

Benefits/Risks/Alternatives to Endoscopy and Colonoscopy

What are the benefits of endoscopy or colonoscopy?

Endoscopy means to look inside the body with a lighted, flexible tube. It is a minimally invasive procedure that allows the detection of many GI problems. It can detect inflammation, infections, ulcers, cancers, polyps, and sites of internal bleeding. Using the scope, samples from the gut lining (biopsies) may be obtained. Areas of blockage or stricture can be opened (dilation). Lesions can be treated to stop or prevent bleeding (banding, ablation, and cautery). Polyps in the colon can be removed during a colonoscopy. **Colonoscopy is the only proven way to prevent colon cancer.**

Endoscopy is easily done as an outpatient and is well tolerated by patients. The technique of endoscopy is extremely safe with very low rates of complications when performed by physicians who have completed a gastroenterology fellowship (i.e. all physicians at Mid-Valley Gastroenterology).

What are the possible risks of an endoscopy or colonoscopy?

One possible serious risk is a perforation (a hole in the wall of the intestine); the risk of this is very low, but it may require hospitalization or even surgery to repair. Another possible complication is bleeding, which might occur at the site where tissue is removed; bleeding is usually minor, and generally stops on its own. In some cases the on-call GI provider may need to stop the bleeding by repeating an endoscopy. Bleeding can occur up to 14 days after the procedure. In rare cases patients may have a reaction to the sedation medications, or experience a complication related to lung or heart disease. There is also a low risk of infection; most infections are minor and can be treated with antibiotics. Overall, the risk of these complications is <1% (or less than 1 in 100). ER presentation is 1:200, bleeding 1:166, hospitalization 1:500. Cardiopulmonary complications can occur 1:100. The rates of complications increase in patients with increasing numbers of medical problems.

Although complications after endoscopy and colonoscopy are uncommon, it is important to recognize early signs of possible complications and go to the ER or contact Mid-Valley Gastroenterology. Signs of complications will be reviewed with you following your procedure, but include severe chest or abdominal pain, difficulty swallowing, fever and chills, shortness of breath, persistent vomiting or vomiting blood, dark or tarry stool, or bright red rectal bleeding of more than one-half cup. Ignoring these symptoms can lead to worse outcomes, so please discuss them with your healthcare team.

What are the alternatives to an endoscopy or colonoscopy?

The most common alternative to endoscopy is an upper GI x-ray examination using a barium swallow. This procedure does not allow for biopsy or removal of tissue and is not able to identify flat lesions; if abnormalities are detected with the upper GI x-ray examination, an endoscopy will be required.

There are several possible alternatives to a colonoscopy, including stool tests, barium enemas, and CT colonoscopy. Barium enemas and CT colonoscopy still require bowel preparation to clean the colon before the procedure, and all of these alternatives will require a full colonoscopy if blood or polyps are detected because these procedures are unable to take biopsies or remove any polyps. In patients with a history of polyps or strong family history of colon cancer, colonoscopy is clearly superior.

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You will be given an opportunity to ask your physician any procedure-related questions before your exam. You have the right to cancel your procedure at any time, and will not incur a financial charge if you cancel it before the procedure begins.

I have read and understand this information.

Patient: _____ Date: _____ Time: _____