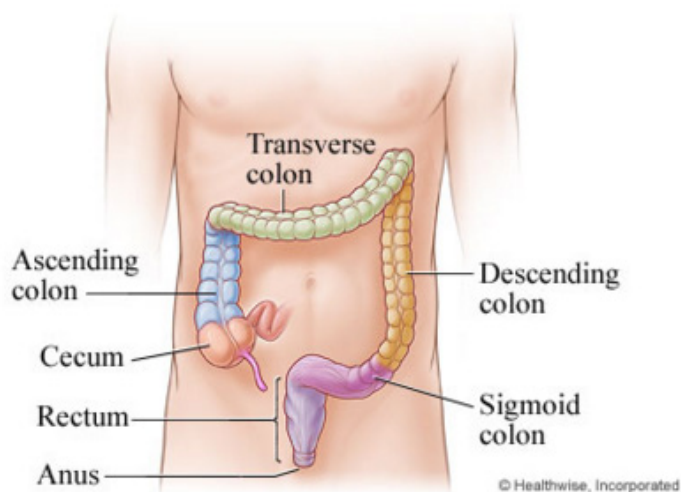


Why should I get a colonoscopy?

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 percent 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 at the same time.

Why should I get a colonoscopy?

Unfortunately, everyone is at risk for colorectal cancer.

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





Mercy doctors recommend a colonoscopy when people turn 50 years old and, if no problems are found, every ten years thereafter. But some people should consider getting screened earlier and more often, including those having:

- **A family history of colorectal polyps** – People with a parent or sibling who have 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 are not 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 United States. The reasons are not 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 the better part of two days – one to prep and one for the test. Consider making your appointment on a Monday and prepping on Sunday to limit time off work. 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, patients are 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 afterwards. 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 colon specialists can help determine what's best for you and answer all your questions about the test and how to prepare. They will guide you through every step of your colonoscopy and work hard to keep you informed and at ease through the entire process.

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