WHAT IS IT?
■ Colonoscopy is an investigation that uses a flexible, fibre-optic endoscope to examine the rectum, colon and terminal ileum. It is usually performed in an outpatient clinic, under light sedation.
■ Videoscopes are now used, whereby a camera-imaging tip sends pictures to a high-resolution television screen.

WHY IS IT PERFORMED?
■ As a diagnostic tool for patients with symptoms such as lower gastrointestinal bleeding, change in bowel habit or abdominal pain.
■ To evaluate or follow up inflammatory bowel disease.
■ To screen for polyps or colorectal cancer.
■ For interventions such as removal of foreign bodies, polypectomy, stricture dilatation and stenting (for example of a malignancy).
■ Contraindications: acute colitis/ diverticulitis, severe cardiac and chest complaints, abnormal coagulation, liver cirrhosis, pregnancy.

PATIENT PREPARATION
■ Take a full medical history from the patient.
■ Explain the procedure and gain informed consent.
■ The bowel is cleared before the procedure and the patient should be given full instructions regarding the medication used for this purpose.
■ The patient may be on free fluids only or a light diet the day before.

PERFORMING A COLONOSCOPY
■ The patient is cannulated.
■ Sedation and analgesia, such as intravenous midazolam and pethidine, is given in incremental doses.
■ The patient is positioned in the left lateral position.
■ The endoscopist performs a digital, rectal examination.
■ The endoscope is lubricated and inserted into the anus.
■ It is guided along the lumen of the rectum and colon using a variety of methods: torsion, withdrawal, twisting and untwisting.
■ Nursing staff assist in moving the patient or applying abdominal pressure to help the endoscope move forward.
■ Once the whole colon has been viewed, the endoscope is removed slowly, allowing full visualisation again on withdrawal. Biopsies may be taken during removal.
■ Polyps may be identified and removed using a snare and electrocautery.
■ Monitor the patient’s level of consciousness and physiological signs (such as heart rate and oxygen saturation).
■ Ensure resuscitation equipment and reversal agents are to hand.
■ Observe the patient’s tolerance of the procedure, for example, pain.
■ Provide reassurance, commentary and support.
■ Watch out for unexpected events such as vomiting, cardiorespiratory depression and vasovagal reactions.
■ Document time, dosage and route of all medications.
■ Assess and document patient’s status on completing the procedure.

AFTER THE PROCEDURE
■ Assess and monitor the patient until he or she has fully recovered.
■ Document all care given and any unusual events that occurred.
■ Provide written instructions regarding diet, medications, activity restrictions, follow-up and complications.
■ Make sure the patient is accompanied home.

POTENTIAL COMPLICATIONS
■ Major complications: colonic perforation, haemorrhage, oversedation, cardiorespiratory events, septicemia.
■ Minor complications: incomplete procedure due to abdominal discomfort, rectal bleeding.

REFERENCES

The information given serves as a general reference. Nurses should consult their individual trust policies on clinical procedures.