

COLONOSCOPY

What is it? It is the diagnostic examination that allows the doctor to examine directly the inside of the large intestine (colons), putting in evidence eventual alterations or organic diseases.

Why it is made? It is the right chosen examination in the diagnostic of the diseases of the colon. It is appropriated in order to assess the causes of the presence of blood in faeces (also not visible) or some of anaemia and for the prevention of neoplastic pathologies (tumours) of the colon. Also it is indicated in presence of strong abdominal pains, constipation or accentuated diarrhoea and recently revealed, and not resolved itself.

How I must feed myself before the examination and why?

The good result of the examination depends on the corrected cleanliness of the intestinal inner side, than is obtained with appropriated diet and following scrupulously the preparation advised from the endoscopies.

Very important: if the intestine is not clean, the vision of the intestinal inner sides is incomplete and some pathologies may be not revealed on vision, the examination will be reported and will be necessary to repeat the preparation in more scrupulous way. In the two days, previous to the examination, to exclude fruit and vegetables from the normal feeding.

Medicines assumption: ask how to behave itself to its doctor.

How it is carried out and what happens during the examination?

First some questions on eventual allergies to medicinal will be asked to you, the state of general health, the contracted infectious diseases and you have to signal if you have infectious diseases (hepatitis, AIDS or other). The doctor and the nurse will be however at your disposal in order to give them all the information and to clear eventual doubts on the examination. The patient is down or on the left flank, with the knee gathered together on the abdomen; before starting the examination the digital exploration of the rectum is generally performed.

Therefore a thin flexible small tube (of the diameter of approximately 1,5 cm, called colonoscopy) is

introduced from anus, that transmits the images. The flexible thin tube is placed through optical fiber that is guided, if there are the indications for all the length of the colon until to the blind point. For a corrected vision of the inner side it is necessary to insufflate air, this can cause one abdominal feeling of imminent necessity of evacuation and pains.

The examination requires collaboration from the patient and only in rare cases it is not tolerated, in these cases it is possible to use sedative to soothe pain that will attenuate or make to disappear all disturbs. During the examination it is possible to perform the "biopsies": small removals of mucosa in order to be examined still better with the microscope in order to obtain one sure diagnosis of the eventual lesions. During the examination "polypus" may be found, formations that are caused from the intestinal inner sides and must be removed or that could be necessary to precede to the arrest of one haemorrhage ("haemostasis") of bleeding lesions. These procedures do not cause pain. When the endoscope's specialist ends to observe, the probe will be extracted and the examination will be finished. The duration of the examination is variable (from 10 to 30 minutes) in relation to the portion of intestine to be explored; the study of all the colon requires, obviously, more time. The examination is sure, also thanks to the use of more thin instruments.

What is the diagnostic alternative? it is represented by the clyma in double contrast, that in some

times does not clarify all the doubts, it does not allow to perform eventual bioptic sample and often it must be integrated with one successive colonoscopy and from the virtual colon.

When can I resume the normal feeding?

The feeding is permitted after some hours.

Generic suggestions

You carry with you all clinical documentation that can be important for corrected interpretation of the same examination (previous colonoscopy, Rx of the digesting tract, examinations of the blood or of faeces or other).

You carry with you the sanitary card and the fiscal identification number for a corrected recording of the data. Possibly you come accompanied.

