

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



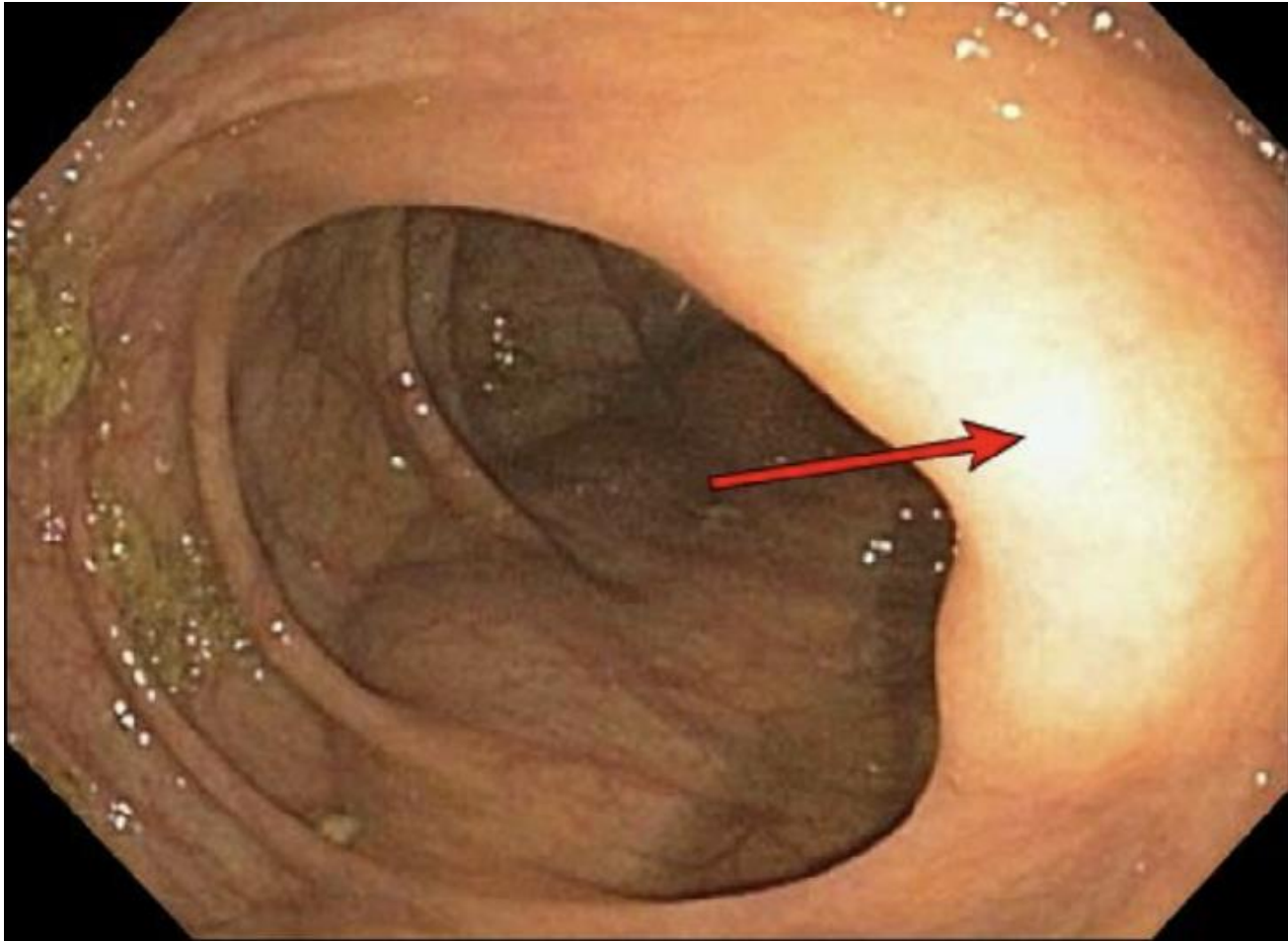
Overview of colonoscopy in adults

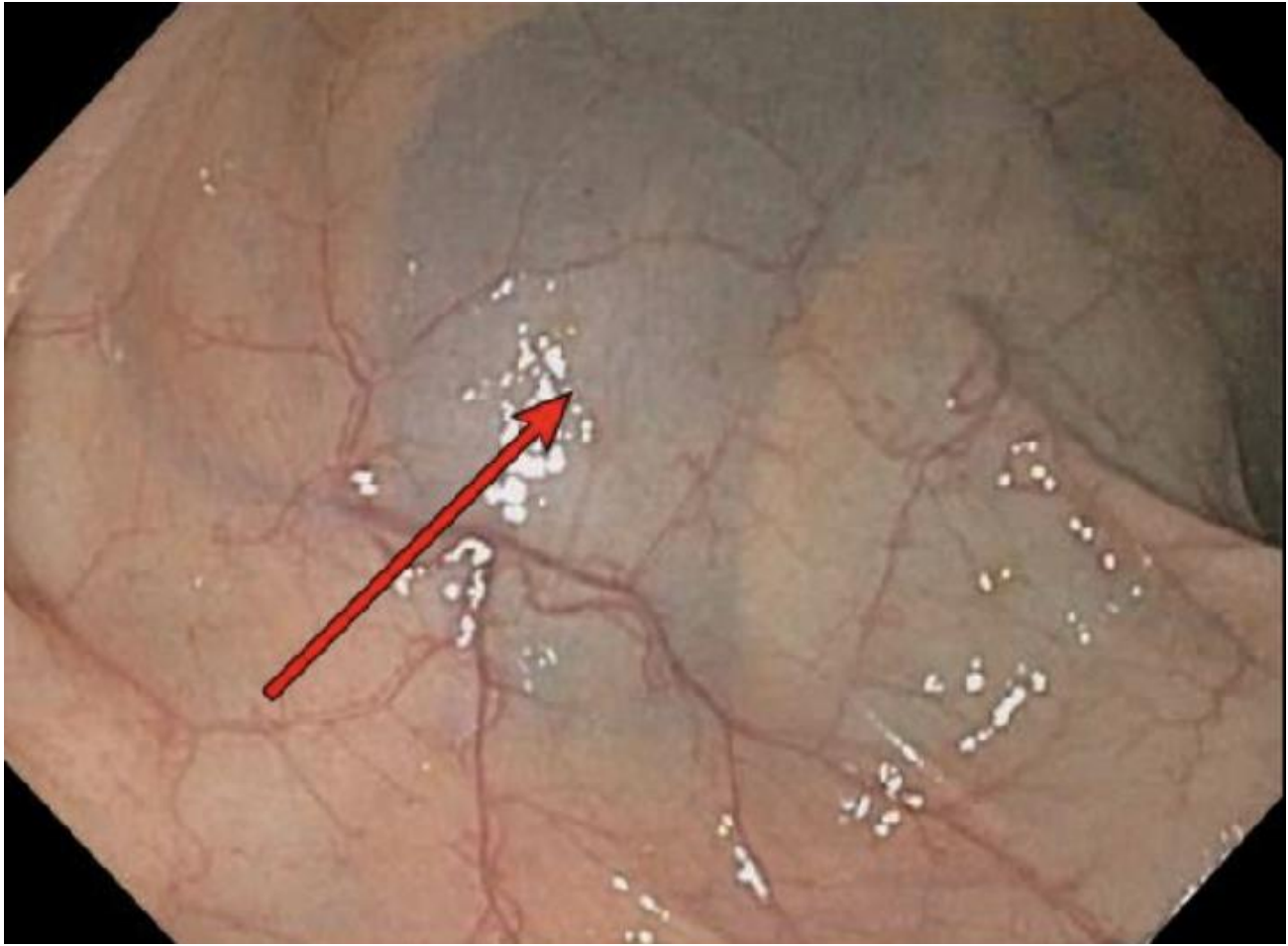
Zeinab Fanni ,MD
Gastroenterologist & hepatologist

Mordad 1402

Introduction

- Diagnostic & therapeutic
- Rectum , colon and a portion of the terminal ileum
- Mastery of cognitive and technical skills









Introduction

- Preprocedure

Timely scheduling

Appropriate patient preparation

Targeted history & Physical examination

Evaluation of bleeding risk

Assessment for appropriate sedation

Introduction

- Appropriate indications & recommended surveillance intervals

(family history of colorectal cancer , prior adenomatous polyps , hereditary colon cancer syndrome ,or inflammatory bowel disease)

- Informed consent ,detailed explanation of the risks

Introduction

- Intraprocedure

Careful visualization of the entire colonic mucosa

Cecal intubation rates

Withdrawal times

Adenoma detection rates

; markers of careful visualization

Introduction

- Postprocedure

Immediate ,complete , and accurate documentation (both written and photographic) & recommendations for follow-up

Documented tissue samples

A system for tracking complications

Patient Selection

- Results likely to change the patient`s management
- Empiric treatment of a benign disease has failed
- A therapeutic intervention
- An alternative to radiologic evaluation

Patient Selection

- Endoscopy is **not** indicated when the results are not expected to impact management or for the follow-up of benign diseases that have healed ,unless surveillance of a premalignant condition is appropriate

Indications

Signs/symptoms

Abnormal imaging

Lower gastrointestinal bleeding and unexplained iron deficiency anemia

Lower gastrointestinal symptoms (eg, chronic diarrhea)

Screening/surveillance

Colon polyp

Colon cancer

Inflammatory bowel disease

Therapeutic

Polypectomy

Localization of lesion

Foreign body removal

Decompression of sigmoid volvulus

Decompression of colonic pseudo-obstruction

Balloon dilation of strictures

Palliative treatment of bleeding or stenosed neoplasms

Placement of percutaneous endoscopic cecostomy tube

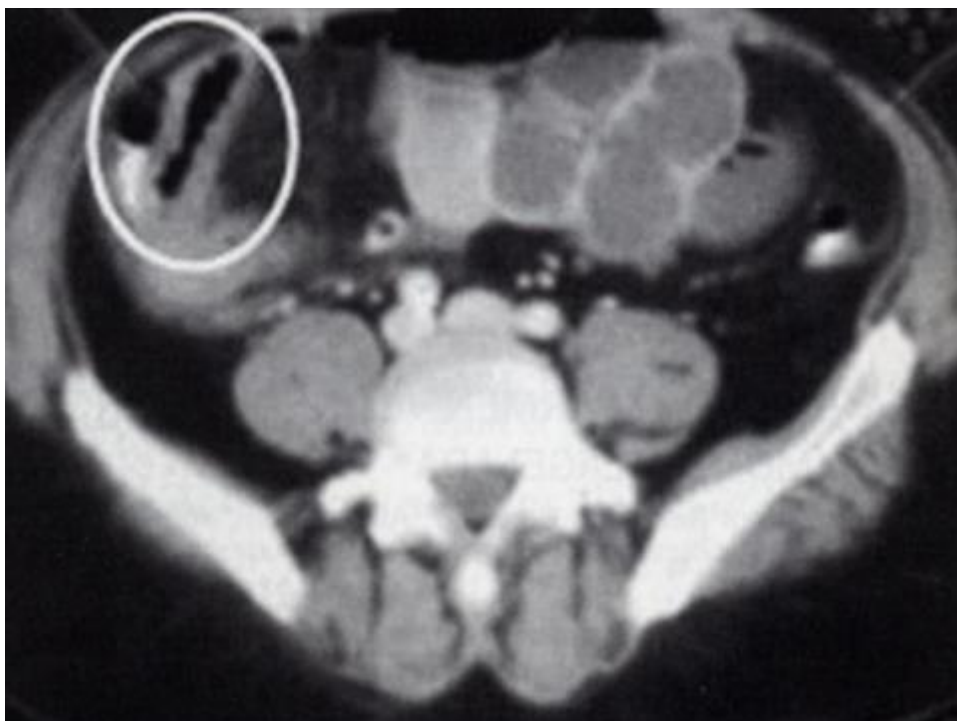
Indications

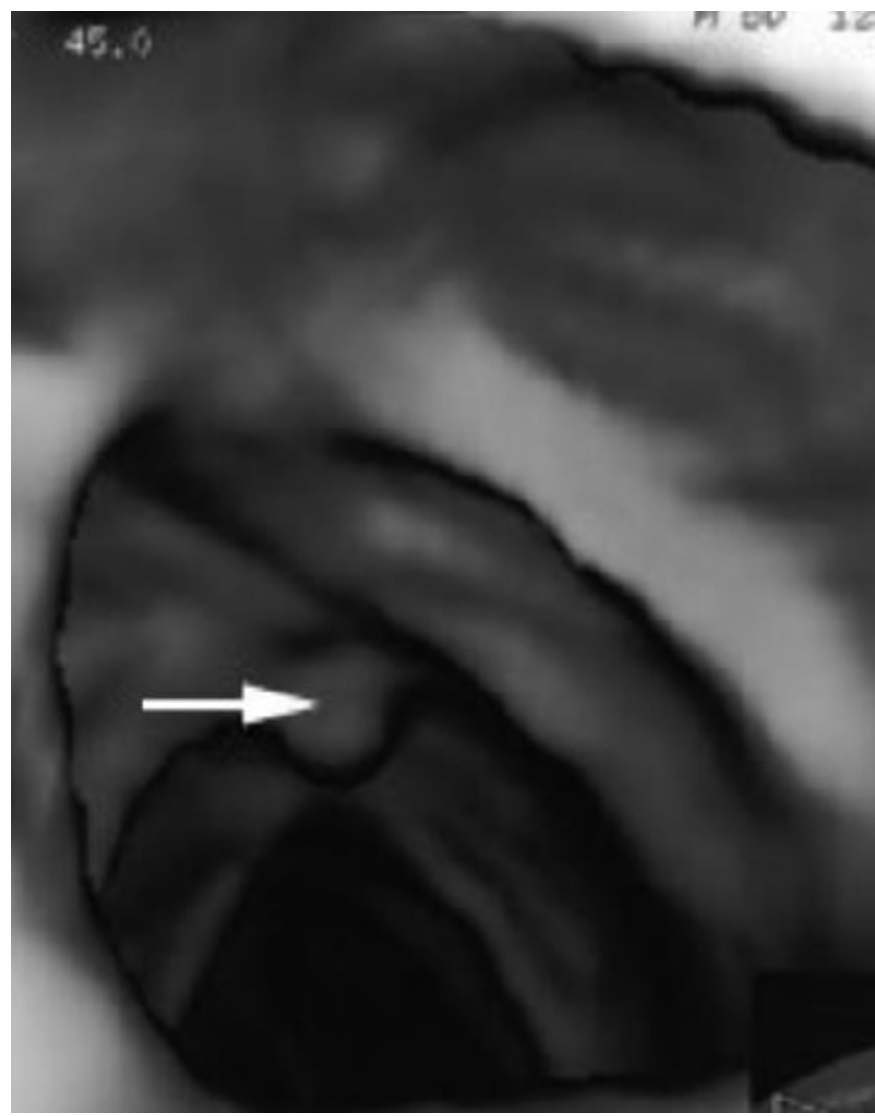
- Screening or surveillance for colon cancer
- Lower gastrointestinal bleeding
- Lower gastrointestinal symptoms
- Abnormal imaging

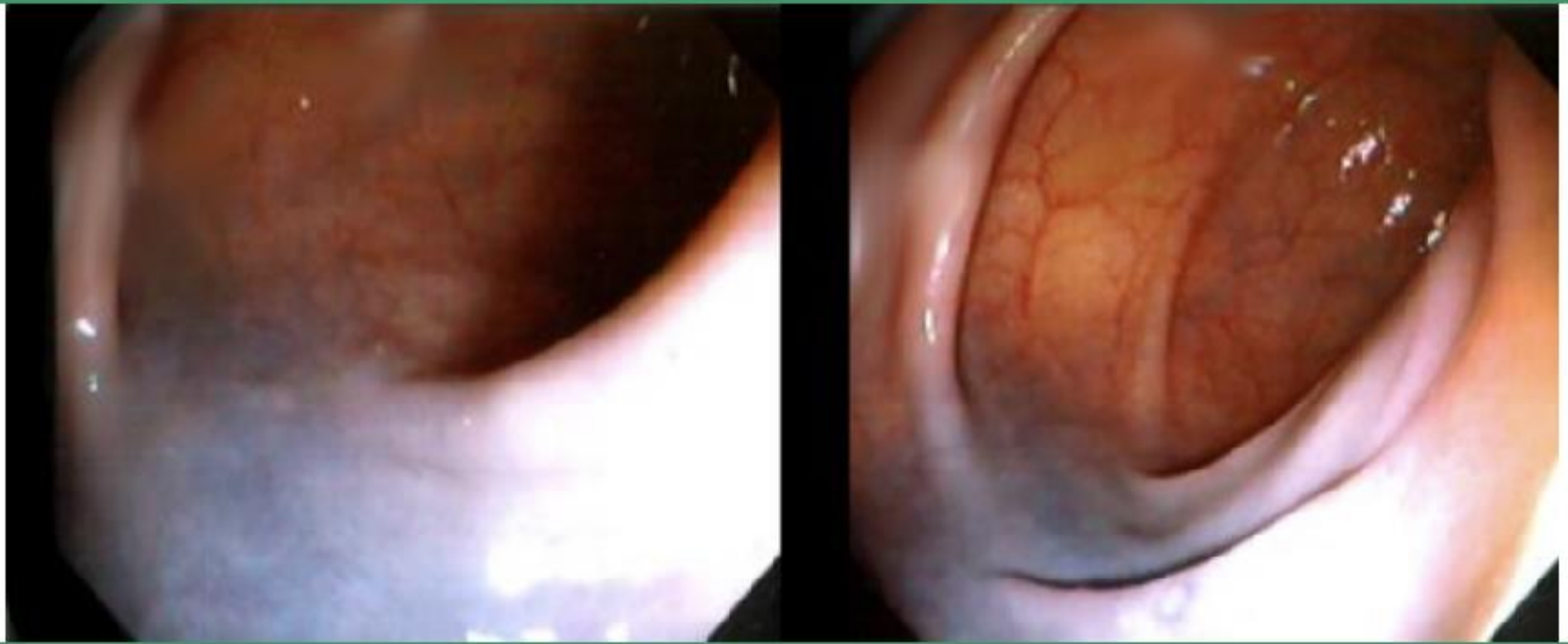
Indications

- Evaluation for synchronous or metachronous cancer in patients with colon cancer
- Intraoperative lesion localization
- Inflammatory bowel disease
- Evaluation of the terminal ileum
- Therapeutic indications

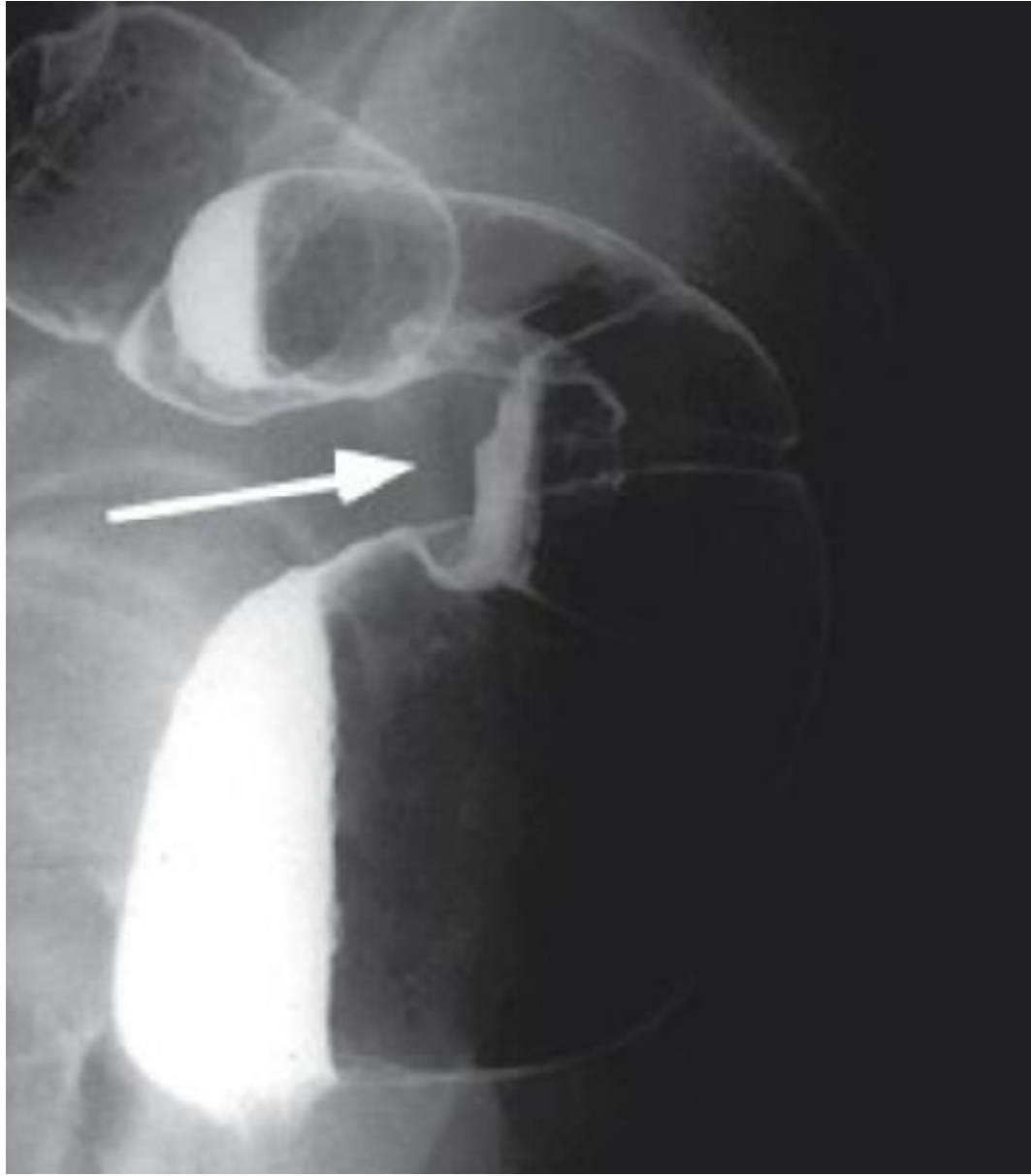








Persistent India ink staining is visible on colonoscopy two years after polypectomy.



Contraindications

- Risks outweigh the expected benefits
- Not to achieve consent for a non-urgent procedure
- Known or suspected perforation
- Documented acute diverticulitis
- Fulminant Colitis

Important considerations

- Anatomic issues
- Comorbidities
- Implanted cardiac defibrillator and some pacemaker
- Chronic use of medications
- History of difficult intubation by anesthesia

Patient Preparation

- Diet

Low residue

Avoid foods with high fiber

Clear liquids

Avoid red liquids

No food four to eight hours prior to the procedure ,no liquids for two hours

Patient Preparation

- Medications

Most continued

Some adjustment for diabetics

Stop oral iron five days before the colonoscopy

Antiplatelet (weigh the risk)

Aspirin and NSAIDS may be continued

Antibiotic prophylaxis is not recommended

Preprocedure testing

- Routinely not recommended ,except for some settings :

Pregnancy testing

Coagulation studies

Chest radiograph

Hemoglobin/hematocrit

Blood typing

Serum chemistry testing

Bowel preparation

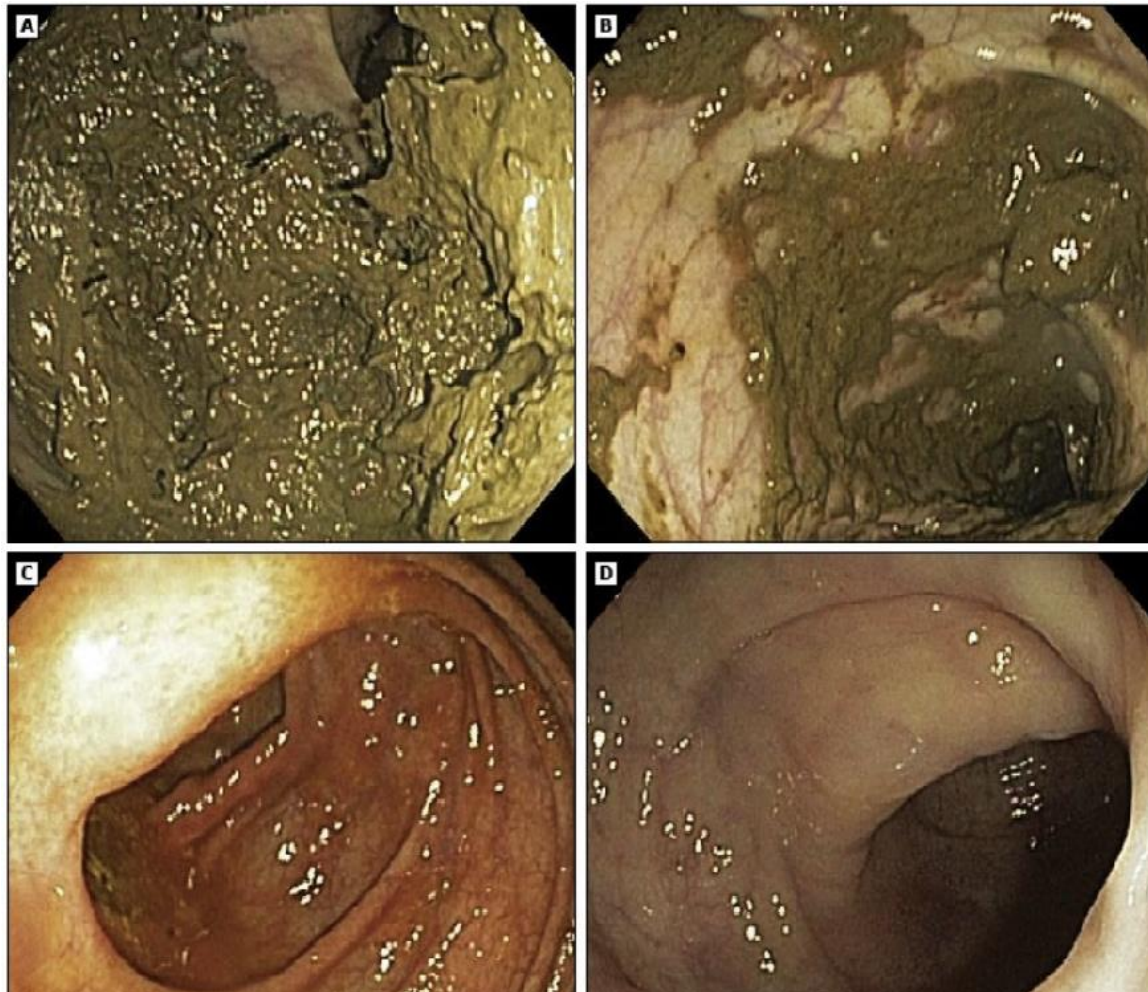
- Critical for best visualization
- 20 to 25 % of colonoscopies ; inadequate or poor

Increased time of procedure ,risk of complications ,probability of missing lesion

Unsatisfactory/inadequate , poor ,fair, good and excellent

Bowel preparation

- Boston bowel preparation



Sedation Assessment

- Options : no sedation , moderate procedural sedation ,or deep sedation
- Based on patient assessment risk

Informed consent

- Nature of the procedure
- Benefits
- Risks
- Alternatives
- Limitations of the procedure
- Use of clear and simple language

Complications

- 3 per 1000 screening colonoscopies ;
- Complications related to sedation
- Complications related to preparation
- Bleeding
- Perforation
- Postpolypectomy syndrome
- Infection
- Gas explosion

