

YOU WANT ME TO DO WHAT??

COLONOSCOPY

A colonoscopy is not most people's favorite test but it is very important in the diagnosis and management of IBD. A colonoscopy helps to diagnose disease, evaluate for healing of the bowel, get biopsies of the tissue to confirm the diagnosis, evaluate the activity of the IBD, rule out pre-cancer (dysplasia) and remove polyps. It cannot usually help with diagnosing causes of chronic pain and it cannot be replaced with a "virtual colonoscopy".

THE EXPERIENCE

WHAT IT'S REALLY LIKE:

Your GI tract runs from your mouth to your anus. In order to find or rule out problems in the large bowel, which includes your anus, rectum, colon and terminal ileum, a gastroenterologist (or in some cases a surgeon) inserts the scope through the anus into the colon. The scope has a light and a camera for snapping photos, and tools to snip small tissue samples to study under the microscope.

For the procedure, you are given medications to induce "conscious sedation" or a twilight sleep (or in some cases general anesthesia). The medicines are given by IV so you shouldn't feel uncomfortable. The worst part of the procedure is undoubtedly the preparation for it, otherwise known as "the prep". The prep generally consists of drinking large amounts of liquid (which most patients think has an unpleasant taste). You can mix the prep with most drinks that you like and sometimes that can make it a bit more pleasant but prepare yourself, it's not that much fun. Sometimes chilling the prep helps make it more palatable.

At some point after you start your prep, you will feel the urgent need to use the bathroom. Be prepared with books, your iPod, laptop or entertainment gadget of your choice because you are going to be spending the next several hours in and out of the bathroom while your bowels empty everything inside.

Your stool, by the time you've completed your prep, should be watery and increasingly clear. You'll also probably feel weak and dehydrated, but rest assured, the hard part is behind you.

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