

Colonoscopy

Colonoscopy is a procedure where a flexible tube with a camera at the end is inserted in the rectum and advanced to examine the entire colon. It is the golden standard to examine the colon. It is recommended in everyone over the age of 50 as a screening for colon cancer. It also helps the physician to diagnose other abnormal conditions of the colon, including inflammation, polyps, sources of bleeding, and other colon ailments. It requires a special preparation with laxatives of the bowel the day before. It is usually done under conscious sedation or anesthesia. The procedure generally lasts between 30 and 60 minutes and is done as an outpatient procedure. The two major complications that can occur from the procedure are bleeding and colon perforation. Both of them are serious complications that may require surgery.

COLON CANCER

Colon cancer is the third most common cancer, with high prevalence in Western societies, likely due to a diet high in red meat and fats and not enough fiber. The best way to detect it is through surveillance procedures being the most accurate. These procedures include colonoscopy followed by x ray procedures like barium enema and virtual colonoscopy. As with any cancer, early detection is critical in the success of the treatment, therefore an annual colonoscopy is recommended for everyone over the age of 50, even when no symptoms are present. This cancer generally presents itself later on in life, but is more common in people in their sixties and seventies. The symptoms vary in accordance with the location of the tumor, but by the time the tumor is symptomatic, it is generally in the advanced stages of the disease. The most common symptoms is pain felt on the left side of the colon, anemia, abdominal pain, change in bowel habits, small caliber stools, and intestinal obstruction. Rectal bleeding is also a very common symptom, but rectal bleeding occurs in many other diseases as well. Therefore, when rectal bleeding does occur, it should be assessed for the possibility of colon cancer. The treatment varies in sequence, depending on the location and extension of the disease and includes surgery, radiation therapy, and chemotherapy.

RECTAL BLEEDING

Rectal bleeding can present itself in different forms, but occurs most typically through bleeding, but also in black stools and occult blood tests, which typically means there is a source of bleeding in the gastrointestinal (GI) tract. The color of the blood and the amount may suggest the origin of the bleeding, but the source of the bleeding can result from different ailments, such as inflammations or tumors. Colonoscopy, upper endoscopy, and small bowel studies are usually necessary to identify the source of the bleeding. Yet, it is still possible to yield inconclusive results after these procedures and studies.

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Although rectal bleeding can be a benign condition, it is imperative to assess the GI tract for malignant tumors, polyps, severe inflammations or infectious diseases.

REMOVAL OF COLON POLYPS

Removal of colon polyps with the colonoscopy is a very common procedure, and can be done as long as the polyps are small. The polyps are then analyzed and if necessary more treatment is recommended. The risk of perforation with polypectomy is higher than when performing a plain colonoscopy because it is a more invasive and complex procedure. Yet, the removal of polyps is necessary because they can be precancerous or can become cancerous in time.

LASER ABLATION OF RECTAL AND COLON POLYPS

Some polyps are premalignant and can be treated with the argon laser as a palliative, but not definitive, treatment in the elderly. This procedure is generally recommended for elderly people that may not be suitable candidates for a more extensive surgical procedure.

RADIATION PROCTITIS

Radiation proctitis can be treated in severe cases with diluted formalin irrigation of the rectum under direct vision of the vascular lesions through the colonoscope. We have been very successful with this type of treatment in the last few years and have not had any significant complications.