



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

If your stool has been found to contain blood

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You have taken part in the bowel cancer screening programme. The result is that your stool (poo) has been found to contain blood. This does not necessarily mean that you have bowel cancer. Blood in the stool can have several causes. Further examination in the hospital is needed to find out what is causing the presence of blood in your stool. This leaflet contains further details about this follow-up examination. It is up to you to decide whether or not you want to participate in this examination.

Blood in your stool? In the vast majority of people, this is not related to bowel cancer. Additional examination is needed to find out what is causing this.

Follow-up examination

The follow-up examination consists of two parts: an intake interview and an internal surveillance examination of the colon. This means that you will have to make two visits to the hospital. The first visit is for the intake interview, and the second one is for the internal surveillance examination. This examination is also known as colonoscopy or colonoscopy. In this leaflet we use the term colonoscopy. The letter that you received with this leaflet contains the date of your intake interview. It also contains details of how you can change the date of this appointment.



What is a colonoscopy (internal surveillance examination)?

A colonoscopy is an examination in which the doctor thoroughly checks the inside of your bowel. The doctor uses a viewing instrument, known as an endoscope, for this purpose. An endoscope is a flexible tube that is about as thick as a finger. The doctor slides the endoscope through the anus and into your bowel. At the end of the tube is a light and a camera. The doctor uses this light to make a thorough examination of the inside of your bowel. Images from the camera are displayed on a monitor.

Why is there a need for colonoscopy?

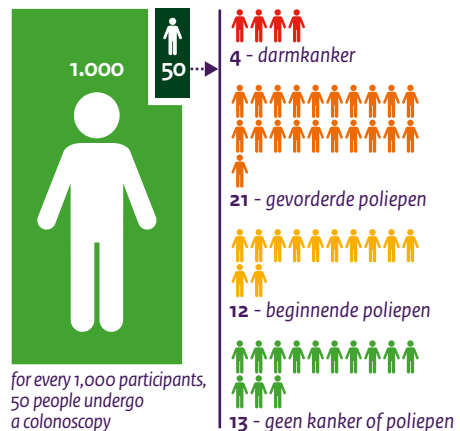
Colonoscopy enables a doctor to detect almost all bowel abnormalities. Such abnormalities can include polyps, tumours, inflammations and ulcers. Colonoscopy may provide information about why blood was found in your stool during screening.

What are the possible results?

If blood was found in the stool, further examination is required (colonoscopy). For every 1,000 people who take part in the screening programme, 50 undergo a colonoscopy.

For each 50 people who undergo a colonoscopy:

- 4 of them will be diagnosed with bowel cancer.
- 21 people will be found to have advanced-stage polyps.
- 12 people will be found to have early-stage polyps.
- The remaining 13 people will be found to have neither bowel cancer nor polyps.





Intake interview

Before the colonoscopy is carried out, you will have an intake interview with a doctor or nurse at the hospital or colonoscopy centre. At that point, the hospital must also have a copy of your relevant medical data. This involves information about your medication and medical history. Discuss this with your GP before going to the intake interview. It is important to know whether there is a history of bowel cancer in your family.

A doctor or nurse will discuss the issue of whether a colonoscopy is both appropriate and possible. This depends on your state of health. If a colonoscopy is appropriate in your case, you will be given further details about this. You can also indicate whether or not you wish to be sedated. Sedation makes you less aware of the examination. Finally, during the interview, you will make an appointment for the colonoscopy.

What to bring with you to the hospital

Do you have a hospital appointment for an intake interview or colonoscopy?

Bring the following items with you:

- the invitation letter;
- letter from the GP containing medical history (if applicable);
- valid proof of identity;
- your insurance details;
- if you have previously been to this hospital: your medical ID card or patient ID card;
- the medication you are taking (remember to include any non- prescription medication you are taking).

Preparation for colonoscopy

Proper preparation for colonoscopy is very important. It is vital that your bowel be completely clean and empty. This usually allows the doctor to carry out the examination without any problems, and to thoroughly check the inside of your bowel. During the intake interview, you will be told how to empty and clean your bowel at home, using a liquid laxative. You will be given a prescription that you can use to collect this laxative from the pharmacy.

Drinking laxative fluid

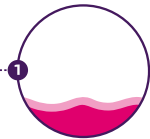
In preparation for the colonoscopy, you will drink a strong liquid laxative at home. This will make your stool very watery, and you will have to go to the toilet often. Furthermore, you are not permitted to eat anything prior to the examination. You will be informed about this during the intake interview. In addition to the liquid laxative, it is important to drink a lot. You can drink water, tea, broth, and still lemonade. Ultimately, the aim is for your stool to be watery and almost clear. This means that your bowel will be completely clean and empty.



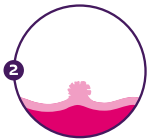
What is a polyp?

Bowel cancer usually starts as a polyp. A polyp is a bulge on the wall of the colon. There are early-stage and advanced-stage polyps. Polyps in the bowel are quite common. People can have several polyps in their bowel. A lot of people have polyps without their knowledge; they usually do not cause any symptoms. Most polyps are benign and will always remain benign. Some polyps can develop into malignant tumours: bowel cancer. If any polyps are found during this colonoscopy, they will usually be removed immediately.

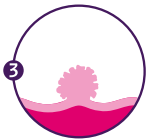
Possible course of polyp development



1. This is what the wall of the colon looks like.



2. A polyp is a bulge on the wall of the colon.



3. A polyp can remain small. However, a polyp may also increase in size. It is then an advanced-stage polyp.



4. An advanced-stage polyp can keep on growing, and may include precancerous cells.



5. If the precancerous cells of a polyp in the intestinal wall keep on growing, we call it bowel cancer. The cancer cells can spread throughout the body.

Is colonoscopy painful?

Sensitivity to pain differs from one person to another. For many people, the insertion of the endoscope is an unpleasant experience. If you suffer from haemorrhoids or fissures around the anus, this can be extra painful. Pushing the endoscope up through the colon can be painful, especially at the bends. The examination can also cause abdominal cramps.

The issue of sensitivity to pain is discussed during the intake interview. You can indicate whether or not you wish to be sedated. Sedation helps to make you less aware of the procedure, and it usually makes the experience less painful.



Possible surgical procedures during colonoscopy

If any abnormalities are seen during colonoscopy, the doctor may perform minor surgical procedures immediately. The most common surgical procedures are:

- Removing a polyp. The doctor places a loop of metal wire around the polyp. In this way, it is possible to cut right through the stalks of small polyps. The doctor can also pass a weak electrical current through the metal wire. This makes it possible to burn through the polyp's stalk.
- Removing a small piece of tissue from the lining of the intestine (biopsy).

The doctor may remove small pieces of tissue for further investigation. The nature of the tissue or the polyp is investigated in a laboratory. This investigation determines whether the cells are precancerous or whether bowel cancer has developed. It can also identify other diseases, such as Crohn's disease, ulcerative colitis or other inflammatory bowel diseases. These procedures are virtually painless. There is, however, a slight risk of complications.

Complications

As with any medical procedure, colonoscopy carries a risk of complications. This risk increases if the doctor removes a polyp or tissue sample during the examination. On average, 2 out of 1,000 colonoscopies will experience complications. Bleeding is the most common complication. Such bleeding may start immediately after the examination, but it can also occur during the first week after the procedure. The doctor can almost always stop this bleeding during the colonoscopy itself (or during a subsequent colonoscopy). One rare but very serious complication is perforation of the bowel. This is a hole or a tear in the wall of the bowel. When this happens, stool can enter the abdominal cavity. This can cause peritonitis. This is a dangerous situation, one that often requires emergency surgery. There is a very slight risk that colonoscopy may result in death. This is likely to be between 1 in 400,000 and 1 in 10,000. The level of risk associated with colonoscopies following screening is not yet known.



The result of colonoscopy

Immediately after the colonoscopy you are told what the doctor has seen. If any polyps were found, they will usually have been removed. The doctor may also have removed small pieces of tissue. Any polyps or small pieces of tissue that were removed are examined in the laboratory. You will be informed about the results of that examination after about a week.

Follow-up

Depending on what was found during the colonoscopy, when you visit the hospital you will be informed about the next steps. If bowel cancer is detected, this will be followed by treatment at the hospital. The treatment will depend on the stage of the cancer in question. Another deciding factor is the patient's state of health. Initial treatment usually involves surgery, to remove a section of the colon. In some cases, supplemental chemotherapy may be needed. If no relevant abnormalities are found, you will get another invitation to attend a bowel cancer screening programme in 10 years' time. The risk of developing bowel cancer during this time is very small.

Symptoms after the examination

Many people will suffer from symptoms for some time after a colonoscopy. These include abdominal pain, intestinal cramps, bloating and flatulence. You may also notice discharges of mucus and fluid from your anus. If your doctor removed a polyp or a small piece of tissue, you may also notice some bleeding from your anus. This is quite normal, and will usually stop within a few days after the examination. If the bleeding persists or becomes heavier, it is important that you contact the colonoscopy centre where the colonoscopy was performed. If the symptoms get worse, or if you develop a fever, please contact the duty gastroenterologist through the hospital's Accident and Emergency Department.

No certainty

Colonoscopy does not provide complete certainty. There is always a chance that polyps or bowel cancer will be missed. If you have any symptoms that might indicate bowel cancer, please contact your GP.

Costs

Further examination (intake interview and colonoscopy) is not part of the screening. Your health insurance will reimburse the costs of this examination. You may be obliged to pay the costs, or a part of them, yourself. This depends on your excess amount and how much you have already used of this. For questions about this, please contact your health care insurer. Perhaps the follow-up examination is scheduled in a hospital that is not contracted by your health care insurer. In that case, your health care insurer does not reimburse all costs. Please check with your health care provider before you go to your appointment.

Where can you get further information?

If you have any questions about the further examination, you can ask them during the intake interview. You can also ask your GP.

Information about cancer (including bowel cancer)

- www.maagleverdarmstichting.nl
- www.kanker.nl, maintained by organisations in the field of cancer (Dutch Cancer Society (KWF), Dutch Federation of Cancer Patient Organizations (NFK), Association of Comprehensive Cancer Centres (IKNL)
- www.darmkankernederland.nl, maintained by SPKS, the Foundation for Patients with Cancer of the Digestive Tract

Details about the screening programme

- www.bevolkingsonderzoekdarmkanker.nl, about the bowel cancer screening programme and maintained by RIVM (National Institute of Public Health and the Environment)
- www.bevolkingsonderzoeken.nl, by RIVM (National Institute of Public Health and the Environment) containing information about all public health screening programmes. This website also contains information about the screening programmes for cervical cancer and breast cancer

Where can you get further information?

At RIVM's instruction, the five screening organisations set up and manage screening programmes. You can call the screening organisation's Information Line. Details of the phone number and the website of the screening organisation in your region are given in the letter or at www.bevolkingsonderzoekdarmkanker.nl.

Do you have any complaints, tips, or questions about the screening? For contact details and information about how to submit complaints: www.bevolkingsonderzoekdarmkanker.nl.



For contact details and information: www.bevolkingsonderzoekdarmkanker.nl.
You can obtain details of the screening organisation's telephone number and address at this website.

You can identify the screening programmes by this logo:

bevolkingsonderzoek

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