

Do I Need a Colonoscopy?

A colonoscopy (ko-lun-AH-skuh-pee) is an exam that allows a doctor to look closely at the inside of the colon (large intestine) and rectum. A long, hollow, lighted, flexible tube—about the thickness of a finger—is inserted into the rectum. At the end of this tube is a tiny video camera, called a *colonoscope* (ko-LAHN-uh-scope), which sends pictures to a TV screen, allowing the doctor to view the inside of the entire colon. To help the doctor see the colon clearly, small amounts of air are puffed into the colon to keep it open.

The colonoscopy tube is hollow so that if the doctor needs to take tissue samples or encounters any abnormalities, such as a polyp (a small growth that over time can become cancer), the doctor is able to move medical instruments through the tube, guided by the lighted video camera and TV screen.

How do I know if I need a colonoscopy?

There are many reasons why your doctor might recommend that you have a colonoscopy, including:

- Abdominal pain
- Rectal bleeding
- Chronic constipation
- Chronic diarrhea

Another common reason for a colonoscopy is to screen for colon cancer. Your doctor will decide how often you need this test, depending on your personal risk for, and family history of, colon cancer.

What are the risk factors for colon cancer?

If you are having a colonoscopy to screen for colon cancer, you should talk with your doctor about how often you need the procedure done. Colon cancer screening helps people stay well, and it saves lives. If you are at

average risk for developing colon cancer, meaning you are aged 50 years or older, you should have a colonoscopy every 10 years. If you are at higher risk for developing colon cancer, the following risk factors will help you develop a screening plan with your doctor:

- **Family history of inherited colorectal cancer syndromes.** Family history could put you at greater risk for developing colorectal cancer.
- **Strong family history of colorectal cancer or polyps.** This usually means parents, siblings, or a child who developed these conditions younger than aged 50 years.
- **Personal history of colorectal cancer or polyps.** You may have been diagnosed with colorectal cancer in the past or had 1 or more polyps removed during a colonoscopy.
- **Personal history of chronic inflammatory bowel disease.** This could include ulcerative colitis or Crohn's disease.

How do I prepare?

It is important to clear your colon of any residue that may otherwise block the view of your colon and rectum during the exam. Your doctor will provide you with a detailed list of instructions prior to your exam, but generally you will be advised to:

- **Follow a special diet the day before the exam.** You will likely be limited to clear liquids and no solid food. Your doctor may further advise you to not eat or drink anything after midnight the night before the exam.
- **Take a laxative.** Laxatives come in both pill and liquid form, and you may be advised to take one either the night before your colonoscopy or the morning of the procedure, or both.
- **Use an enema.** An enema is a liquid solution inserted directly into the rectum. Enemas produce immediate bowel movements to quickly and efficiently clear your colon.

