

# Colonoscopy



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## Colonoscopy

Colonoscopy (koh-luh-NAH-skuh-pee) lets the physician look inside your entire large intestine, from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine. The procedure is used to diagnose the causes of unexplained changes in bowel habits. It is also used to look for early signs of cancer in the colon and rectum. Colonoscopy enables the physician to see inflamed tissue, abnormal growths, ulcers, bleeding, and muscle spasms.

For the procedure, you will lie on your left side on the examining table. You will probably be given pain medication and a mild sedative to keep you comfortable and to help you relax during the exam. The physician will insert a long, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a colonoscope (koh-LON-oh-skope). The scope transmits an image of the inside of the colon, so the physician can carefully examine the lining of the colon. The scope bends, so the physician can move it around the curves of your colon. You may be asked to change position occasionally to help the physician move the scope. The scope also blows air into your colon, which inflates the colon and helps the physician see better.

If anything unusual is in your colon, like a polyp or inflamed tissue, the physician can remove a piece of it using tiny instruments passed through the scope. That tissue (biopsy) is then sent to a lab for testing. If there is bleeding in the colon, the physician can pass a laser, heater probe, or electrical probe, or inject special medicines, through the scope and use it to stop the bleeding.

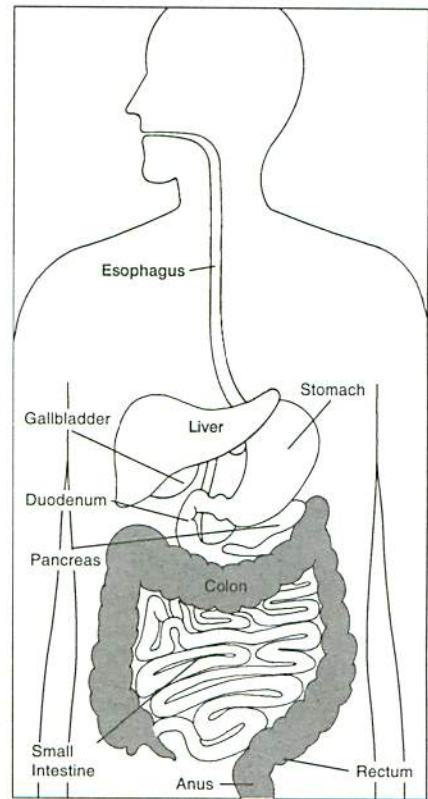
Bleeding and puncture of the colon are possible complications of colonoscopy. However, such complications are uncommon.

Colonoscopy takes 30 to 60 minutes. The sedative and pain medicine should keep you from feeling much discomfort during the exam. You will need to remain at the physician's office for 1 to 2 hours until the sedative wears off.

## Preparation

Your colon must be completely empty for the colonoscopy to be thorough and safe. To prepare for the procedure you may have to follow a liquid diet for 1 to 3 days beforehand. A liquid diet means fat-free bouillon or broth, Jell-O®, strained fruit juice, water, plain coffee, plain tea, or diet soda. You may need to take laxatives or an enema before the procedure. Also, you must arrange for someone to take you home afterward—you will not be allowed to drive because of the sedatives. Your physician may give you other special instructions.

The Digestive System



Your physician has fact sheets on other diagnostic tests:

- ERCP
- Upper Endoscopy
- Lower GI Series
- Upper GI Series
- Sigmoidoscopy



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# Sigmoidoscopy



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## Sigmoidoscopy

Sigmoidoscopy (SIG-moy-DAH-skuh-pee) enables the physician to look at the inside of the large intestine from the rectum through the last part of the colon, called the sigmoid colon. Physicians may use this procedure to find the cause of diarrhea, abdominal pain, or constipation. They also use sigmoidoscopy to look for early signs of cancer in the colon and rectum. With sigmoidoscopy, the physician can see bleeding, inflammation, abnormal growths, and ulcers.

For the procedure, you will lie on your left side on the examining table. The physician will insert a short, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a sigmoidoscope (sig-MOY-duh-skope). The scope transmits an image of the inside of the rectum and colon, so the physician can carefully examine the lining of these organs. The scope also blows air into these organs, which inflates them and helps the physician see better.

If anything unusual is in your rectum or colon, like a polyp or inflamed tissue, the physician can remove a piece of it using instruments inserted into the scope. The physician will send that piece of tissue (biopsy) to the lab for testing.

Bleeding and puncture of the colon are possible complications of sigmoidoscopy. However, such complications are uncommon.

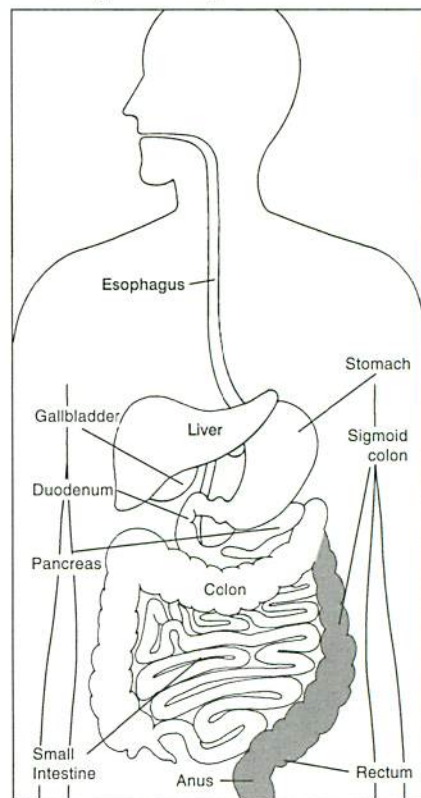
Sigmoidoscopy takes 10 to 20 minutes. During the procedure, you might feel pressure and slight cramping in your lower abdomen. You will feel better afterwards when the air leaves your colon.

## Preparation

The colon and rectum must be completely empty for sigmoidoscopy to be thorough and safe, so the physician will probably tell you to drink only clear liquids for 12 to 24 hours

beforehand. A liquid diet means fat-free bouillon or broth, Jell-O®, strained fruit juice, water, plain coffee, plain tea, or diet soda. The night before or right before the procedure, you may also be given an enema, which is a liquid solution that washes out the intestines. Your physician may give you other special instructions.

## The Digestive System



### Your physician has fact sheets on other diagnostic tests:

- Colonoscopy
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- Lower GI Series
- Upper Endoscopy
- Upper GI Series



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