



GHADIALI

General Surgery

P R E S E N T S

Dr. Mufa T. Ghadiali is skilled in all aspects of General Surgery.
His General Surgery Services include:

- General Surgery
- Advanced Laparoscopic Surgery
- Surgical Oncology
- Gastrointestinal Surgery
- Hernia Surgery
- Endoscopy

COLONOSCOPY

Multimedia Health Education

Disclaimer

This film is an educational resource only and should not be used to make a decision on **Colonoscopy**. All such decisions must be made in consultation with a physician or licensed healthcare provider.

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GHADIALI

MULTIMEDIA HEALTH EDUCATION MANUAL

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What is Colonoscopy?

Colonoscopy is a procedure used to see inside the colon and rectum. Colonoscopy can detect inflamed tissue, ulcers, and abnormal growths.

The procedure is used to look for early signs of colorectal cancer and can help doctors diagnose unexplained changes in bowel habits, abdominal pain, bleeding from the anus, and weight loss.

(Refer fig. 1)

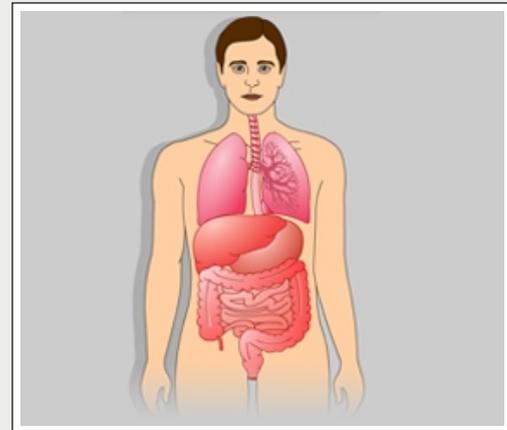
What are the Colon and Rectum?

The colon and rectum are the two main parts of the large intestine. The large intestine is also sometimes called the large bowel.

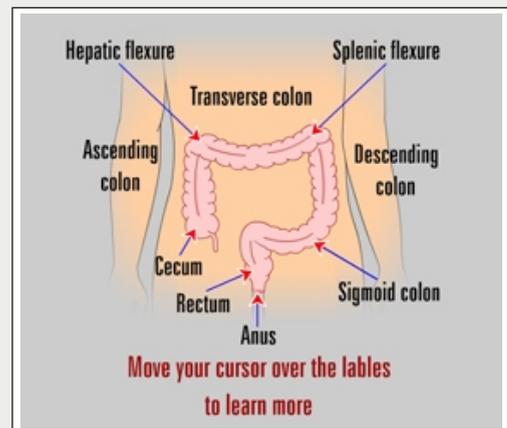
Digestive waste enters the colon from the small intestine as a semi-solid. As waste moves toward the anus, the colon removes moisture and forms stool.

The rectum is about 6 inches long and connects the colon to the anus. Stool leaves the body through the anus. Muscles and nerves in the rectum and anus control bowel movements.

(Refer fig. 2)



(Fig.1)



(Fig.2)

Unit 2:

Purpose of Colonoscopy

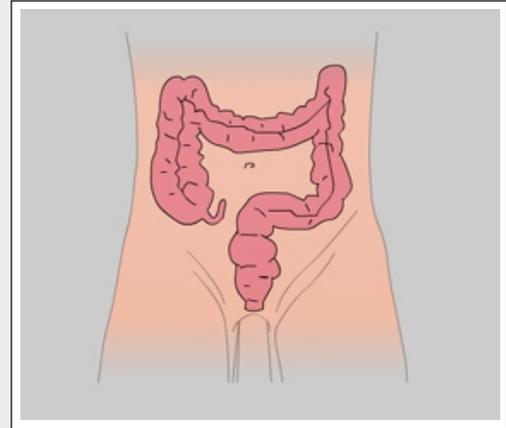
Why is Colonoscopy Performed?

A Colonoscopy lets the physician look inside your entire large intestine, from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine.

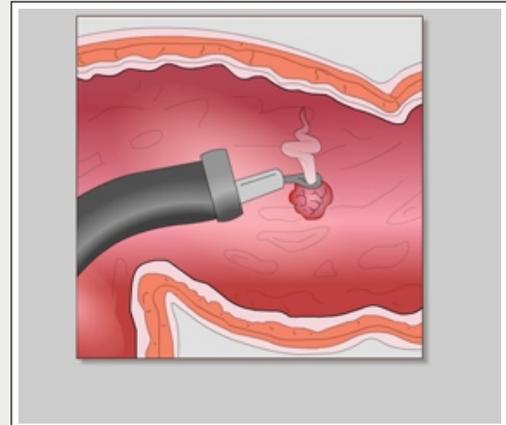
Colonoscopy is used to diagnose:

- Unexplained changes in bowel habits
- Early signs of cancer in the colon and rectum
- Inflamed tissue
- Abnormal growths
- Ulcers, bleeding, and muscle spasms

(Refer fig. 3 & 4)



(Fig.3)



(Fig.4)

Tissue is removed from the colon for examination

Unit 2:

Purpose of Colonoscopy

How to prepare for Colonoscopy

The physician will provide written instructions on how to prepare for your colonoscopy. The process is called bowel prep.

Generally, all solids must be emptied from the gastrointestinal tract by following a clear liquid diet for 1 to 3 days before the procedure. Patients should not drink beverages containing red or purple dye.

Acceptable liquids include:

- Fat-free bouillon or broth
- Strained fruit juice
- Water
- Plain coffee
- Plain tea
- Sports drinks, such as Gatorade
- Gelatin

A laxative or an enema may be required the night before a colonoscopy. A laxative is medicine that loosens stool and increases bowel movements. Laxatives are usually swallowed in pill form or as a powder dissolved in water. Driving is not permitted for 12 hours after colonoscopy to allow time for the sedative to wear off so you will need to have someone come with you to drive you home after the procedure.

(Refer fig. 5)



(Fig.5)

Unit 3:

Procedure

How is Colonoscopy Performed?

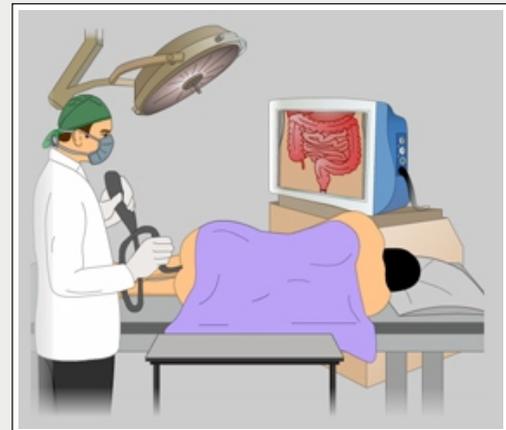
The colonoscope is a long narrow flexible tube that consists of a light source and a tiny camera on the end. The tube is slowly inserted into the rectum and gently moved up through the colon until it reaches the cecum, the junction of the small and large intestine.

Colonoscopy gives almost an instant diagnosis of many conditions of the colon and is more sensitive than X-ray for this purpose.

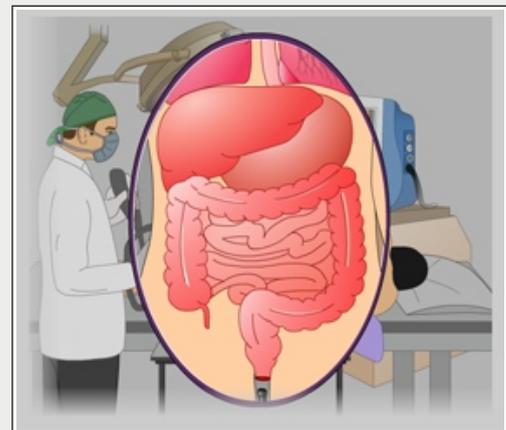
Once the procedure is completed, the colonoscope is then withdrawn very slowly as the camera projects pictures of the colon and rectum onto a television screen. Hard copy pictures can be taken of lesions if required.

Biopsies or snaring of polyps are also done during the withdrawal of the tube. The procedure is done with the patient under sedation.

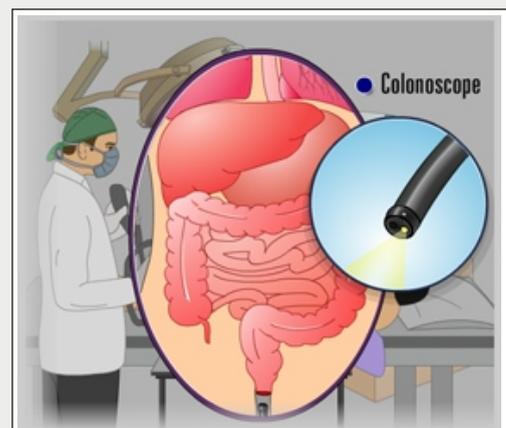
(Refer fig. 7 to 9)



(Fig.7)



(Fig.8)



(Fig.9)

What are the Risks?

A Colonoscopy procedure is safe and virtually free of complications and risks. However, as with any procedure, complications can occur.

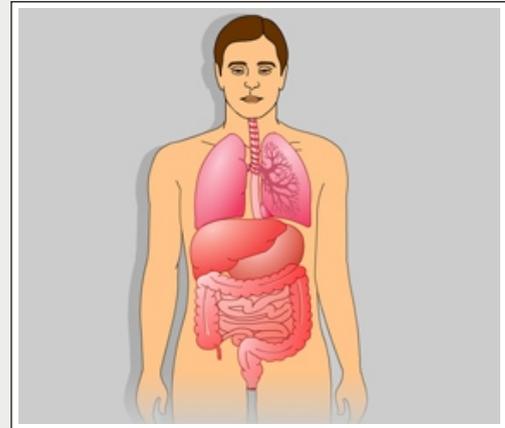
Very rarely, about two in 1000 cases, a perforation or hole may occur in the intestinal wall requiring repair.

Heavy bleeding may occur after the removal of a polyp or from the biopsy site. This occurs very infrequently as well, about one in 1000 cases.

Infections due to a colonoscopy are also extremely rare. Patients with artificial or abnormal heart valves are usually given antibiotics before and after the procedure to prevent an infection.

Due to the mild sedation, the patient should not drive or operate machinery following the exam. For this reason, someone should always be available to drive the patient home.

(Refer fig. 10)



(Fig.10)

Although every effort is made to educate you on **COLONOSCOPY** and take control, there will be specific information that will not be discussed. Talk to your doctor or health care provider about any concerns you have about **COLONOSCOPY**.

YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name : _____

Patient's Name : _____

Physician's Signature: _____

Patient's Signature: _____

Date : _____

Date : _____