



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

If blood is found in your stool

2013



If blood is found in your stool

You have taken part in the bowel cancer screening programme and have submitted a stool sample (faeces or 'poop') for testing. The results show that your sample contains traces of blood. There are a number of possible reasons for this. It could be a sign of bowel cancer, but it may also be due to benign polyps, haemorrhoids (piles) or other causes. As yet, we don't know. Further investigation is needed. This leaflet provides information about what happens next. Whether you wish to have the follow-up tests is entirely your own decision.

Follow-up

The follow-up consists of two parts: an intake interview and a colonoscopy, during which the doctor uses a thin flexible tube called an endoscope to view the lining of your colon (large intestines or lower bowel). You will attend hospital on two separate occasions: one for the interview and the other for the colonoscopy itself. An appointment for the intake interview has already been made for you: the date and time are shown in the letter with your test results. The letter also explains how to reschedule the appointment if the planned time is not convenient for you.





What is a colonoscopy?

A colonoscopy is an internal examination performed using a thin flexible instrument known as an endoscope. It is roughly the diameter of a finger. The doctor introduces the endoscope via your anus. At its tip is a small camera and a bright light. The images from the camera are displayed on a monitor. The doctor can then inspect the lining of your colon very carefully for any abnormalities.

Why a colonoscopy?

A colonoscopy enables the doctor to detect virtually all abnormalities of the intestinal lining, such as polyps, inflammation, ulcers or tumours. The procedure can therefore provide valuable information about the possible cause of the blood found in your stool sample.

What is the likelihood of bowel cancer?

Suppose that 1,000 people take part in the screening programme and submit a stool sample to be tested for traces of blood. Of these 1,000 people, 950 will be told that there is no reason for any follow-up examination. The other 50 will be invited to have a colonoscopy. Of these 50 people, 12 will be found to have early-stage polyps, 21 to have advanced polyps and 4 will be diagnosed with bowel cancer. The remaining 13 people will be found to have neither cancer nor polyps.



The intake interview

Before the colonoscopy, you will be invited to attend an intake interview with a doctor or specialist nurse at the hospital or colonoscopy clinic. It is important that you can provide all relevant information, including the name(s) and dosage of any medication you take, your medical history, and whether there is any history of bowel cancer in your family. If you are uncertain about your medication or medical history, ask your family doctor (GP).

The doctor or nurse will discuss the information with you and decide whether a colonoscopy is possible and worthwhile. This will largely depend on your general state of health. If a colonoscopy is indicated, you will be given further information about what is involved. At this stage, you can state whether you would like to be sedated during the procedure. Finally, you make an appointment for the colonoscopy itself.

What to bring to the intake interview

When you attend the intake interview, please remember to bring:

- Valid proof of identity (passport, driver's licence or ID card with photo)
- Your health insurance card or policy
- Your patient pass (if you have previously attended this hospital).

Preparing for the colonoscopy

It is essential to prepare thoroughly for the colonoscopy. Your colon (bowel) must be entirely empty and clean. This will enable the doctor to conduct the examination thoroughly and without any problems. You will be required to 'flush out' your colon by drinking a laxative preparation before the examination. Full instructions will be given during the intake interview together with a prescription for the laxative, which you can collect from your pharmacy.

Taking the laxative

You must take the laxative as directed. It will make your bowel movements very runny and frequent: you will have to go to the toilet often. You must also fast on the day before the examination: no solid food is permitted. You should however drink plenty of fluids in addition to the laxative itself. Water, tea, clear soup and non-carbonated soft drinks are all allowed unless you have been told otherwise. Your bowel movements should be watery and virtually colourless, indicating that your bowel and colon are now thoroughly clean.





What is a polyp?

In most cases, bowel cancer begins as a 'polyp', a growth on the lining of the lower intestine. Polyps are relatively common and some people can have several at the same time. Many people have polyps without even knowing it, because they experience no symptoms or complaints.

The majority of polyps are benign (non-cancerous) and will remain so for the rest of the patient's life. However, some polyps can develop into a malignant tumour: bowel cancer. If polyps are discovered during the colonoscopy, they can usually be removed there and then.

Is a colonoscopy painful?

The perception of pain varies from one person to another. Many people find the insertion of the endoscope uncomfortable but not painful as such. If you are suffering from haemorrhoids or anal fissures, there may indeed be some pain. You will be aware of the endoscope moving inside you, especially when negotiating the many bends in your large intestines.

The doctor will probably inject air into your colon in order to obtain a clearer view. This can cause minor stomach cramps.

The topic of pain and discomfort will be discussed during the intake interview. If you wish, you can opt to be sedated during the procedure. You will not be asleep (as under a general anaesthetic) but you will be less aware of what is happening.



Possible interventions during the colonoscopy

If any abnormality is found during the colonoscopy, the doctor can often take immediate action in the form of a minor intervention. He does so through the endoscope itself: no incision is made.

The most common forms of intervention are:

- Removal of a polyp ('polypectomy'). The doctor loops a thin metal wire around the shaft of the polyp and pulls it gently away from the colon lining. He may pass a very weak electrical current through the wire, making it hot enough to burn through the tissue.
- A biopsy of the intestinal lining. The doctor removes a very small amount of tissue for further tests.

Any polyp or other tissue removed during the colonoscopy is sent to the lab for further examination. This will reveal whether and any adenomatous (pre-cancerous) or malignant (cancerous) cells are present, and aids in the diagnosis of various other conditions such as Crohn's disease or ulcerative colitis.

These interventions are virtually painless but there is a very small risk of complications.

Complications

Complications occur in approximately 2 in every 1,000 polypectomies. (Remember that not all colonoscopies involve the actual removal of polyps.) The most common complication is internal bleeding, which may occur immediately or at any time within a week of the procedure. The doctor is generally able to stem the bleeding very easily, either during the colonoscopy itself or by performing a follow-up colonoscopy.

A very serious, but extremely rare, complication is colonoscopic perforation: a small hole or tear in the lining of the intestinal wall which could allow faecal matter to enter the abdominal cavity causing serious infection (sepsis or peritonitis). This is very serious situation which may well call for an emergency operation. The risk of death as a result of having a colonoscopy is extremely small. Exactly how great this risk is in the case of colonoscopies prompted by a



positive screening result is not yet known, but is likely to be somewhere between 1 in 10,000 and 1 in 40,000.

Results of the colonoscopy

Immediately after the colonoscopy, the doctor will tell you what he or she has seen. If polyps are found, they will usually be removed immediately. The doctor may also take one or more biopsies (tissue samples). The polyps and tissue samples will be sent to the lab for further tests and you will be informed of the results approximately one week later.

What happens next?

If advanced polyps are found, you will be invited to undergo some further tests. If actual colon cancer is diagnosed, treatment is available. The precise nature of that treatment depends on the stage of the cancer and your general state of health. In most cases, the initial treatment is a surgical operation to remove part

of the large intestine, usually followed by a course of chemotherapy. If the colonoscopy reveals no significant abnormalities, you will be invited to take part in the colon cancer screening programme again in ten years' time, unless you reach the age of 75 in the meantime.

Complaints following the examination

Following a colonoscopy, many people experience minor complaints such as a mild stomach ache or cramping, a bloated feeling and increased flatulence. These are all perfectly normal and are caused by the air that the doctor uses to facilitate the examination. This air should be expelled as soon as possible: you can do so by passing wind. You may also experience some discharge of mucus and fluid from the anus. Again, this is not a cause for concern unless it persists for more than a few days. If the doctor has removed a polyp or other tissue, there may be minor bleeding. This should stop within a few days.

If blood loss persists or increases in intensity, you should contact the hospital or clinic where the colonoscopy was performed. If any complaints worsen, or if you develop a fever (high temperature), contact the hospital's Emergency Room and ask to be seen by the on-call internal medicine specialist immediately.

No guarantees

Please be aware that a colonoscopy does not offer 100% certainty. There is always a very slight chance that small polyps or other abnormalities will go undetected.

Costs

The follow-up examination (intake interview and colonoscopy) do not form part of the national screening programme and are therefore not funded directly by the government. However, the costs are covered under standard (basic) health insurance. If you have a policy which includes an 'excess' (personal contribution) you may be liable for the costs up to that amount. Please ask your health insurance company for details.

Further information

You are encouraged to ask any questions you may have about the follow-up tests during the intake interview. Your GP can also advise you.

Information about bowel cancer and cancer in general

- www.darmkanker.info, (the Netherlands Stomach, Liver and Colon Foundation; website in Dutch)
- www.kanker.nl, (joint cancer research and support organizations; summary in English)
- www.darmkankernederland.nl, (national bowel cancer support organization; website in Dutch).

Information about the bowel cancer screening programme

- www.bevolkingsonderzoekdarmkanker.nl, (part of the RIVM website)
- www.bevolkingsonderzoeken.nl, (general information about all general screening programmes in the Netherlands, including those for breast and cervical cancer)
- www.rivm.nl (the main website of the Institute for Public Health and the Environment; RIVM)
- www.bevolkingsonderzoekzuid-west.nl (website of the screening programme pilot in the South-west region).

Information line

A telephone information service is available

Monday to Friday,
from 9:00 to 17:00.

Please call

088 248 2000.



You can recognize the screening programme by this logo:

bevolkingsonderzoek

www.bevolkingsonderzoekdarmkanker.nl

Published by:

**Rijksinstituut voor Volksgezondheid
en Milieu**

Postbus 1 | 3720 BA Bilthoven

www.rivm.nl

Although this leaflet has been compiled with the greatest possible care, it is provided for information purposes only. No rights may be derived from its contents.

September 2013