

Possible risks or complications related to the procedure:

Major complications including:

- ◇ perforation,
- ◇ bleeding,
- ◇ cardiopulmonary complication,
- ◇ infection or acute intestinal obstruction may happen.

In general, the complication risk is less than 1% but it varies depending on patients' conditions and complexity of the diagnostic and therapeutic methods used.

Complication rate would be much higher in cases that require polypectomy, endoscopic hemostasis, dilation or stenting.

When major complications arise, emergency surgical treatment may be needed and mortality may happen. Patients should consult the attending physician for more information related to the endoscopic procedure.

Should you have any queries, please contact your doctor in-charge.

Reference: Hospital Authority
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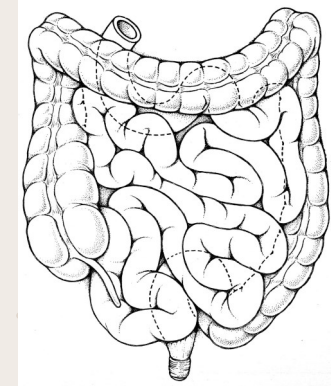


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St. Teresa's Hospital
聖德肋撒醫院



Colonoscopy Examination

Health Information

健康資訊

Introduction

Colonoscopy is currently the best method in examining the lower digestive tract (that include terminal ileum, caecum, various part of the colon, rectum and anus) by using a flexible fiber-optic endoscope.

Compared with conventional X-ray examination, colonoscopy is not only more accurate in making the diagnoses, but also, with the use of different types of accessory equipment, can deliver targeted therapies, including biopsy, to treat the lower digestive tract diseases.

Patients suspected to have colonic diseases such as cancer, or in the presence of rectal bleeding, occult blood in stool, changing of bowel habit, chronic diarrhea, constipation and difficulty in defecation should all receive colonoscopy examination.

How is the procedure performed?

1) Intravenous sedation would be given to the patients to reduce patients' anxiety and discomfort related to the procedure.

- 2) A flexible colonoscope with a diameter of 1.5 cm will then be introduced by the endoscopist through the anus to perform the examination.
- 3) In general, the procedure would last for 30 minutes. In complex cases that required additional therapies, the examination time may be prolonged. Patients' co-operation with the medical staff would help to shorten the time.
- 4) Minor discomfort including abdominal pain and distension is common.

Preparation needed before the procedure:

- ※ Before the procedure, patients would be instructed to take a large volume of purgatives to clear out feces from the colon and make a clear endoscopic inspection of the colonic wall possible. The patients need to follow the instruction closely otherwise the examination may fail due to retained feces.

- ※ Patients should inform the medical staff of any major medical problems including diabetes, hypertension and pregnancy, and continue their medications as instructed.
- ※ Patients should also provide information concerning the current medications used and any allergic history.
- ※ Patients should avoid driving to attend the out-patient procedure appointment and also avoid heavy drinking, smoking or use of sedative before the procedure. Senior patients and those with difficulty walking should be accompanied by family member.

Care after the procedure:

- ※ If intravenous sedation is used, patients should keep bed rest until no dizziness and avoid operating heavy machinery or driving for the rest of the day.
- ※ Patients should follow the instruction given by the medical staff in completing the drug treatment.

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