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Colonoscopy

When you eat and digest your food, it enters the large intestine from the small intestine. Food waste enters the large intestine at the cecum, passes through the ascending (right) colon, the transverse colon, the descending (left) colon, sigmoid colon and then finally passes through the rectum and anus.

The colon (also called the large intestine) is a tube that forms the end part of the digestive tract. It absorbs fluid and also stores waste. The colon measures between 4 to 6 feet. The last part of the colon is called the rectum. The rectum is lined with millions of cells. Changes in these cells can lead to growths in the colon that can become cancerous and should be removed. These growths are called polyps.

Polyps are clumps of tissue that form on the lining of the colon or rectum. Small polyps are usually non-cancerous. The larger a polyp grows, the more likely it is to become cancerous. As a cancerous tumor grows, it may spread beyond the colon or rectum to nearby organs or lymph nodes. The earlier the tumor is removed, the better the chance of preventing spread.

The best test doctors have for finding colorectal polyps is a colonoscopy. This procedure is done at the hospital and most people go home the same day. The day before your colonoscopy, you will do a "bowel prep" to clean out your colon. Right before your test, the doctor will give you medication to make you sleepy. The doctor then gently inserts a long, flexible, lighted tube called a colonoscope into the rectum. If the doctor finds polyps, they may be removed at this time and sent to pathology. If the polyp cannot be removed at this time due to shape, size or location, it may need to be removed with surgery.

If you have polyps removed during your colonoscopy, you may call our office two days after your procedure for biopsy results. Do not be alarmed if these results take slightly longer.