THERAPIES WHICH MAY BE PERFORMED AT TIME OF COLONOSCOPY

1. Biopsies.
These are samples from the bowel to look for any inflammation or any other significant pathology.

2. A polyp/polypectomy.
Colonoscopy's greatest use is in the detection of colon cancer and colon polyps. Prior to the introduction of colonoscopies, removal of polyps required a major open abdominal operation, which usually required a 2-week stay in hospital and a longer recuperation. Most polyps now can be removed easily and safely without surgery. Periodic colonoscopy is a very useful tool for the follow up of patients with previous polyps or colon cancer. Regular colonoscopy can reduce the risks of bowel cancer by 60-90%. How frequent it is performed depends on your family history and previous history of significant polyps. Generally, this is within 3-5 years. Polyps are abnormal growths of tissue on the bowel, which vary in size. Most polyps can be removed at the time of the procedure. Polyps are usually removed because they may cause bleeding or can become a cancer. Although the majority of polyps are benign (not cancerous) a small percentage may contain an area of cancer or develop into a cancer if not removed.

Removal of a polyp often involves passing a snare (wire loop) through the colonoscope over the polyp and then cutting through the stem using an electrical current. The risks involved are rare and far less risky than an operation or leaving the polyp to perhaps form a cancer. These risks range from continued severe bleeding (1% of large polyps) to perforating the colon, (less than 1 in 1000 examinations). These risks are very rare but may require urgent treatment or even an operation. The risk of their occurrence is far outweighed by the advantages of removing the polyp.

3. Indigo Carmine Dye Staining. (Blue food dye)
This is often performed at the time of colonoscopy. It is a harmless blue food dye that is sprayed onto the lining of the bowel. This increases the detection of early and flat colonic polyps by at least 50%. You may notice blue discolouration of your bowel motions after this procedure.

4. If a bleeding point is identified at colonoscopy, this may require therapy with an injection, the use of diathermy, an Argon plasma coagulator or metal clips to stop the bleeding.

5. If a large, flat polyp is detected, then a cushion of salty water is injected into the base of the polyp to lift this up. This reduces the risk of damage or perforation to the underlying bowel when the polyp is removed. Often the defect is closed with small clips to reduce the risk of post polypectomy bleeding.

6. If a polyp is detected with a large stalk, a special suture may be placed at the bottom of the stalk (endoloop), to reduce the risk of bleeding after the polyp is removed.

7. If a polyp is detected with some worrying features, then a black carbon tattoo is placed near the polyp site. This permanently marks the site so it can always be checked again in the future, or if that area of bowel does require surgery, then the surgeon will immediately identify the site where the polyp was removed.

8. Dilatation. If a narrowing within the bowel is identified, this occasionally will require stretching (dilatation) with a special balloon that is passed through the colonoscope into this stricture and then inflated to stretch the narrowed area.

9. Haemorrhoids. These will be assessed during the procedure but no treatment can be performed with this technique. This may require a review by a surgeon for haemorrhoid treatment.