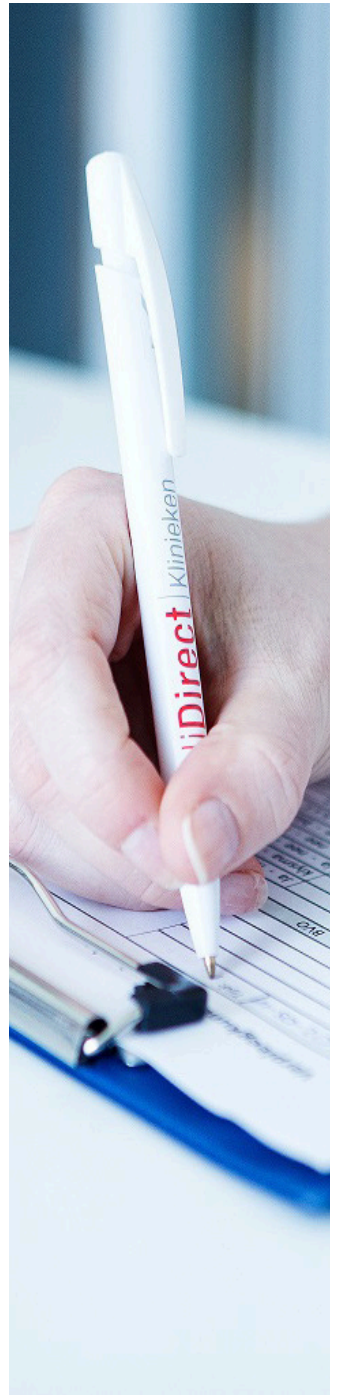
You may experience a changed stool pattern, mild abdominal pain and air in the bowel for a few days. This will go away by itself. Exercise will help you, in order to get rid of this air.

Contact us if you experience any of the following symptoms:

- Abdominal pain, which increases after returning home
- Fever, higher than 38 degrees
- Blood loss through stools (more than 1/2 cup)

PoliDirect can be reached at 088 888 4555.

Choose option 1 in case of an urgent and life-threatening situation.



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