

ABOUT YOUR COLONOSCOPY

Dear Patient:

Your physician has referred you for a colonoscopy. The purpose of this letter is to familiarize you with the nature of the exam, its benefits and its risks. What follows is absolutely essential for you to know, so please read this carefully. We consider your understanding of this material to be so important that we will ask you to sign this letter acknowledging you have read and understood this information. If you have any questions please contact us by phone (970-573-7555) before the procedure so we can discuss your concerns with you.

Why you should have a colonoscopy: Colonoscopy is an examination of the entire colon (large intestine) using a long, thin, flexible tube with a television camera on the tip called a colonoscope. The procedure is done for a number of different purposes. The most common goal is an effort to prevent colon cancer. Without any screening, about one out of twenty people will develop colon cancer. The risk is even higher for people with a family history of colon cancer. Most, but not all, cancers begin as benign tumors called colon polyps. Over time polyps can grow and become cancers. Finding and removing colon polyps markedly reduces your risk of developing colon cancer. Likewise, if a colonoscopy is done, and no colon polyps are found, it is unlikely that you will have problems with colon cancer within the next 5 years. Other reasons for having a colonoscopy include searching for a cause for diarrhea, abdominal pain, blood in the stools, and anemia.

The procedure: The preparation for the examination starts with a laxative, which is described in detail in the prep instructions. Good visualization of the colon depends on an adequate colon cleansing.

The actual examination usually takes between 15 and 30 minutes. Before the procedure an IV will be started in order to give necessary medications. Heart and lung function monitors are used to enhance safety. You will lie in a comfortable position in a bed. To prevent cramping and pain during the procedure you are sedated. The setting is calm and private. Because of the medications, you will probably remember little or none of the procedure. It is unlikely that you will find the examination to be unpleasant. Most people feel that the only unpleasant part of the entire process is the laxative, but as noted above, it is vital to the success of the procedure.

After the procedure, it will take you about a half an hour to wake up enough to leave the endoscopy center. Most people are in and out of the endoscopy center in about two hours. Because of the sedation, you will need a ride home. You will not be able to drive for at least 12 hours. You will probably be able to resume most of your normal activities about six hours after the procedure. If polyps are removed, there is a small risk of bleeding for up to two weeks afterwards. For this reason, you should only have the procedure done if you will be within easy reach of an emergency room for the next 14 days.

Examples of activities you need to avoid for two weeks after polyps are removed include travel in airplanes and backcountry recreation. It is fine to drive to areas with reasonable levels of emergency medical care.

The Limitations of Colonoscopy: Colonoscopy is the most effective cancer preventative test we have, but it is not perfect. Having a colonoscopy can be expected to decrease your risk of dying from colon cancer by about 90 percent over the next five to ten years. Unfortunately, cancers can still develop, although very rarely, in this interval after a colonoscopy. This occurs for two main reasons. First of all, polyps can be missed during a colonoscopy. In the best of circumstances, this seems to happen to about 10 percent of polyps. This problem is due to difficulty in seeing the entire colon because of the presence of sharp folds and corners, poor cleansing of the colon, and limitations in the view of the TV camera. These factors can all create “blind spots”. The second cause for the appearance of cancers within several years of a colonoscopy is that some cancers simply seem to develop extremely rapidly. While not perfect, colonoscopy is still extremely worthwhile since it can be expected to prevent the vast majority of deaths that would otherwise occur from colon cancer. At this time, colonoscopy is the most effective screening tool for colon cancer.

Alternatives to Colonoscopy: Other screening tests for colon cancer include testing the stool for occult (invisible) blood, a limited scope exam without sedation called a flexible sigmoidoscopy, and barium enema X-ray. All of these have been shown to prevent some cases of colon cancer, but they are far less reliable than a colonoscopy. Furthermore, if they do detect a problem, in all cases you will need a colonoscopy to confirm the result. While they are better than doing nothing, these three alternative screening methods are clearly inferior to colonoscopy for protecting your health. CT and MRI scanning colon exams are available, but are still in development. At this time they are of uncertain benefit. In addition, these procedures may require the same prep and are often not covered by insurance. Furthermore, if polyps are found, a follow-up colonoscopy will be required to remove them.

The Risks of Colonoscopy: Like all invasive medical procedures, colonoscopy has a chance of causing complications. Fortunately, the odds of a complication are very low. Two serious problems that are rarely encountered are perforation (poking a hole) of the colon and severe bleeding. These events can be life- threatening. Treating either of these complications might require surgery and blood transfusions. The risk of either of these events is much less than one percent. They occur somewhere between 1 in 500 to 1 in 1000 colonoscopies. Less common problems are severe medication reactions or heart attacks. Localized irritation of the vein (phlebitis) may occur at the site of medication injection. While these complications do rarely occur, it must be remembered that the risk of dying from colon cancer is far higher than the risk of suffering a complication from the examination. Your safety is our foremost concern, and the entire process is designed to minimize your chances of injury.

Please contact us at 970-573-7555, if you would like to discuss any of this further. You will, of course, have an opportunity to speak to us immediately before the procedure.

Sincerely Yours,

Stephen R. Sears, MD Lewis R. Strong, MD Daniel A. Langer, MD Crystal M. North, DO Sean P. Caulfield, MD

By signing here, you certify that you have read and understood the information pertaining to the EGD (Upper Endoscopy). If you have questions, please do not sign this until we have answered them for you.

Signature _____ Date _____

Name _____ Date of Birth _____