

# Questions About Your Colonoscopy?

~ BY WILMINGTON GASTROENTEROLOGY ~

In the United States colorectal cancer is the second leading cause of cancer death in individuals over fifty years of age. Colonoscopy is the most sensitive screening option for the prevention of colon cancer. Colon cancer usually starts as a polyp that can be removed by colonoscopy preventing the cancer. A quality colonoscopy can pick up 95% of significant polyps in the colon (over 10 mm diameter).

Whether you are having your first colonoscopy or whether you are a veteran there are things that you should know about your colonoscopy in order to increase the effectiveness and safety of your exam. Being informed helps you to make better decisions about your health care.

## *Why is a clean colon needed?*

The quality of the preparation greatly affects the ability to see polyps. By undergoing an effective preparation the number of polyps missed should be fewer. A split dose preparation is more effective at cleaning the colon than the standard single dose preparation. Ask if your doctor does split dosing to clean out your colon. In the past the patient took a single prep the night before the colonoscopy.

A poor clean out means that the colonoscopy may take longer, may need to be repeated sooner than is normal, or it may need to be cancelled and rescheduled.

## *Are all colonoscopists equally effective?*

We know that colonoscopy is highly operator dependent. Some physicians are better and some worse than others at colonoscopy. Some doctors are bad at doing colonoscopy. Quality studies suggest that doctors should measure the percentage of patients in whom precancerous polyps are detected. Doctors doing this type of screening should find polyps in 25% of males and 15% of females. The only way for you to tell if your doctor is doing a good job is to ask your doctor. Find out what his polyp detection rate is. Most doctors haven't measured their polyp detection rate and can't tell you what their polyp detection rate is. It



has also been recommended that doctors take at least six minutes to search the colon on the way out. If a doctor takes six minutes or longer he is likely to find more precancerous polyps. Your colonoscopy withdrawal time should be recorded. Ask the doctor to be careful and take enough time. Be sure to ask for a copy of the report and the pictures taken. The pictures should document that the doctor reached the beginning of the colon (cecum).

## *How can the risk of colonoscopy be reduced?*

The most dangerous complication of colonoscopy is a perforation. A perforation occurs when a hole is made in the colon. This usually requires a surgical repair, often on an emergency basis. The risk of rupture is higher in some patients because of other medical

problems. With a skilled operator rupture of the colon is very uncommon, especially in the screening setting where the colon is anatomically normal.

Perforations that occur because of polyp removal are usually caused by application of heat during the removal of a polyp. Electrocautery means that electrical current is applied during polyp removal to seal off blood vessels to stop the polyp from bleeding. Small polyps can be removed using a wire loop or by forceps, which open and shut like a pair of pliers. Polyps less than 5mm in size usually do not require electrocautery since there are no large blood vessels to seal off. Still, many doctors use electrocautery to remove small polyps. Ask your doctor to avoid using cautery on small polyps to cut down on the risk of perforation. Large polyps are usually removed

with a snare using electrocautery to seal the blood vessels that supply these polyps.

## *How often do I need to have a colonoscopy?*

Doctors have guidelines that recommend how often colonoscopy should be done depending on whether the exam was normal, the number and size and type of polyps found during the colonoscopy and whether there is a family history of colorectal cancer. The guidelines are issued by various professional groups. They all recommend repeat colonoscopies at intervals sufficient to prevent most colorectal cancers, provided that your colonoscopy was done carefully.

Studies show that some doctors recommend repeat colonoscopies at intervals that are shorter than those recommended by professional guidelines. This may reflect a lack of knowledge of the guidelines, or a lack of confidence in the quality of the doctor's own inspection of the colon. Ask your doctor if his recommended follow up time is supported by these guidelines and if not, ask why.

Why aren't the quality issues with the delivery of colonoscopy already solved?

Our health care system is not nationalized and the delivery of high quality health care is often up to the integrity of individual providers. Many providers deliver outstanding care. Quality problems with colonoscopy have been documented only in the last few years. Recommendations for monitoring the quality of colonoscopy were made by gastroenterology specialty groups in 2002 and 2006. However there is no mandate for practitioners to follow the guidelines and no penalty for not following them. What does that mean? It means that it is up to you to find a competent and careful colonoscopist.

A reader wishing more extensive information should refer to an article by Dr Douglas Rex, "10 Questions you need to ask about colonoscopy", in the 2/24/09 New York Times.