

General and Therapeutic Colonoscopy (COLON-14)

Colonoscopy is a visual examination of the lining of the large intestine using a fiberoptic endoscope. The procedure includes inspection of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum. A colonoscopy, by definition, must examine the colon proximal to the splenic flexure. The colonoscope is inserted via the anus or stoma, and then advanced under direct vision.

A **therapeutic** colonoscopy is indicated for:

- Removal of a foreign body
- Treatment of bleeding from such lesions as vascular anomalies, ulceration, and neoplasia,
- Excision of a colon polyp
- Balloon dilation of a stenotic lesion,
- Decompression of a sigmoid volvulus and/or an acute non-toxic megacolon or pseudo-obstruction associated with Ogilvie's Syndrome
- Palliative treatment of a stenosing or bleeding neoplasm
- Marking a neoplasm for localization
- Intraoperative colonoscopy for site identification at time of surgery
- Repair of a perforation when it is expected that such repair will most likely avoid further surgical intervention and further surgical intervention is not needed

Colonoscopy is **contraindicated** if the patient has:

- Fulminant colitis,
- Acute severe diverticulitis, or
- Suspected perforated viscus. A therapeutic colonoscopy by a trained endoscopist capable of repairing a perforation site may be allowed when the clinical findings and imaging studies strongly indicate that a perforation has occurred and the suspected site of the perforation allows for endoscopic repair.

References

1. American Society for Gastrointestinal Endoscopy
2. Early DS, Ben-Menachen T, Dewcker G. Appropriate use of GI endoscopy. *Gastrointestinal Endoscopy*: 2012;76(6):1127-1131