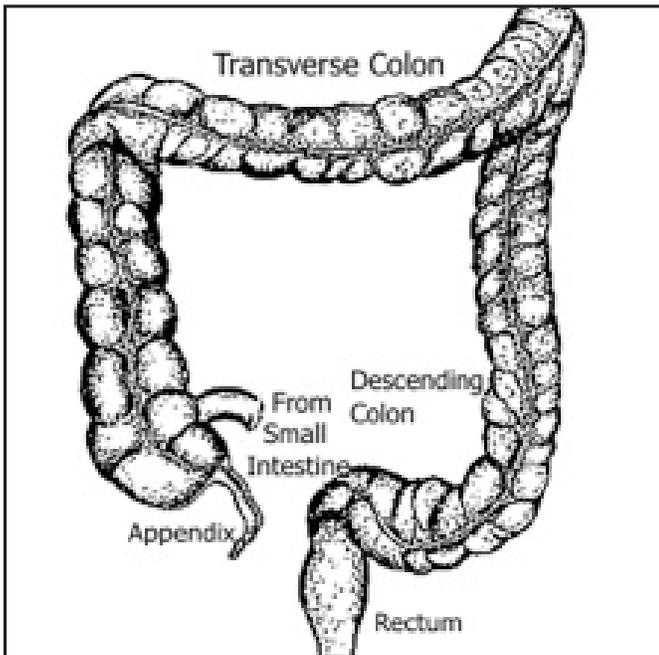


The colon is the large intestine; it is the lower part of your digestive tract. The intestine is a long, tubular organ consisting of the small intestine, the colon (large intestine) and the rectum, which is the last part of the colon. After food is swallowed, it begins to be digested in the stomach and then empties into the small intestine, where the nutritional part of the food is absorbed. The remaining waste moves through the colon to the rectum and is expelled from the body. The colon and rectum absorb water and hold the waste until you are ready to expel it.



## Symptoms

## Tests

Most diseases of the colon are diagnosed with one of two tests: a colonoscopy or barium enema.

## Colonoscopy

### Preparations before this procedure:

The rectum and colon must be completely emptied of stool before a colonoscopy can be performed. Your physician or he/her medical staff will alert you to the steps that need to be taken before this procedure.

A colonoscopy enables your surgeon to examine the lining of the rectum and colon, it is usually done 1) as a routine screening for cancer, 2) in patients with known polyps or previous polyp removal, 3) before or after some surgeries, 4) to evaluate a change in bowel habits or bleeding or 5) to evaluate changes in the lining of the colon known as inflammatory disorders.

A colonoscope is a soft, bendable tube about the thickness of the index finger, which is inserted into the anus and then carefully advanced through the entire large intestine. You will be lying on your side or your back while the colonoscopy is performed. This procedure is generally well tolerated and lasts anywhere from 15 to 60 minutes. There may be a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. The surgeon will give you sedation to help you relax and tolerate any of these discomforts. Arrangements should be made to have someone drive you home, as the sedation will affect your judgments and reaction time.

### Patient Preparations for this procedure:

The rectum and colon must be completely emptied of stool before a colonoscopy can be performed. Your physician or he/her medical staff will alert you to the steps that need to be taken before this procedure.

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## Lower GI Series

A lower gastrointestinal (GI) series uses x-rays to diagnose problems in the large intestine, which includes the colon and the rectum. Abnormal growths, ulcers, polyps, diverticuli, and colon cancer can be discovered with this procedure.

*(continued on next page)*

Before x-rays are taken, a thick liquid called barium is inserted into your colon, commonly also called a barium enema. The barium coats the lining of the colon and rectum, giving a clearer picture of any signs of disease as well as the size and shape of the organs. You may experience the feeling of fullness and pressure in your abdomen, giving you the urge to want to have a bowel movement. However, that rarely happens because the tube used to inject the barium has a balloon on the end of it to prevent the liquid from coming back out. Position changes are important while x-rays are taken, the different positions allow for different views of the colon to be seen. After the radiologist is finished you will be allowed to go to the restroom, the radiologist may then take an x-ray of your empty colon. The lower GI series takes about 1 to 2 hours to complete. The barium may cause constipation and discoloration of your stool (gray or white) for a few days.

### **Patient Preparations for this procedure:**

## Treatment

### **Flexible Sigmoidoscopy**

Flexible Sigmoidoscopy is a procedure that enables your surgeon to examine the lining of the rectum and lower colon (bowel). This is usually done in the surgeon's office or a procedure room, occasionally is done in the hospital. A lubricated soft, bendable tube about the thickness of the index finger is gently inserted into the anus and moved into the rectum and the lower part of the colon.

This procedure is often done as part of a routine screening for cancer for patients over 50 years old, before some surgeries, or to evaluate the causes of symptoms. You will be awake during the procedure. Occasionally, the surgeon may give you light sedation. The procedure is well tolerated and rarely causes discomfort. Inside the colon has few nerve endings; therefore, it is unusual to feel the scope moving within the body. Air is injected to distend or widen the passage. This may cause a feeling of pressure, gassiness, bloating, or cramping during the procedure. You lie on

your side while the sigmoidoscope is advanced through the rectum and lower colon. The procedure usually lasts for 5 to 15 minutes.

### **Laparoscopic Colon Resection**

In most laparoscopic colon resections, surgeons operate through 4 or 5 small openings (each about a quarter inch) while watching an enlarged image of the patient's internal organs on a monitor. A cannula is then inserted into each of these small openings so that a laparoscope and other laparoscopic instruments can be used by the surgeon inside the body. The surgeon then removes part of the colon.

## Advantages

### **Advantages of a Laparoscopic Colon Resection**

- Less postoperative pain
- May shorten your hospital stay
- May result in a faster return to a solid-food diet
- May result in a quicker return of bowel function
- Quicker return to normal activity
- Improved cosmetic results