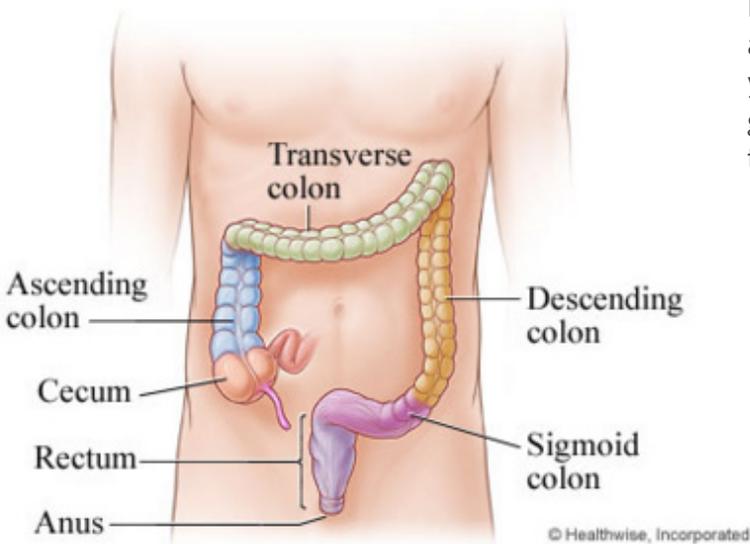


Why should I get a colonoscopy?

It's a fact - a colonoscopy can save your life. It's one of the most effective methods to detect and prevent colorectal cancer. And when discovered early, 90% of colorectal cancers are treatable.



What is a colonoscopy?

A colonoscopy is an outpatient procedure that allows your doctor to examine the lining of your colon (also called the large intestine or large bowel) and rectum. A thin, flexible tube with a light and a small video camera on the end is inserted through the anus and into the rectum and colon.

The test is designed to find abnormal growths, such as polyps or tumors. If suspicious-looking tissue is found, it can often be treated or removed during the procedure.

Why should I get a colonoscopy?

Unfortunately, everyone is at risk for colorectal cancer.

In the U.S., colorectal cancer is the third most commonly diagnosed cancer and the second most common cause of cancer-related death in both men and women. For those under age 50, mortality rates are even higher.

Mercy doctors recommend a colonoscopy starting at age 45 and, if no problems are found, every 10 years thereafter. But some people should consider getting screened earlier and more often, including those with:

- **A family history of colorectal polyps** - People with a parent or sibling who had colorectal polyps or cancer are at increased risk. The risk is even higher if that relative was diagnosed with cancer when they were younger than 45, or if more than one first-degree relative is affected.
- **An inherited syndrome** - The reasons for the increased risk aren't clear in all cases. Cancers can run in families because of inherited genes, shared environmental factors or a combination of these factors. [Learn more](#) about the genetic testing and risk prevention services offered at Mercy.
- **Certain racial and ethnic backgrounds** - African Americans have the highest incidences and mortality rates for colorectal cancer of all racial groups in the U.S. The reasons aren't fully understood. Jews of Eastern European descent (Ashkenazi Jews) have one of the highest colorectal cancer risks of any ethnic group in the world. Several gene mutations leading to an increased risk of colorectal cancer have been found in this group.





What's involved in a colonoscopy?

The hardest part of a colonoscopy is making the decision to get one. When scheduling, you'll need to set aside one afternoon/evening to prep and one day for the test. We have a variety of days and times available to accommodate your schedule. You may resume your usual activities the day after your procedure.

A common deterrent to scheduling the test is the bowel prep. However, with new prep options, bowel prep is easier than ever. On prep day, you'll need to stay close to a bathroom. The prep can take four to eight hours.

On test day, you'll be sedated and sleep comfortably through the exam. The entire procedure usually takes less than an hour, but plan to be at the facility for at least two hours. The amount of time may vary, depending on how much sedation is needed and how you feel afterward. Be sure to have a friend or family member drive you to and from your colonoscopy.

Where and how do I make an appointment?

Mercy gastroenterologists can help determine what's best for you and answer all your questions about the test and how to prepare. They'll guide you through every step of your colonoscopy and work hard to keep you informed and at ease throughout the process.

Learn more about reducing your colorectal cancer risk at mercy.net/colonoscopy

Learn about other colon cancer screening tests at mercy.net/CCscreen