

Colonoscopy Clinical Care Standard

Guide for consumers

What is the *Colonoscopy Clinical Care Standard*?

The *Colonoscopy Clinical Care Standard* describes the care that you should expect to receive if you undergo a colonoscopy. This includes if you are undergoing a colonoscopy for screening, diagnosis, treatment or monitoring (surveillance).

The *Colonoscopy Clinical Care Standard* contains nine quality statements. This guide explains each quality statement and what it means for you.

For more information or to read the full clinical care standard visit:

safetyandquality.gov.au/colonoscopy-ccs

What is colonoscopy?

Colonoscopy refers to the examination of the entire large bowel using a colonoscope – a camera on a flexible tube. Colonoscopy is often used to investigate possible bowel cancer, either in people with symptoms and signs of bowel disease or those with an increased risk of bowel cancer. It may also be used to help diagnose the cause of symptoms in conditions such as inflammatory bowel disease.

1. Initial assessment and referral

What the standard says

When a patient is referred for consideration of colonoscopy, the referring clinician provides sufficient information for the receiving clinician to assess the appropriateness, risk and urgency of consultation. The receiving clinician or service allocates the patient an appointment according to their clinical needs.

What this means for you

People might have a colonoscopy for different reasons and every person's situation is different. Just because you are referred to a specialist to consider having a colonoscopy does not mean that it will be the right thing for you.

It is important that the clinician or healthcare service that you are referred to has the right information about you and your medical history. This will help them decide if a colonoscopy is likely to help you. It may also help them decide how soon to book your appointment.

The referral document should include:

- Your current and past medical conditions
- Your age
- Your family medical and cancer history
- Current medicines
- The results of previous tests, imaging and colonoscopies.

The clinician who gives you the referral will explain what to expect once the service has received your referral. In most cases, you will have a consultation with the clinician you are referred to before any procedure is booked. However, you may be referred to an open-access colonoscopy service if this is a suitable option for you. Open-access (sometimes called direct-access) means you will be booked for the procedure without having a consultation with the clinician performing your procedure beforehand.

What is open-access colonoscopy?

An open-access (sometimes called direct-access) colonoscopy service is a service which allows clinicians to refer patients for a colonoscopy without a prior consultation with the colonoscopist. Open-access models have been developed to improve access to services for suitable patients (such as following a positive screening iFOBT ['poo test']).

2. Appropriate and timely colonoscopy

What the standard says

A patient is offered timely colonoscopy when appropriate for the investigation of signs or symptoms of bowel disease, surveillance or screening, as consistent with national evidence-based guidelines. Decisions are made in the context of the patient's ability to tolerate the bowel preparation and colonoscopy, and their likelihood of benefit. If colonoscopy is not appropriate, the receiving clinician advises the patient and their referring clinician of alternative recommended management.

What this means for you

Colonoscopy is used when clinicians want to look at the inside of the bowel to check for signs of disease. It may be recommended:

- If you are experiencing certain bowel problems
- To follow up a previous bowel condition
- Because of test results (such as a CT scan or iFOBT ['poo test'])
- Because of your family history or having a gene mutation such as Lynch Syndrome.

You should only be offered a colonoscopy if the benefits outweigh any risks of the procedure for you. While most people do not have any complications, the bowel preparation, sedation, and the colonoscopy all have some risks. Additionally, the process may involve time commitments, travel, and associated costs. Your clinician will discuss these risks with you, considering your general health. You should also talk about the risks of not having the colonoscopy. For some people a colonoscopy may need to be carried out as soon as possible, while for other people it may need to be done less urgently. If a colonoscopy is not recommended, then the clinician may suggest an alternative test.

3. Informed decision making and consent

What the standard says

Before starting bowel preparation, a patient receives comprehensive patient-appropriate information about bowel preparation, the colonoscopy, and sedation or anaesthesia. The patient has an opportunity to discuss the reason for the colonoscopy, the risks, benefits, financial costs and alternative options before deciding to proceed. Their understanding is assessed, and the information provided and their consent to sedation, colonoscopy and therapeutic intervention is documented.

What this means for you

If your clinician recommends that you have a colonoscopy, you will need to decide whether to go ahead with it. To help you make your decision, your clinician will explain all parts of the process to you, including:

- Bowel preparation – the process for clearing your bowel before the colonoscopy using medicines, changing your diet and fasting (not eating for a period of time)
- Sedation – medicines given to minimise discomfort during the colonoscopy
- The colonoscopy procedure – how the colonoscope is used to look at your bowel, and to help remove polyps or tissue samples
- What to expect after the procedure.

The discussion will include:

- Why the clinician is recommending a colonoscopy
- Benefits to your health
- Risks of the bowel preparation, sedation and the colonoscopy
- Risks of not having the colonoscopy
- What happens during a colonoscopy
- Any out-of-pocket costs
- Any alternatives to colonoscopy.

The decision about whether to have a colonoscopy is yours. You can ask for time to make your decision. If you decide to have the colonoscopy, you will be asked to give consent. Giving consent means that you understand what is involved in having the colonoscopy, what the risks and benefits are for you, and that you agree to have the colonoscopy. It is important that you ask questions if you need more information before you make your decision. This should happen before you start the bowel preparation. If you need an interpreter or any other assistance with communication, this can be arranged. If you choose to have the colonoscopy, your consent will be recorded in writing. Even after you have given your consent, you can ask for more information or change your mind about having the colonoscopy at any time before the colonoscopy begins.

4. Bowel preparation

What the standard says

A patient booked for colonoscopy receives a bowel preparation product and dosing regimen individualised to their needs, comorbidities, regular medicines and previous response to bowel preparation. The importance of good bowel preparation for a quality colonoscopy is discussed with the patient. They are provided with consumer-appropriate instructions on how to use the bowel preparation product and their understanding is confirmed.

What this means for you

Before you have a colonoscopy, you need to make sure your bowel is as clear as possible. If your bowel is not clear, polyps or even cancers may be missed, or you may need to have the colonoscopy again. This means it is important for you to follow the instructions carefully and ask questions if you do not understand what to do. To get your bowel ready for the colonoscopy, you will be:

- Given instructions about what (and what not) to eat and drink
- Advised when to drink extra fluids to stop you from getting dehydrated
- Given, or asked to buy, medicine to clear out your bowel by causing diarrhoea.

Make sure you understand when to take the medicines, usually starting the day before the colonoscopy. Your clinician will explain how these medicines may affect you. You should tell them about any previous experience you have had with bowel preparation.

Preparation for colonoscopy can also affect your other health conditions or medicines, such as medicines for diabetes, weight loss or to prevent blood clots. You may need to stop or change the way you take your other medicines or follow special instructions in the days before your colonoscopy. Check with your clinician about all your usual medicines. They will discuss any changes you may need to make. During bowel preparation, some people may need extra personal or health support and a few may need an overnight stay in hospital.

If at any time during the bowel preparation you are unsure what to do, ring your clinician or clinic to check.

5. Sedation

What the standard says

Before colonoscopy, a patient is assessed by an appropriately trained clinician to identify any increased risk, including cardiovascular, respiratory or airway compromise. The use of sedation is planned accordingly. The risks and benefits of sedation are discussed with the patient. Sedation is administered and the patient is monitored throughout the colonoscopy and recovery period in accordance with Australian and New Zealand College of Anaesthetists guidelines.

What this means for you

Just before starting your colonoscopy, you will be given medicines to minimise your pain or discomfort (sedation). A doctor or nurse will first check any risks for you about having the sedation. They will ask about your health, medical conditions, medicines and previous experiences with sedation or anaesthesia. This is to make sure that you are given sedation safely. They will also talk with you about the medicines they will use during your sedation, their risks and benefits, and what you can expect to be aware of during the colonoscopy and as you recover. Discuss any concerns or preferences with your clinician, including the option for no sedation.

Your sedation will be given according to current professional recommendations and guidelines and will take into account your risks. Your sedation may be given by a specialist anaesthetist, but this is not always required.

6. Clinicians

What the standard says

A patient's colonoscopy is performed by a credentialed clinician working within their scope of clinical practice, who meets the requirements of an accepted certification and recertification process. Sedation or anaesthesia, and clinical support are provided by credentialed clinicians working within their scope of clinical practice.

What this means for you

When you have a colonoscopy, you can expect to be cared for by qualified clinicians who have met necessary health service organisation and professional requirements and standards. This includes the clinicians providing your nursing care, sedation or anaesthesia, and your colonoscopy. You can expect that the doctor or specialist nurse who carries out the colonoscopy will keep their skills and knowledge up to date.

7. Procedure

What the standard says

When a patient is undergoing colonoscopy their entire colon – including the caecum – is examined carefully and systematically. The adequacy of bowel preparation, clinical findings, biopsies, polyps removed, therapeutic interventions and details of any adverse events are documented. All polyps removed are submitted for histological examination.

What this means for you

Your colonoscopy will be performed to a high standard. During the colonoscopy, the whole length of your bowel will be carefully examined. This will make it more likely that bowel problems can be found and that growths such as polyps can be seen and removed. If bowel tissue or polyps are removed from your bowel they will be sent to pathology laboratories for examination under a microscope. All the records kept by health service organisations will have information about your colonoscopy, the findings, and any complications that may have occurred during the procedure. You can ask to see this information if you want to.

8. Discharge

What the standard says

Following recovery and before discharge, the patient is advised verbally and in writing about the preliminary outcomes of the colonoscopy, the nature of any therapeutic interventions or adverse events, when to resume regular activities and medicines, and arrangements for medical follow-up. The patient is safely discharged into the care of a responsible adult, in accordance with Australian and New Zealand College of Anaesthetists guidelines.

What this means for you

After your colonoscopy, you will be cared for while you recover from the sedation. Before you go home, a doctor or nurse will tell you what happened during the colonoscopy, whether any polyps or other tissue were removed and whether there were any problems during the procedure. They will tell you about any arrangements or follow-up appointments you need to make. You may find it difficult to remember this information so it will be also given to you in writing. You will also be provided a copy of your colonoscopy report (see Quality statement 9. Reporting and follow up).

You will be able to go home once your doctor or nurse is satisfied that you have recovered from the sedation. You should not drive and should have an adult to accompany you home. It is also recommended that you have someone stay with you on the night after the colonoscopy. If this is not possible, discuss this with your clinician before you have the colonoscopy.

You will be given written instructions on how to care for yourself when you go home and when to start your regular medicines and diet again. You will be provided with information about what to do if you have any problems after going home, including a phone number that you can call after hours.

9. Reporting and follow up

What the standard says

The colonoscopist communicates the reason for the colonoscopy, its findings, any histology results and recommendations for follow-up in writing to the general practitioner, any other relevant clinician and the patient. This information is recorded in the facility records and other electronic shared record management systems to enable accurate follow-up by other clinicians. Recommendations for surveillance colonoscopy, if required, align with national evidence-based guidelines. If more immediate treatment or follow-up is needed, the colonoscopist makes appropriate arrangements.

What this means for you

The results of your colonoscopy will be given to you, your general practitioner, and any of your other doctors who may need to be informed. The results can also be added to your electronic health record, known as the My Health Record. The letter or report will say why you had the colonoscopy, what was found, whether any tissue or growths (such as polyps) were removed from your bowel and sent for testing, and the results of those tests.

The report will also say whether you need to go and see a doctor for a follow-up visit, have further tests or treatment or another colonoscopy in the future, and when these should happen. These recommendations will be different for each person and will depend on your medical and family history and what was found during the colonoscopy.

For more information



Scan the QR code or use the link: safetyandquality.gov.au/colonoscopy-ccs



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The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.