Colonoscopy
Clinical Care Standard Consumer Fact Sheet

Colonoscopy is the examination of the entire large bowel with a flexible colonoscope that is performed in adults, and less commonly children, for screening, diagnosis and management of certain bowel problems, including bowel cancer. This clinical care standard tells you what care you should be offered if you are considering having a colonoscopy. You can use this information to help you make informed decisions in partnership with your doctor.

Initial assessment and referral

What the standard says

When a patient is referred for consideration of colonoscopy, the referral document provides sufficient information for the colonoscopist to assess the appropriateness, risk and urgency of the procedure.

What this means for you

There are a number of reasons you could be referred so that a colonoscopy can be considered. Your general practitioner or another clinician will refer you if they think that you may benefit from this procedure. They should take into account evidence-based guidelines about who should have a colonoscopy, your physical and medical condition, the possible risks, and whether you are willing to have the procedure. When the clinician or service who may conduct the colonoscopy receives the referral, they in turn, need to assess whether a colonoscopy is likely to help you, whether the likely benefits outweigh the risks, and how quickly you should be booked in for the procedure. In order for them to do this, your referral document should describe:

- The reason for considering a colonoscopy
- Your personal or family history of bowel cancer or other cancers, previous bowel polyps, and any other bowel problems, or genetic conditions that increase your risk of bowel cancer
- Any current bowel symptoms
- Information on your other medical conditions, current medications and allergies
- The results of any investigations, including X-rays, blood tests or tests of your bowel motions (faeces), previous colonoscopies and polyp results.

The clinician who writes the referral will explain what you need to do about the referral. It is important that you know how soon to have the assessment, and what to do if you are unable to get an appointment within that time.

Appropriate and timely colonoscopy

What the standard says

A patient is offered timely colonoscopy for bowel cancer screening, surveillance, or the investigation of signs or symptoms of bowel disease, consistent with evidence-based guidelines. Decisions should be made in the context of the patient’s ability to tolerate the bowel preparation and the procedure, and their likelihood of benefit. If colonoscopy is not indicated, the patient and their referring clinician are advised of the alternative management approach for the patient’s clinical situation.

What this means for you

Colonoscopy is the best procedure for looking at the inside of the bowel. However, this does not mean that it is right for everybody. You will be offered a colonoscopy if it is likely to benefit you. People who are likely to benefit include those at higher risk of bowel cancer. A check for bowel cancer could be recommended if you have a family history of bowel cancer, a genetic condition that increases your risk, symptoms that might indicate bowel cancer, previous bowel problems or if your clinician recommends it as a follow-up to other tests such as a faecal occult blood test. During the colonoscopy, your clinician can remove tissue and any visible growths (such as polyps) for testing. People with other bowel symptoms, or problems such as inflammatory bowel disease, may also benefit from a colonoscopy. When deciding whether a colonoscopy is right for you, you and your clinician also need to consider the risks for you of the bowel preparation, the procedure
Informed decision making and consent

What the standard says
Before starting bowel preparation, a patient receives comprehensive consumer-appropriate information about the bowel preparation, the procedure, and sedation or anaesthesia. They are provided an opportunity to discuss the reason for the colonoscopy, its benefits, risks and financial costs, and alternative options before deciding to proceed. Their understanding is assessed and their informed decision and consent, and the information provided to them, are documented.

What this means for you
If your clinician recommends that you have a colonoscopy, you will need to decide whether to have the procedure and provide consent. Before providing consent, you need to understand what the procedure involves, including:

- Bowel preparation using diet, laxatives and fasting to clean your bowel before the procedure
- Sedation to reduce your discomfort during the procedure
- How the colonoscope is used to look at your bowel, and assist in removing any polyps.

You will be given information, as well as time and opportunity to discuss the procedure and ask questions so that you can make an informed decision. This will happen before you start the bowel preparation. Points you may wish to discuss include the reason for having the colonoscopy, the benefits to your health, the risks, any out-of-pocket costs, and any alternatives to having the procedure. You should also be informed of any risks associated with not having a colonoscopy. If you need an interpreter, this can be arranged. If you choose to have the procedure, your consent will be recorded in writing. At any time before the procedure, you may request more information or change your mind about whether you wish to proceed.

Bowel preparation

What the standard says
A patient booked for colonoscopy is provided with consumer-appropriate instructions on how to obtain and use a bowel preparation product and dosing regimen suitable to their needs and co-morbidities. The importance of good bowel preparation for a quality colonoscopy is discussed with the patient, and their understanding is confirmed.

What this means for you
Before you have a colonoscopy, you need to follow some steps to make sure your bowel is as clean as possible for the procedure. Good bowel preparation is essential to make sure that all areas of your bowel can be seen and thoroughly inspected during the procedure. If your bowel is not completely clean, there is a higher risk that polyps or even cancers may be missed. This is why it is crucial that you understand what to do and that you ask questions if unsure. Your clinician will review any regular medicines you use and advise you of any changes during the preparation period. You will also be advised what to eat and drink leading up to the colonoscopy, including when to drink additional clear fluids to prevent dehydration. You will be provided with, or advised to buy, certain laxative products to take at specified times before the procedure (usually starting the day before), which will clean your bowel by causing diarrhoea. Your clinician will explain the possible side effects. You and your clinician will discuss any specific personal or health support you may require while undergoing bowel preparation, which for some people may include overnight admission.
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 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 procedure and recovery period in accordance with the Australian and New Zealand College of Anaesthetists’ Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.

What this means for you
Before the procedure, an appropriately trained clinician will assess your suitability for sedation. He or she will ask about your health, other medical conditions, medications and previous experiences with sedation or anaesthesia, in order to assess the risks for you in having the sedation and to plan your sedation accordingly. The risks of sedation are higher for some people than others. For such individuals, a specialist anaesthetist, or other suitably trained medical practitioner will perform the sedation after a pre-procedure assessment. This is also the case if you have deeper sedation or a general anaesthetic. Your doctor will discuss the sedation that will be used, the risks and benefits of the sedation, the depth of sedation and what you can expect to be aware of during the procedure and as you recover. You will be cared for by appropriately trained and experienced clinicians who will administer sedation in accordance with current guidelines.

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
Throughout your colonoscopy you will be cared for by qualified and experienced clinicians, who comply with expected professional standards of competence in their area of expertise. This includes the nurses who provide clinical support, the medical practitioner responsible for your sedation or anaesthesia, and the clinician who conducts the colonoscopy. As well as being appropriately qualified, most clinicians are required to maintain their skills and knowledge. For colonoscopists this will include ongoing assessment of their capability to perform the procedure safely and well.

Procedure

What the standard says
When a patient is undergoing colonoscopy their entire colon – including the caecum and/or terminal ileum – 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 biopsies and polyps removed are submitted for histological examination.

What this means for you
Your colonoscopy will be performed to a high standard so that the chances of detecting and managing bowel problems, including polyps and cancer, are increased, and the risk of complications is reduced. During the colonoscopy, the colonoscope should be inserted into the bowel far enough for the whole length of the large bowel to be inspected carefully. During the colonoscopy, samples of tissue, and any growths seen such as polyps, will be removed. These will be referred for examination by a specialist pathologist under a microscope. Adverse events during colonoscopy are uncommon, but if they occur, they will be managed, you will be informed and the incident will be documented in the medical record. Accurate and complete records of the colonoscopy will be maintained.

Discharge

What the standard says
Following recovery, the preliminary outcomes of the procedure, the nature of any therapeutic interventions and adverse events, and arrangements for initial follow up, are discussed with the patient and provided in writing to them before discharge. The patient is discharged into the care of a responsible adult when it is safe to do so.

What this means for you
After your colonoscopy, you will be monitored until you have recovered from the sedation. Your clinician will tell you what happened during the procedure and their initial findings. You will be informed of anything unexpected, such as any complications that may have occurred. When you have recovered sufficiently from the sedation, you will be discharged into the care of a responsible adult, with written instructions on how to care for yourself when you go home, when to resume regular medications and any arrangements for follow-up of the procedure. It is not recommended that you travel...
Reporting and follow up

What the standard says
Following colonoscopy and subsequent review of any histology results, the colonoscopist prepares a report that includes their findings, follow-up recommendations and arrangements. Recommendations for surveillance colonoscopy, if required, are consistent with evidence-based guidelines. If more immediate treatment or follow-up is needed, appropriate arrangements are made by the colonoscopist. The report is provided to the general practitioner, any other relevant clinician and the patient.

What this means for you
The clinician who conducted the colonoscopy will prepare a report to be provided to you, your general practitioner, and your other doctors (if relevant). The report will describe why you had the procedure, what was found during the procedure, and the results of any pathology testing of any tissue or growths (such as polyps) removed from your bowel. The report will also describe whether you need a follow-up visit or repeat testing and when this should occur. These recommendations will be different for each person and will depend on your medical and family history and the findings of the colonoscopy. Repeat testing may involve the faecal occult blood test or another colonoscopy, depending what is recommended in your situation by current evidence-based guidelines. Follow-up testing should occur as often as recommended, but no more than is necessary. If the colonoscopy found that you need further treatment or investigations soon, your colonoscopist will arrange this for you.

More resources
This Consumer Fact Sheet, the Colonoscopy Clinical Care Standard, and a Clinician Fact Sheet to provide to patients can be downloaded from www.safetyandquality.gov.au/ccs.

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