

Having a colonoscopy

Preparing for your test and knowing what to expect

What a colonoscopy does

A colonoscopy examines the lining of your large bowel using a flexible camera passed through the anus. I can take tissue samples and remove many polyps during the same examination. Removing precancerous polyps can help prevent bowel cancer.

I may recommend it after a positive bowel screening test, for bleeding, unexplained iron deficiency or persistent bowel changes, or to follow up previous polyps, cancer or inflammatory bowel disease. Your family history can also affect the recommendation.

Before you decide

I will explain the reason for your test, the expected benefit, your individual risks and any alternatives. Ask about costs and tell me if you need an interpreter or support with preparation. The decision is yours.

Preparing your bowel

A clean bowel makes the examination more reliable. Follow the separate written instructions supplied for your booking, including food changes, the preparation medicine and when to stop eating and drinking. This guide does not replace those instructions.

Preparation causes frequent watery stools, so stay close to a toilet. Take every prescribed dose at the stated time, even if your bowel motions already look clear. The doses are often split between the day before and the day of the test. Drink the permitted fluids in the amounts advised. If you have heart or kidney disease or a fluid restriction, check your plan first.

Contact the team if you cannot finish the preparation, keep vomiting, feel faint or pass very little urine. Do not take extra doses without advice.

Medicines and practical arrangements

- Give the team a full medicine list well before bowel preparation starts, especially blood thinners, insulin, gliflozins (SGLT2 inhibitors), and diabetes or weight-loss medicines such as semaglutide or tirzepatide. Ask for a written medicine plan; do not change doses yourself.
- Tell the team about allergies, sleep apnoea, previous anaesthetic problems and any chance of pregnancy.
- Arrange a responsible adult to collect you and stay with you as instructed. Contact the unit early if this is difficult.

During and after the test

Sedation is usually given to keep you comfortable, with monitoring of your breathing and circulation. Discuss the options with the treating team; a test without sedation may suit selected people. Most people go home after recovery; mild bloating or wind is common.

For at least 24 hours after sedation, do not drive, operate machinery, drink alcohol or make important legal decisions. Follow the discharge instructions about supervision, eating, activity and restarting medicines.

Risks and limitations

Important risks include bleeding, a tear in the bowel wall (perforation), and reactions to sedation or preparation. Bleeding is more likely after polyp removal and can occur up to two weeks later. A complication may need hospital treatment, another procedure or surgery. Injury to the spleen is rare.

No examination finds every polyp or cancer. Poor preparation, narrowing or a difficult bowel may prevent a complete test. I may recommend another colonoscopy or imaging. Depending on the reason for testing, alternatives include CT colonography or flexible sigmoidoscopy; these have limitations and cannot always replace colonoscopy.

When to seek urgent help

Seek urgent medical assessment for severe or increasing abdominal pain, fever, repeated vomiting, black stools, persistent or substantial bleeding, or faintness. Attend an emergency department if you cannot reach the team promptly. Call 000 for collapse, severe breathlessness or chest pain.

Results and follow up

You will receive an initial report. Biopsy and polyp results take longer. Before leaving, check who will give you these results and when, and when medicines should restart. Contact the practice if results have not arrived as expected. Any repeat colonoscopy depends on the findings and test quality. Persistent symptoms still need review after a reassuring colonoscopy.

Tests at a glance

Test	What it can do	Main limitation
Colonoscopy	Inspect, sample and remove polyps	Preparation, sedation and procedure risks
CT colonography	Image the large bowel	Cannot biopsy or remove polyps
Sigmoidoscopy	Inspect and sample lower bowel	Does not examine the whole colon

Further information

[Healthdirect colonoscopy information](#)

My plan: reason for test / preparation and medicines / escort / results and review

Updated October 2026