

What is a screening colonoscopy?

March was National Colorectal Cancer Awareness Month. The best way to diagnose colorectal cancer (also known as colon cancer) is to have a colonoscopy done.

A colonoscopy is basically a scope of the colon. The physician uses a fiberoptic scope to go up the colon six feet. It has a light source and is hooked up to a video screen so he/she can visualize the color.

At this time if there are any polyps (growths) or suspicious looking areas the polyps can be removed and/or the suspicious looking areas can be biopsied.

The American Cancer Society recommends that everyone at age 50 get a screening colonoscopy. However, anyone with a family history of colorectal cancer and/or having problems, their doctor may recommend having one done sooner.

What is involved in having a colonoscopy? First, see a family physician. There are three physicians at Perkins County Health Services who perform colonoscopies: Dr. Kohl, 308-352-7100; Dr. Plate at the Family Medical Center in Ogallala, 308-284-8421 and Dr. Schiefen, 308-352-7200.

After a consultation with one of these physicians, the patient will be scheduled for a colonoscopy and be given a prep kit with instructions.

The prep includes laxatives to be taken at certain times. Sometimes the prep starts two nights before the procedures, so it is important to read through the instructions.

The day before the procedure the patient only gets to take clear liquids (anything that can be seen through at room temperature) such as water, tea, coffee, soda pop, Jell-O, broth, grape juice, apple juice, etc., nothing with pulp in it like orange juice.)

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It is important to take all the prep as directed and drink lots of fluids. If one gets to feeling too full and/or nauseated, take a little break and then start up again.

On the day of the procedure the patient will go to the hospital at a specified time. They need to bring their insurance card, a list of current medications and allergies. They will also need someone to drive them home. An IV will be started and some physicians have the nurses give an enema before the procedure.

The patient is taken to the scope room on a gurney. In the scope room oxygen (just fresh air) is put on by nasal cannula (soft prongs in the nose). A blood pressure cuff is put on the arm; this will pump up tight every five minutes. Sticky patches are put on the chest to monitor the heart and a soft clip is put on the finger to measure the oxygen level.

The patient will be given some medications in an IV that might make them drowsy, dizzy or even drift off to sleep. You will not be put completely out.

The doctor will wait until the medicine has started to take effect and then will do the colonoscopy. They will feel pressure and some cramping because to look at an empty colon, the physician has to inflate it with air.

When the scope is over they will be taken back to their room per gurney and hooked back up to the monitor and will have nothing to eat or drink for an hour after the scope is done. Then they will be given food to eat, walked around and the IV taken out.

The doctor will come and talk to the patient before they leave. They will be given discharge instructions and then walked out to a vehicle.

Two or three days after a colonoscopy one of the nurses from the hospital will call to see how the patient is getting along.