

Colonoscopy

Clinical Care Standard – Consumer Fact Sheet

What is a colonoscopy?

Colonoscopy is a procedure that uses a thin flexible tube with a tiny camera attached. This makes it possible to see the health of your bowel, and to carry out other procedures inside your bowel if necessary. A doctor may suggest a colonoscopy if you have bowel problems or symptoms. Colonoscopy is also used to check for early signs of bowel cancer in people who do not have symptoms but have an increased risk. An increased risk might be identified through test results (for example a test of your bowel motions), previous colonoscopy results, or a family history of bowel cancer or high risk genetic conditions.

The **Colonoscopy Clinical Care Standard** contains nine quality statements that describe the care that you can expect to receive before and after colonoscopy. Each quality statement is outlined below. This fact sheet explains what the quality statements mean, and what you can do to have an active role in your care.

1 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 receiving clinician to assess the appropriateness, risk and urgency of consultation. The patient is allocated 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 doctor or health service organisation 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.
- Your current and past medical conditions, your age, your family medical and cancer history, current medicines and the results of previous tests, imaging and colonoscopies should all be included in the referral document. In some health service organisations, the referral is also used to decide how soon to book your appointment.
- The doctor who writes the referral will explain what you need to do next, how soon you need the appointment and what to do if you are not given an appointment within that time.

2 Appropriate and timely colonoscopy

What the standard says

A patient is offered timely colonoscopy when appropriate for screening, surveillance, or the investigation of signs or symptoms of bowel disease, 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 alternate recommended management.



What this means for you

- Colonoscopy is used when doctors 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 FOBT) or your family history.
- 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, the sedation and the colonoscopy all have some risks. Your doctor or nurse 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 just need to be done less urgently. If a colonoscopy is not recommended then the doctor may suggest an alternative test.

3 Informed decision making and consent

What the standard says

Before starting bowel preparation, a patient receives comprehensive consumer-appropriate information about bowel preparation, the colonoscopy and sedation or anaesthesia. They have an opportunity to discuss the reason for the colonoscopy, its benefits, risks, 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 doctor recommends that you have a colonoscopy, you will need to decide whether to go ahead with it. 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, and that you agree to have the colonoscopy.
- To help you make your decision, you will be informed about all the parts of the process 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.
- The discussion will include:
 - Why the doctor is suggesting a colonoscopy
 - Benefits to your health
 - Risks of the bowel preparation, sedation and the colonoscopy
 - Risks of not having the colonoscopy
 - Any out-of-pocket costs
 - Any alternatives to colonoscopy.
- It is important that you understand this information before giving consent and 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, 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, co-morbidities, 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 told what (and what not) to eat and drink, including when to drink extra fluids to stop you from getting dehydrated. You will be 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 doctor or nurse 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 or medicines to prevent blood clots. You may need to change the way you take your other medicines or follow special instructions in the days before your colonoscopy. Your doctor will discuss any changes you need to make with you. Some people may need extra personal or health support during bowel preparation 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 doctor 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 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

- During your colonoscopy you will be given medicines to minimise your pain or discomfort (sedation). Before the colonoscopy, a doctor or nurse will check whether there are any particular risks for you when you are having the sedation. They will ask about your health, other 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 doctor. Your sedation will be given according to current professional recommendations, guidelines and taking into account your risks. Your sedation may sometimes 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 doctors and nurses who have met necessary health service and professional requirements and standards. This includes those 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 problems that may have occurred, which you can ask to see 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 medication, and arrangements for medical follow-up. 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 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 was 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 be given to you in writing.
- 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 will need 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 doctor 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, and documents this in the facility records. Recommendations for surveillance colonoscopy, if required, are consistent with national evidence-based guidelines. If more immediate treatment or follow-up is needed, appropriate arrangements are made by the colonoscopist.



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 letter or report will say why you had the colonoscopy, and 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 this should happen. These recommendations will be different for each person and will depend on your medical and family history and what was found by the colonoscopy.

More resources

This Consumer Fact Sheet, the *Colonoscopy Clinical Care Standard*, and other information for consumers can be downloaded from www.safetyandquality.gov.au/ccs.

For more about colonoscopy for bowel cancer screening see www.cancerscreening.gov.au/bowel

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.