

Colonoscopy:

A Guide for Parents, Children and Teens

What is a colonoscopy?

A colonoscopy is a procedure a gastroenterologist (doctor that deals with the gastrointestinal (GI) system) performs to examine the lining of the rectum, large intestine (colon), and part of the small intestine. This procedure will help your doctor better understand the underlying causes of GI symptoms.

The colonoscope is a narrow bendable tube about as thick as your index finger. It has a special digital camera and a light at the end and a hollow passage that goes through the entire length of the tube, through which the doctor can insert special instruments.

The colonoscope is gently inserted through the anus and slowly advanced into the rectum, colon, and end of the small intestine. It allows the doctor to view images on a video monitor. This procedure is also used to collect tiny samples of the inside lining of the intestine, called biopsies, or to perform other procedures such as removing growths on the intestinal lining called polyps.

Why do I need a colonoscopy?

The most common reasons why you may need a colonoscopy are:

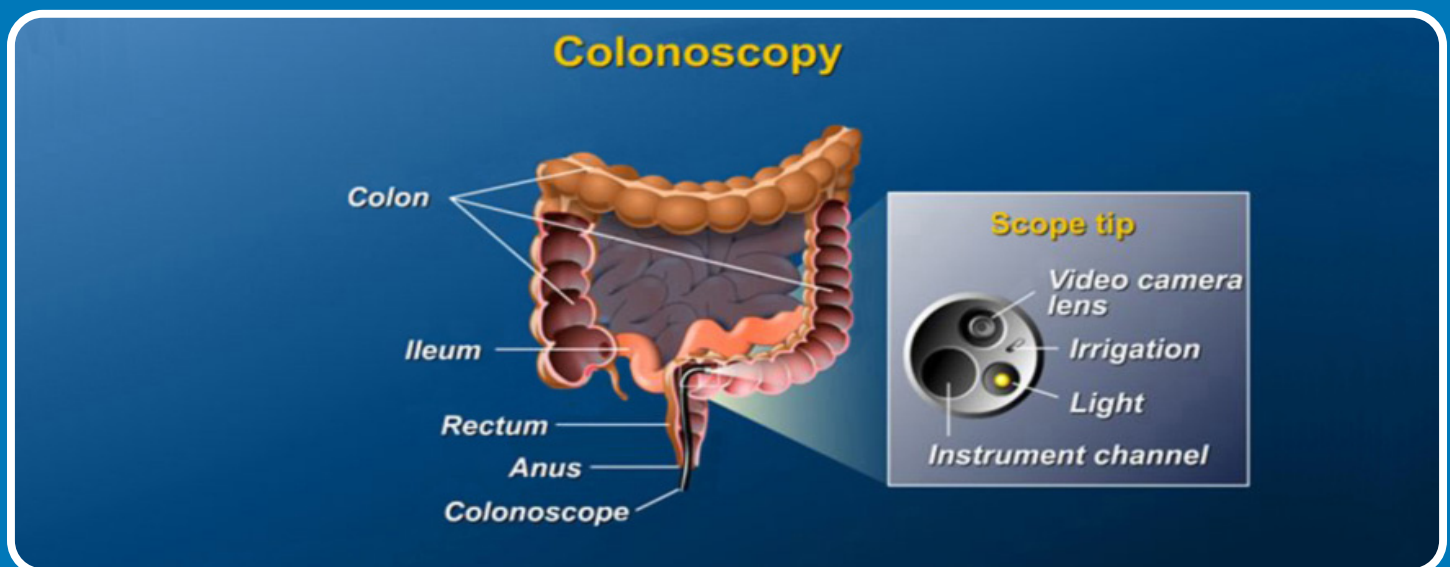
- Rectal bleeding or blood in the stools
- Unexplained change in bowel movements, such as having longstanding loose or watery stools (diarrhea)
- Longstanding unexplained belly or bottom pain
- Poor growth or unexplained weight loss

- In some infectious conditions
- To follow-up after a diagnosis of inflammatory bowel disease
- Fecal material infusion (fecal microbial transplant or FMT)
- Unexplained decrease in blood count from loss of iron (called iron deficiency anemia)
- Strong family history of certain polyps
- Abnormal imaging result, such as X-ray, MRI, or CT scan

What happens before the test?

- ◆ **Bowel preparation:** Bowel preparation: In the days before the test, you will need to take an oral medicine to clean out all the stool from your intestines. This is called a “bowel prep” or a “colon cleanse”. Your doctor’s office will give you instructions on what medication to use and how to perform the bowel cleanse or prep. This is very important to help your doctor clearly see any abnormal areas in your intestinal lining. If there is formed stool in your colon, your doctor may not be able to complete the procedure successfully. Be sure to read all of the information provided very carefully.

For the clean-out to be effective, a large volume must be ingested over a relatively short period of time (your doctor will provide specific details). The end goal is to have clear watery diarrhea or stool that looks like urine. If it is difficult for you to drink the oral medications (laxatives with and without stool softener), your doctor may suggest placement of a nasogastric



tube. Placement of the tube requires you to be admitted to the hospital before the procedure.

◆ **Diet:** You will need to avoid solid food for at least one day before the test. You will also need to drink lots of clear fluids to make sure that you do not become dehydrated or dry on the day of procedure. It is important that during this time you do not eat any solid food or drink any non-transparent liquids. It is also important to avoid red colored foods and drinks.

◆ **Fasting before the procedure:** Your colonoscopy will be performed after a period of complete fasting, except in emergency situations. Your doctor's sedation team will provide you with details of the length of fasting. For those older than 7 years, fasting is usually for 4–8 hours. Eating or drinking before the procedure would make it less safe to have the sedation/ anesthesia (sleeping medication) needed for the test.

◆ **Medications:** You should notify your doctor if you are on any medications. Most medications can be taken right up to the day of the colonoscopy, but some medication may need to be stopped ahead of time.

You will be given more detailed instructions on all of the above by your doctor or nurse.

◆ **On the day of the procedure:** Before the test, your doctor will review the procedure with you and your parent/guardian, including possible complications. Then your parent/guardian will be asked to sign a consent form. If you are 18 years or older, you can sign your own consent form.

An IV will be inserted in your hand or arm. Your blood pressure, heart rate, and breathing will be monitored before and during the test. For older females who have had their menstrual cycle, you will be requested to provide a urine sample for a pregnancy test.

What happens after the procedure?

After the test, the doctor will tell you what was seen with the scope and may have pictures of your intestine to show you. The biopsy result of the intestine usually comes later. You may pass gas intermittently after the procedure. The sooner you are able to pass gas, the less likely you will have cramping. Once you awake and begin drinking liquids, you can go home and start eating normally unless your doctor advises otherwise. If you feel sick after the test, you may be monitored until you feel better.

What are the risks of colonoscopies?

Colonoscopy is a safe procedure, but it does have some minimal risks. Your gastroenterologist will discuss these risks with you. A colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating, or cramping during the procedure depending on the type of sleep medication that was given to you.

However, there are some possible complications of a colonoscopy, including:

- A hole in the intestinal wall, called a perforation
- Excessive bleeding or infection
- Localized collection of blood outside the blood vessels, called a hematoma
- Problems from the sleeping medications for the procedure
- Strong family history. Your gastroenterologist will go over these and any other risks related to your situation.

What should I watch for after the colonoscopy?

You may have a little blood in your stool for a day or so, which is normal. There may be discomfort from gas in the intestine left over from the test, which will pass with time as you let it out.

When should I seek medical advice after the test?

You should call your doctor or go to the emergency department if you have any of the following:

- Increased belly pain for more than an hour
- If your belly becomes big and hard
- Bleeding from your rectum that is more than 2 tablespoons (30 mL)
- Bleeding for more than 2 days
- Fever or repeated vomiting

Last reviewed and updated by: Fola Jose, MD. April 2019

Last edited by Priya Raj, MD, MS. June 2019

➔ Locate a Pediatric Gastroenterologist

IMPORTANT REMINDER: This information from the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) is intended only to provide general educational information as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

714 N Bethlehem Pike, Suite 300, Ambler, PA 19002 **Phone:** 215-641-9800 **Fax:** 215-641-1995 **naspghan.org**
Visit us on **Facebook** at <https://www.facebook.com/GIKidsOrg>, follow us on **Twitter** @NASPGHAN and **Instagram** #NASPGHAN

