A procedure called endoscopy provides the method for examining the colon and locating the site of bleeding. In endoscopy, a small, flexible scope (endoscope) is inserted through the rectum and into the intestine. The scope usually bears a fiber-optic camera, which allows the view through this endoscope to be projected onto a television screen. The operator can introduce the endoscope further and further through the intestine to find the location of the bleeding.

An endoscope is also used for colonoscopies, and sigmoidoscopies.

**Test Description**
An endoscopy is generally performed as an outpatient procedure and thank goodness you should be receiving a sedative and pain reliever. Endoscopes are used to look directly at the area to be examined. Other forms of endoscopy exams of the lower intestines are colonoscopy or sigmoidoscopy.

An ultrasound probe can be added to a gastrointestinal endoscope. This is called an endoscopic ultrasound. Endoscopies also can be used to perform treatment procedures. For example, bleeding from lesions can be stopped, and colon polyps can be removed.

**Test Preparation**
You may be asked not to eat or drink before your endoscopy, such as an examination of the upper gastrointestinal tract. Before an examination of the lower gastrointestinal tract, you may also be asked to clear the colon of stool, using enemas or laxatives.

Ask your health care provider about any special preparation before your endoscopy.

This cleansing will possibly include:

- The use of enemas (stay as close to a bathroom as possible, going out for a walk is not suggested)
- No solid foods for 2 – 3 days prior to the test
- Laxatives
- Aspirin or blood thinning medications may need to stop 4 – 5 days prior to test.
- Drinking lots of clear liquids (water, juice, broths, Jello)
- No Iron supplements for at least a couple of weeks prior, the residues will darken stools and make the inside of the bowel harder to see.
- Some people may receive antibiotics before and after testing to help prevent infection.

**What To Expect During the Exam**
During an endoscopy, the patient is sedated (given a drug to help them relax and possibly sleep). With the right sedation, the patient should experience little if any discomfort. As the scope is gently inserted you may feel slight pressure inside, mild cramping and even gas pains as air is introduced. The passing of gas may be necessary and is expected. There is no need for embarrassment; these are professionals that do this every day. You can ease your discomfort by taking slow, deep breaths and go to your happy place. This will also help relax the
abdominal muscles.

In an endoscopic ultrasound of the rectum, sedation is not usually administered. The probe will create a sensation of the need to move the bowels (pass stool), but should not cause any pain.

After the exam you may experience some mild abdominal cramping, and a bit of gas will be passing through. The sedation will generally wear off in a few hours, and with any luck you may not have any discomfort or memory of the test.

**Purpose of Test**

An endoscopy may be performed for a variety of signs and symptoms, including bleeding, pain, difficulty swallowing, and a change in bowel habits. Exams of the colon may also be performed to screen for diverticula, fistulas, perforated tears, various abdominal conditions, polyps, collection of tissue samples for biopsies, various cancers or tumors, and inflammatory bowel disease.

If there is the likeliness of a diverticulitis infection the test will be postponed until an antibiotic treatment has cleared the infection and inflammation.

**Test Results**

- **Normal**
  - Clear healthy intestinal tissue. No signs of diverticula pouches.

- **Abnormal**
  - The tissues are considered abnormal if diverticula pouches are found in the intestinal lining, any source of bleeding, polyps (which can be removed during the procedure, tumors, or inflammatory bowel disease.

**Risks**

- Infection requiring antibiotics (very rare)
- Vomiting, nausea, bloating caused by oral medications.
- Rectal irritations caused by oral colon cleanse medication.
- Tear of hole in the wall of the colon, repaired by operation. (less than 1 out of 1,000)
- Persistent or heavy bleeding from polyp removal or biopsy location. (1 out of 1,000)
- Reaction to sedative medications, resulting in low blood pressure, or breathing problems (4 our of 10,000)