

Your Guide to Colorectal Cancer Screening:

What to expect before, during,
and after a colonoscopy

Colorectal Cancer Screening

Introduction

Routine colorectal cancer (CRC) screening is an important activity for proactively managing your healthcare, and we thank you for your interest in additional information. Screening for CRC is performed by gastroenterologists and is designed to remove precancerous lesions (polyps) before they can develop into cancer or to diagnose CRC at an early stage.

Colonoscopy is regarded as the gold standard for CRC screening because

- It allows doctor to see entire colon and rectum
- Polyps detected during exam can be removed
- If other tests yield positive or abnormal results, a colonoscopy is recommended as follow-up procedure

Here is some helpful information about what you might experience during the CRC screening process.

Initial Visit With Doctor

When you meet with the doctor and office staff for the first time, be prepared to provide a complete list of all of the medications, herbal supplements, and vitamins that you are currently taking, any known drug allergies, and any medical conditions that may need special consideration. The doctor or nurse will talk with you about the procedure, including preparing the bowel (colon and rectum) before you are screened by colonoscopy. Several different types of bowel preps are currently available, including low-volume preps and oral tablets, so be sure to ask about the various options. You will be given instructions that will explain what you should and should not do in preparation for colonoscopy. Do not be afraid to ask questions.

Before the Colonoscopy: *The Bowel Preparation*

Please do not fear the bowel prep! Granted, it isn't fun, but it is a critical part of the process.

- Follow the instructions from your physician exactly as directed: the cleaner the bowel, the more successful the colonoscopy
- You will be told to fast or to not eat certain foods for 1 to 2 days to help empty your bowel. The liquid diet is tough to get through, but remember it is an important part of preparing the bowel for a colonoscopy
- You may need to temporarily stop smoking or stop taking some medications prior to the procedure
- When you begin the bowel prep, plan to stay at home and close to a bathroom because you will have diarrhea (it is an expected, natural part of process), and it will take several hours to consume the prep and completely empty the bowel
- Be sure to stay hydrated and drink plenty of clear liquids

During the Colonoscopy

- If you are employed, then you should request the full day off from work on the date of your colonoscopy
- Colonoscopy is usually conducted in a doctor's office or in a private procedure room at a hospital
 - Usually the doctor and 1 to 2 additional staff members will be present during the procedure
- The length of time for the procedure will vary, but it generally takes 30 minutes to 1 hour
- You will likely receive medication via an intravenous line inserted into your arm to help relax and sedate you so that the procedure is as comfortable as possible (therefore, you may not remember everything that happened during procedure)

- Once relaxed, you will probably be examined while lying on your left side with your knees drawn up toward your stomach
- The doctor will conduct a rectal exam and insert a lubricated, flexible lighted tube (colonoscope) that has a camera to allow the doctor to see the lining of the colon and rectum
 - The lining will be examined carefully for polyps or anything that looks suspicious
- Nonpainful methods are available to remove polyps during the procedure, and tissue samples may be taken to test for CRC
- After the colonoscopy, you will remain in the recovery area for a short period of time and be able to drink clear liquids and eat something if your condition allows
 - During this time, the doctor or nurse will talk with you about the procedure and next steps. You may feel groggy due to the sedation, so be sure to have someone with you so they can help to remember what was discussed

After the Colonoscopy: *Going Home and Follow-Up*

- Someone should drive you home after the procedure. You should not drive a car, operate heavy machinery, engage in sports, perform heavy lifting, or consume alcohol for the rest of the day. You should be able to return to work on the following day
- You may experience some minor abdominal cramping, bloating, and gas after the procedure. This is normal and should resolve within several hours
- Be sure to drink plenty of liquids throughout the day to stay properly hydrated
- If the doctor removed any polyps or tissue samples for further testing, then a follow-up office visit will be scheduled

What if: *Diagnosis of CRC*

- *If CRC is detected, then the “stage” of cancer (eg, stage 0 to 4) will be determined to help guide treatment options. The stage depends on how far the cancer has spread within the colon or rectum and whether it has spread to other parts of the body (eg, to lymph nodes or other organs)*
- *Treatment for CRC is usually more effective when the disease is detected early*
- *Primary treatment for CRC is usually surgery*
 - *In general, CRC is removed along with a small amount of surrounding healthy tissue. Then, the colon might need to be reconnected to allow bowel function. Sometimes, a temporary opening is made to the outside of the body (colostomy) to collect fecal waste until the colon has healed and can be safely reconnected*
- *Depending on location and severity of the cancer, chemotherapy (treatment with oral or intravenous chemicals to kill cancer cells) and/or radiation therapy (high-energy rays delivered to disease site to kill cells) may also be recommended either before or after surgery*
- *Prognosis (disease outcome) generally depends on the stage of CRC and is different for every patient. Cancer that is diagnosed and treated early has the best prognosis and therefore supports how important routine CRC screening is for your health*

For more information

For more information on colonoscopy and CRC, the following resources are available:

National Cancer Institute (<http://www.cancer.gov> or 1-800-4-CANCER)

American Cancer Society (<http://www.cancer.org> or 1-800-ACS-2345)

American Gastroenterological Association (<http://www.gastro.org>)

MedlinePlus® (<http://www.nlm.nih.gov/medlineplus>)

American College of Gastroenterology (<http://www.acg.gi.org/patients>)