

What is colonoscopy?

Colonoscopy is a procedure which enables a gastroenterologist to examine the entire colon. It helps for evaluation of various GI disorders (e.g. hemorrhoids, colon polyps, colon cancer, diverticulosis, inflammatory bowel disease, bleeding, change in bowel habits, abdominal pain) as well as in provides therapy (for example, removal of polyps or control of bleeding). It is also used for screening for colon cancer.

Is colonoscopy painful? Will I be sedated?

No, colonoscopy is usually not painful! Almost all colonoscopies can be performed using “intravenous sedation” in which you are very drowsy, but comfortable. The most common type of sedation also has a mild amnesiac effect, so most patients do not even remember the procedure! Your doctor can discuss with you the best form of sedation to suit your needs.

Understanding preparation before colonoscopy

It is extremely important that your colon be thoroughly cleaned before your colonoscopy. This will let the doctor see any abnormalities. Cleansing the colon before a colonoscopy is called bowel preparation. It involves taking medication that causes diarrhea, emptying the colon. The medication is taken by mouth, and comes in liquid or tablet form. Gastroenterologist would tell you about the preparation that suits you. You should tell your doctor about current medication, so that any change would be done if needed.

What happens during colonoscopy?

You might feel pressure, bloating or cramping during the procedure. Usually, your doctor will give you a sedative or painkiller to help you relax and better tolerate any discomfort. You will lie on your side or back while your doctor slowly advances a colonoscope along your large intestine. Your doctor will examine the whole colon and he or she slowly withdraws the colonoscope. In some cases, the doctor cannot pass the colonoscope to see the entire colon and you may need any additional testing is necessary.

What if the colonoscopy shows something abnormal?

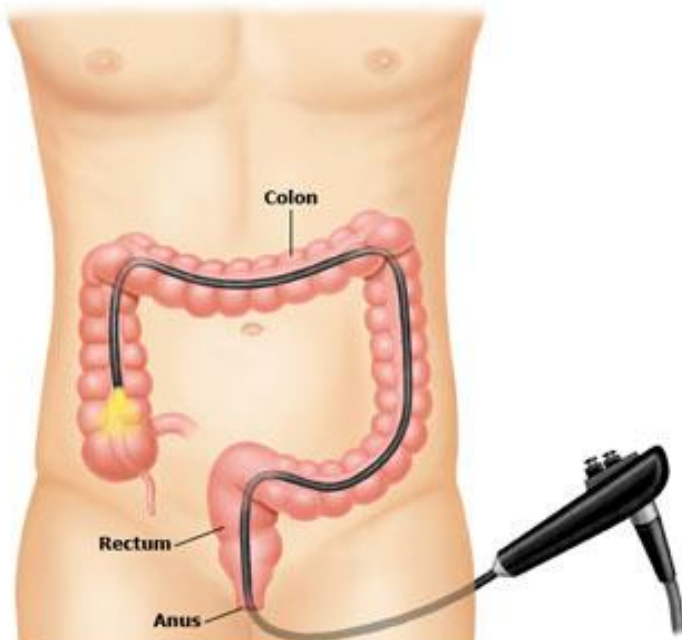
If there is some abnormality in colon, your doctor might pass an instrument through the colonoscope to obtain a biopsy (a small sample of the colon lining) for analysis. Biopsies are used to identify many conditions, and your doctor will often take a biopsy even if he or she doesn't suspect cancer. If colonoscopy is being performed to identify sites of bleeding, your doctor might control the bleeding through the colonoscope by injecting medications or by cauterization (sealing off bleeding vessels with heat treatment) or by use of small clips. Your doctor might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don't usually cause any pain.

What happens after a colonoscopy?

You will be monitored until most of the effects of the sedatives have worn off. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas. If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy is generally safe when performed by doctors who have been specially trained and are experienced in these procedures. One possible complication is a perforation, or tear, through the bowel wall that could require urgent surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the colonoscope; it rarely requires follow-up treatment. Some patients might have a reaction to the sedatives or complications from heart or lung disease. Although complications after colonoscopy are uncommon, it's important to recognize early signs of possible complications. Contact your doctor if you notice severe abdominal pain, fever and chills, or rectal bleeding.



What is Endoscopic retrograde cholangiopancreatography(ERCP) ?

ERCP is a specialized technique used to study mainly the bile ducts and pancreatic duct. This procedure is mostly used as therapeutic modalities to treat bile duct and pancreatic duct abnormalities.

How ERCP is performed?

ERCP is performed under sedation/anesthesia. During ERCP, your doctor will pass an endoscope through your mouth, esophagus and stomach into the duodenum and enter into bile duct or/and pancreatic duct through opening in duodenum. Your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts to visualize ducts under fluoroscopy.

Understanding preparation before ERCP

You should fast for at least six hours before the procedure to make sure you have an empty stomach. You must inform your doctor about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners, such as warfarin or heparin), clopidogrel . You should also tell your doctor if you have any heart or lung conditions or other major diseases which might prevent or impact the decision to conduct the procedure.

What are possible complications of ERCP?

ERCP is usually a well-tolerated procedure when performed by doctors who are specially trained and experienced. Although complications can occur, they are uncommon. Complications include pancreatitis, infections, bowel perforation and bleeding. Some patients can have an adverse reaction to the sedative used. Sometimes the procedure cannot be completed for technical reasons.

Risks vary from patients to patients depending on the basic disease condition, findings, therapeutic intervention and background medical problem.

What is Upper Gastrointestinal Endoscopy (UGIE)?

UGIE is a procedure which enables a gastroenterologist to examine your upper GI tract starting from esophagus to second part of duodenum. It helps for evaluation of various GI disorders (e.g. ulcers, hiatus hernia, cancers, bleeding, vomiting, abdominal pain) as well as in provides therapy (for example, removal of polyps or control of bleeding by various means).

Is UGIE painful? Will I be sedated?

No, UGIE is usually not painful. UGIE is mostly done after pharyngeal local anesthesia without sedation. However, it can be performed using “intravenous sedation” in which you are very drowsy, but comfortable.

Understanding preparation before UGIE

Your stomach should be empty before this procedure. So, you should have nothing to eat or drink, including water, for approximately six hours before the examination. In case of GI bleeding, your doctor may clean your stomach by putting a Ryles tube and give some medication to empty your stomach. Discuss any allergies to medications as well as medical conditions, such as heart or lung disease.

What happens during the procedure?

You would be give local anesthetic for your throat or you might receive a sedative to help you relax. You'll then lie on your side and a bite guard would be inserted between your upper and lower teeth to prevent damage to endoscope. Your doctor will pass the endoscope through your mouth through the bite guard into the esophagus, stomach and duodenum. The endoscope doesn't interfere with your breathing. Most patients consider the test only slightly uncomfortable. You need to listen to your doctor's instruction during procedure.

What happens after the procedure?

You will be monitored until most of the effects of the medication have worn off. Your throat might be a little sore, and you might feel bloated because of the air introduced into your stomach during the test. You will be able to eat after you leave unless your doctor instructs you otherwise.

If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgement and reflexes could be impaired for the rest of the day.

What about possible complications of UGIE?

Although complications can occur, they are very rare when doctors who are specially trained and experienced in this procedure perform the test. Bleeding can occur at a biopsy site or where a polyp was removed, but it's usually minimal and rarely requires follow-up. Perforation (a hole or

tear in the gastrointestinal tract lining) may require surgery but this is a very uncommon complication. Some patients might have a reaction to the sedatives or complications from heart or lung disease.

You should contact your doctor immediately if you have a fever after the test or if you notice trouble swallowing or significant chest or abdominal pain, or bleeding, including black stools.

