

RECTOSIGMOIDOSCOPY AND PANCOLONOSCOPY

1. PURPOSE

To standardise the methods of care for patients who undergo rectosigmoidoscopy and colonoscopy. Rectosigmoidoscopy and colonoscopy are procedures that allow the doctor performing the examination to look directly into the large intestine (colon) and detect diseases.

With the endoscope, a long flexible tube with a camera or lenses (optical fibres) at the tip and its own light, it is possible through the anus to explore the entire large intestine.

2.1 Procedure

The examination typically lasts 15-30 minutes and usually results in moderate pain caused by the feeding of air through the endoscope in order to expand the walls of the intestine, thereby creating better conditions for exploration (Fig. 1).

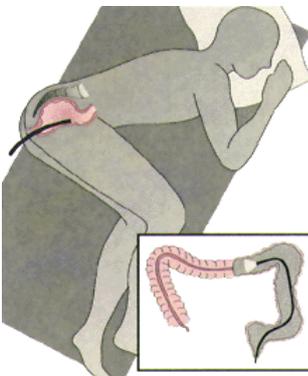


Fig. 1

The examination may be less well tolerated in the case of a very long intestine or in the presence of adhesions after abdominal surgery. For this reason, before and during the examination, small doses of sedative drugs or pain relievers can be administered to help the patient withstand the procedure. It is important to report any allergies to medications or drugs being taken to your doctor prior to the examination.

During the examination it is important to relax the abdominal muscles as much as possible; this will facilitate the passage of the instrument and make the procedure shorter.

Typically, the patient will be able to leave the hospital less than half an hour after the end of the examination, but the sedative effect of the drugs, however mild, will preclude driving for about an hour after the end of the examination.

Sometimes, during the examination, your doctor may consider it appropriate to remove small pieces of tissue (biopsies), which are then sent to the laboratory for microscopic analysis.

This method is useful in many cases of inflammatory or infectious diseases of the intestine, and not necessarily only when there is the suspicion of cancer.

The removal of these fragments is completely painless and is effected by the use of small forceps introduced through the probe itself (fig. 2).

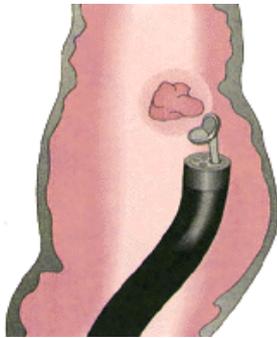


Fig. 2

In addition to diagnosis, colonoscopy and rectosigmoidoscopy allow the treatment of certain diseases, such as intestinal polyps, which in the past required surgery.

Polyps are growths on the intestinal mucosa that are mostly benign in nature, not infrequent after 50 years of age, and which can be removed during colonoscopy.

For this purpose, a special electric loop-shaped scalpel is used to eliminate the polyp by burning the base in a procedure which is entirely painless.

Fragments, or even the entire polyp, are then retrieved for histological examination.

2.1 Preparation

Colonoscopy requires adequate preparation because a reliable examination of the intestine is possible only in the absence of faeces. For this reason, the centre where the patient will undergo the examination will provide the necessary information regarding the correct type of laxative to use and diet.

It is important to adhere strictly to the instructions that will be given for bowel cleansing.

2.2 Indications

By looking through the colonoscope, which has a diameter approximately equal to that of the index finger, the doctor has a clear and detailed image of the intestine and can detect or rule out the presence of disease.

It is useful in defining the causes of symptoms generally associated with diseases of the colon, sigmoid colon and rectum. It is therefore recommended in the presence of abdominal pain, constipation or diarrhoea which are marked or have arisen recently, and which show signs of not resolving themselves.

It is also useful in determining the reason for the presence of blood in the stool or some anaemias (lack of red blood cells).

2.4 Complications

Colonoscopy is a safe procedure. Although modern equipment enables a comprehensive study of the intestine in more than 90% of cases, sometimes, in the presence of a particularly long and convoluted intestine or adhesions, the exploration of the entire colon can be problematic.

Occasionally, after the examination, there may be irritation or swelling of the vein in the arm where the sedative was injected, but this resolves itself in a few days either spontaneously or with the aid of anti-inflammatory ointments.

Other potential risks arise when using the sedatives on elderly patients or those with severe respiratory or cardiac diseases.

Only in exceptional cases does bleeding occur where biopsies were performed, but it almost always stops on its own.

The incidence of major complications, such as perforation and haemorrhage, is low (less than one case in 1000), and mainly related to the presence of serious illness or the removal of polyps.