What is a colonoscopy? — A colonoscopy is a test that looks at the inner lining of a person’s large intestine. The large intestine is also called the colon.

Often, people have colonoscopy as a screening test to check for polyps or for cancer in the colon or rectum. Polyps are growths in the colon that might turn into cancer. If you have polyps, the doctor can usually take them out during the colonoscopy. Taking polyps out lowers your chances of getting cancer. People might also have colonoscopy if they have any of the symptoms that the doctor thinks might be from the colon. Cancer screening tests are tests that are done to try and find cancer early, before a person has symptoms. Cancer that is found early often is small and can be cured or treated easily.

Doctors can use 5 or 6 alternative tests to screen for colon cancer. But most doctors think that colonoscopy is the best test to screen for colon cancer.

What should I do before a colonoscopy? — Your doctor will give you instructions about what to do before a colonoscopy. He or she will tell you what foods you can and cannot eat. He or she will also tell you if you need to stop taking any of your usual medicines beforehand. Make sure to read the instructions as soon as you get them. You might have to stop some medicines up to a week before the test.

What happens during a colonoscopy? — Your doctor will give you medicine to make you feel relaxed or sedated. Then he will put a flexible and controllable tube with a camera and light on the end up into the rectum and colon. Your doctor will look at the inside lining of the whole colon.

During the procedure, your doctor might do a test called a biopsy. During a biopsy, a doctor takes a small piece of tissue from the colon. Then he or she looks at the tissue under a microscope to see if it has cancer. Your doctor might also remove growths that he or she sees in the colon. You will not feel it if the doctor takes a biopsy or removes a growth.

Risks of colonoscopy: Colonoscopy is very safe, but there are always some small risks. These include reactions to the sedatives or medications, internal bleeding, bruising or infections from the I.V. lines, and perforation of the colon. This risk is extremely low, but occasionally can occur when removing an abnormal growth or when maneuvering the instruments inside the colon. These risks should be discussed with you when you sign your consent form for the procedure and your questions will be answered.

Alternatives to colonoscopy: There are always choices and alternatives when you are making medical decisions. Colon cancer screening by colonoscopy is the most proven and effective cancer prevention test in all of medicine. Under most circumstances it is only required once every 10 years. Colonoscopy with removal of polyps reduces a person’s risk of dying from colon cancer by nearly 90%! Other tests that can be used to screen for colon cancer include:

- Barium enema
- Testing the stool for blood (Hem occult testing)
- Virtual colonoscopy (CT Scan)
- Cologuard Stool DNA testing
- Flexible sigmoidoscopy

If you wish to discuss these alternatives, then we are happy to do so. For “Average risk” individuals, we recommend colonoscopy every 10 years with either annual hemoccult testing or Cologuard testing every three years between colonoscopies. If you are “high risk” for colon cancer, then those recommendations will change.