



Overview

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A colonoscopy looks inside your colon with a tiny camera.

What is a colonoscopy?

A colonoscopy is an examination of the inside of your **large intestine**, which includes your colon, rectum and anus. It's a type of **endoscopy**, which means that it uses an endoscope, a flexible tube with a lighted camera on the end that's inserted into your body. There are different types of endoscopes for different parts of your body. In a colonoscopy, the colonoscope passes through your anus and rectum into your colon. Along the way, it sends pictures of the inside of your large intestine to a screen.

Why would I need a colonoscopy?

A colonoscopy may be preventive, diagnostic or therapeutic — and often, it's all of these. Your healthcare provider may advise you to have a colonoscopy for routine **cancer screening** if you're at a statistically higher risk of developing **colorectal cancer**. Since anyone can have colorectal cancer at any time without warning or symptoms, screening is the best way to stay ahead of it. While screening, your gastroenterologist may also remove suspicious tissues for testing and prevention.

Screening

Most people will have their first colonoscopy for routine cancer screening. Statistically, your risk of developing colorectal cancer goes up as you age, which is why the American Cancer Society recommends regular screening at least by the age of 45. You may not have any reason to suspect you're at risk of colorectal cancer, but when your statistical risk goes up, it's best to check anyway. Colorectal cancer often doesn't cause any symptoms until it's too advanced to treat effectively.

You may be due for a colonoscopy for cancer screening if you:

- Are older than 45 and haven't had one.
- Haven't had one for 10 years.
- Had tissue removed during your last colonoscopy.
- Have a family history of colorectal cancer.
- Have an inherited disease that raises your risk, such as familial adenomatous polyposis (FAP) or Lynch syndrome.
- Have inflammatory bowel disease.

If you have a primary care provider, or if you're seeing a doctor for a checkup or treatment, ask them if you're due for your routine colonoscopy screening. Based on your health history, they'll be able to tell you when you should have one and refer you to someone who can give you one. In the United States, medical insurers and Medicare must cover routine colonoscopy screenings under the Patient Prevention and Affordable Care Act (PPACA). These screenings save thousands of lives each year.

Diagnosis

Some people have colonoscopies because they have symptoms that a healthcare provider must investigate more closely. A colonoscopy provides a better view of your large intestine than other types of imaging tests that don't go inside your body. Your doctor might need this better view to figure out what's causing your symptoms or confirm their suspicions. Sometimes they might need to take a tissue sample (**biopsy**) to examine under a microscope in order to make a diagnosis. They can do that during the colonoscopy.

Symptoms that might require a colonoscopy include:

- Unexplained rectal bleeding or discharge.
- Unexplained changes in your bowel habits, such as diarrhea, constipation or incontinence.
- Unexplained persistent abdominal pain.
- Unexplained weight loss or lack of weight gain in children.

Diseases or conditions that a colonoscopy might help diagnose include:

- Chronic colitis, such as ulcerative colitis or Crohn's disease.
- Intestinal ischemia and ischemic colitis.
- Diverticulosis and diverticulitis.
- Ulcers and perforations.
- Large bowel obstructions.
- Colorectal polyps and colorectal cancer.

Treatment

One benefit of endoscopic procedures like colonoscopy is that if your endoscopist finds a problem during the procedure, they might be able to treat it at the same time. Endoscopists receive training to perform minor procedures with special tools that they pass through the endoscope. During a colonoscopy, they commonly remove any polyps (abnormal growths) that they find and test them for cancer. Removing polyps also prevents possible cancer from developing or spreading.

During your colonoscopy, the endoscopist can:

- Remove polyps (polypectomy).
- Seal wounds.
- Inject medications.
- Remove blockages.
- Place stents.
- Treat tissues with laser therapy.

Test Details

How do I prep for my colonoscopy?

Colonoscopy prep is very important to the success of the procedure. Your healthcare provider will give you detailed instructions to follow in the days leading up to your appointment. The purpose of these preparations is to make sure your large intestine is as clean and clear as possible for your colonoscopy. If it isn't, your endoscopist might not be able to see what they need to see. They might have to reschedule your colonoscopy, and you might have to redo these preparations another time.

You'll begin by adjusting your diet a few days ahead of your colonoscopy. Typically, you'll eat a **low-fiber diet** for two or three days, followed by a **clear liquid diet** on the last day. The afternoon or evening before your colonoscopy, you'll take a **laxative** formula to purge your bowels (by pooping everything out). You'll spend the next several hours in and out of the bathroom a lot. Make yourself comfortable, then get a good night's sleep. Your colonoscopy will usually occur the following morning.

What happens on the day of the appointment?

You'll need to bring someone with you to your appointment who can drive you home. Since it takes a full day for the anesthesia to completely wear off, most healthcare places won't check you in for your colonoscopy unless you have a responsible driver with you. (They'll be hanging out for about two hours altogether.) After check-in, a healthcare provider will lead you to a room where you can change into a hospital gown. A nurse will install an IV line into your arm to begin delivering sedatives and pain medication to your bloodstream.

Do you stay awake for a colonoscopy?

You can have general anesthesia (a controlled loss of consciousness, like sleeping) or you can have conscious sedation (a depression of awareness — you might fall asleep or stay awake, but in either case, you probably won't remember it much afterward). You'll discuss your options for **anesthesia** with a healthcare provider in advance, so you'll know what to expect on the day of the procedure. Your healthcare provider will help you select the right type for your body and your needs.

Is colonoscopy a painful procedure?

With sedation, you shouldn't feel pain inside your colon. This is true even if a provider removes tissue or performs laser therapy inside your colon. But you might feel a little gas pain or pressure when the colonoscope advances into your colon. That's because the colonoscope actually blows carbon dioxide gas into your colon to inflate it for better viewing. It's usually not too noticeable once the inflation part is done. You'll be lying comfortably in the fetal position on a hospital bed, and you may even sleep.

Who performs a colonoscopy?

A gastroenterologist or a colorectal surgeon performs most colonoscopies. Both are specialists in gastrointestinal diseases and receive special training in endoscopic procedures involving your gastrointestinal (GI) tract. Endoscopic procedures like colonoscopy aren't just for looking inside your body — they can also be interactive. Endoscopists can take tissue samples and perform minor interventions through the endoscope. Their certification qualifies them to perform these procedures and to interpret the results.

How does the colonoscopy procedure work?

- The colonoscope is a small, lighted camera attached to the end of a long, thin, flexible tube called a catheter.
- Your provider inserts the colonoscope through your anus and slowly advances it through your colon to the end, where it meets your small intestine.
- While advancing, the catheter pumps air into your colon to inflate it. The camera transmits video of the inside of your colon to a monitor.
- Your provider will watch the monitor for anything abnormal. When they reach the end of your colon, they'll bring the colonoscope back out the

same way, watching a second time.

How long does a colonoscopy take?

It takes about 15 minutes to advance the colonoscope to the end of your large intestine and another 15 minutes to bring it back out the way it came. In this way, the doctor examines your entire large intestine twice. If they find something in the process that they need to remove or treat, this will add extra time. Colon polyps are common: they turn up in about 30% of routine colonoscopies. Although most are benign, it's standard procedure to remove them on sight. This may add another 15 minutes.

What happens after the procedure?

You'll spend the first hour after your procedure recovering in the healthcare center. This is so you have time to wake up from the anesthesia. Your healthcare team will continue to monitor your **vital signs** and watch for any signs of complications. When you're awake, your gastroenterologist will go over what they found during the exam and any procedures they performed. You'll also get a formal report by mail or electronically. If they took a tissue sample for biopsy, you'll get those test results a little later.

How long does it take to recover from a colonoscopy?

It takes about 24 hours for the anesthesia to wear off completely. That's why healthcare providers recommend you don't drive, operate equipment or make important decisions until the next day. But you'll feel more like yourself every hour. You might feel some **gas pain, bloating** or **nausea** in the first hour or two, but this should pass quickly. You can return to your normal diet as soon as you feel ready. If the provider removed the tissue, you might have some light rectal bleeding for a few days afterward.

What are the potential risks or complications of colonoscopy?

Risks and complications are rare but possible. They include:

- Injury to your colon wall, such as a tear.
- Uncontrolled bleeding from tissue removal.
- Infection requiring antibiotics.
- Abnormal reactions to the anesthesia.

Results and Follow-Up

When will I know the results of my colonoscopy?

Most results you'll know right away. Your provider will be able to tell you what they found, what procedures they performed and if they succeeded. If they removed tissue for biopsy, they won't have those results for another few days to weeks. Removing tissue and sending it to a lab doesn't always mean that your gastroenterologist suspects cancer. It could just be a precaution, or they could be looking for something else, like microscopic colitis. They'll let you know what they expect to find.

What are abnormal results from a colonoscopy?

Abnormal results may include:

- Uncontrolled gastrointestinal bleeding.
- Benign, precancerous or cancerous polyps.

- Inflammation (colitis) from infection, ischemia or autoimmune disease.
- Chronic tissue damage, such as scarring.
- Obstruction or narrowing of your intestine (stenosis).
- Abnormal pouches in your intestinal lining (diverticulosis).

Your doctor will discuss your results with you and what they mean.

Additional Common Questions

Video content: This video is available to watch online.

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Learn why you should get a colonoscopy.

Are there alternative ways of screening for colon cancer?

There are several other screening tests for colorectal cancer. Colonoscopy is the most sensitive test, meaning it's the most likely to detect early cancer or precancerous conditions. Detecting potential cancer as early as possible is important to preventing and treating it effectively. Colonoscopy is also the only screening test for colorectal cancer that's both diagnostic and therapeutic at the same time. When doctors find suspicious tissue during a colonoscopy, they can remove it during the same procedure.

Alternative screening tests for colon cancer include:

- **Fecal occult blood tests.** These tests analyze a sample of your poop to look for signs of cancer. Different variations look for evidence of blood

in your poop using different methods. One type also analyzes the DNA in your poop to look for changes that might indicate cancer. You must repeat these tests every one to three years. If you get a positive result from a fecal occult blood test, the next step will be to follow up with a colonoscopy and a tissue biopsy.

- **Virtual colonoscopy.** A virtual colonoscopy is a type of CT scan that produces highly-detailed, 3D images of your colon from a CT scanning bed. It's a "virtual" colonoscopy because it looks inside your colon virtually, with images taken from outside of your body. You have to prep for a virtual colonoscopy the same way you do for a traditional colonoscopy to make sure your bowels are clear. But you won't need anesthesia. Healthcare providers recommend getting this test every five years.

What are the advantages of colonoscopy for cancer screening over the alternatives?

Advantages of a traditional colonoscopy include:

- **Higher sensitivity.** It's more likely to detect cancerous changes sooner.
- **All-in-one diagnosis, treatment and prevention.** If other tests come back positive, you'll have to follow them with a traditional colonoscopy anyway to formally diagnose and treat cancer.
- **You only need it every 10 years.** If your results are normal, you won't have to retest for a while.

A note from Cleveland Clinic

A colonoscopy can be diagnostic, therapeutic and preventive all at the same time. It may seem like a lot to go through if you don't have a disease, but if you do, this makes an important difference. Colorectal cancer is the third-leading cause of cancer death in the United States. It's preventable, but only when detected early. Colonoscopies allow healthcare providers to detect and treat cancer before it develops or spreads and before you have symptoms. If you're clear, you'll only need one every 10 years.

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References

Cleveland Clinic's health articles are based on evidence-backed information and review by medical professionals to ensure accuracy, reliability and up-to-date clinical standards.

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