Look inside

Get your large bowel checked

Have you ever wondered what actually happens inside your gut?

Are you putting off tests because you don't have any pain?

This guide is designed to provide a clear and straightforward explanation of why you should take proper care of your gut before you experience any symptoms, and what role a colonoscopy plays.

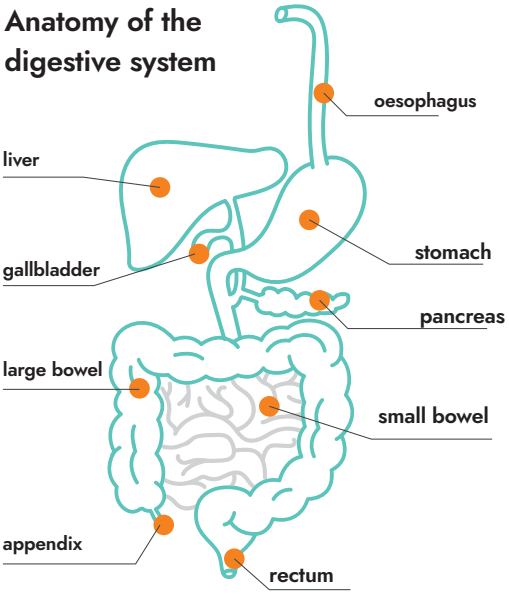
Information you'll find in this guide:

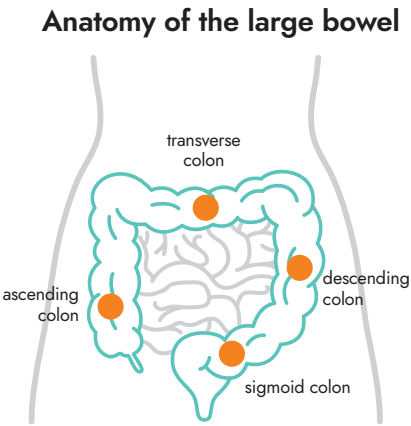
- **basic facts about colonoscopy and its role in preventing colorectal cancer,**
- **the most common diseases of the large bowel,**
- **symptoms you should not ignore,**
- **practical tips for maintaining a healthy gut.**

Remember:

This guide is for educational purposes only. It is not a substitute for an actual appointment with a doctor or diagnostic tests. If you have any health concerns, please consult your GP or a gastroenterologist.

A colonoscopy could save your life – you may not notice obvious symptoms, but bowel diseases can develop silently. Don't put off your check-up – prevention is always better than treatment.





What is the role of the large bowel?

Measuring between 1.3 and 1.5 metres in length, the large bowel is the final section of the digestive tract. The ileocecal valve (also known as Bauhin's valve) separates the small bowel from the large bowel.

The large bowel is divided into the cecum with the appendix, the colon (which consists of the ascending colon, the transverse colon, and the descending colon), and the rectum.

Its first and thickest section, which can reach up to 8 cm in diameter when relaxed, is the cecum. This is also where the appendix is located, an organ measuring 8–10 cm, situated in the lower right abdomen.

Functions of the large bowel:

- **It absorbs water and electrolytes** to maintain a healthy fluid balance.
- **It turns food waste into stool,** preparing it for elimination from the body.
- **It protects from harmful microorganisms** – its mucosa and gut bacteria play an essential role in supporting your immune system.
- **It supports overall health** by influencing immunity, weight, and even mood.

Why should you have your large bowel checked?

Colorectal cancer develops silently – often for many years without any symptoms. That's why preventive screenings are so important.

Screening tests, especially colonoscopy, make it possible to detect cancerous changes or their early stages (e.g. polyps) before they become a serious threat.

The earlier the diagnosis, the greater the chance of a complete cure.

Unfortunately, many people still avoid these tests out of fear, embarrassment, or because they have no symptoms—and it's precisely the lack of symptoms that can be the most deceptive.

What is colonoscopy?

Colonoscopy is an **endoscopic examination** that looks inside the large bowel. During the procedure, a flexible tube with a camera (a colonoscope) is inserted into the rectum, transmitting video images to a display screen.

The procedure usually lasts between **20 and 40 minutes** and makes it possible to:

- assess the condition of the intestinal mucosa,
- detect inflammatory changes, polyps, or tumours,
- **immediately remove** any detected polyps (a preventive measure that stops changes harmless at the time of removal from developing into colorectal cancer),
- take tissue samples for histopathological examination (biopsy). During a colonoscopy, the site where a biopsy or polyp removal is performed is marked endoscopically, often with an endoscopic tattoo dye. This allows for precise localisation of the lesion in the bowel during further diagnosis or treatment. The marking facilitates later monitoring or surgical procedures.

Is colonoscopy painful?

It varies from person to person – some patients experience only mild discomfort, while others require pain relief or sedatives.

The examination can be performed without anaesthesia, however, the patient has the right to request pharmacological methods to ease discomfort, such as:

- **Intravenous sedation** – administering sedatives and painkillers intravenously, usually performed by an anaesthesiologist or a trained endoscopist. This method is a standard practice in most clinics and is usually sufficient to ensure comfort during a colonoscopy.
- **General anaesthesia** – full anaesthesia, used for patients with significant anxiety, a history of previous difficulties, or expected technical challenges. Availability varies depending on the anaesthesiology resources of the clinic.

In each case, the decision about the type of anaesthesia should be made in consultation with a doctor, taking into account the patient's health condition and the organisational capabilities of the clinic.

How safe is colonoscopy? What is the incidence of complications?

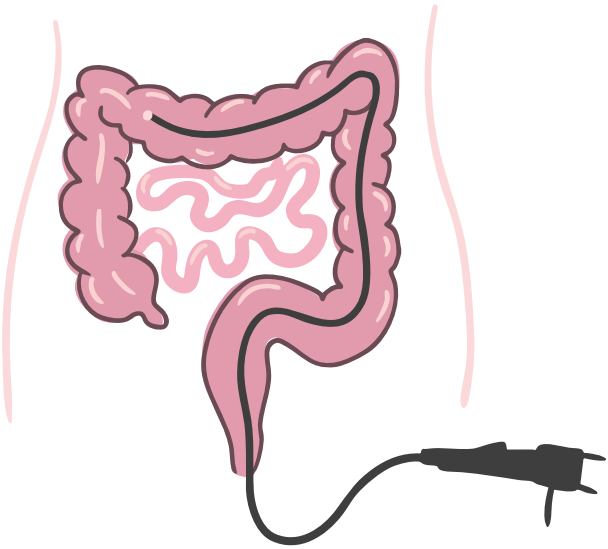
Colonoscopy is considered a very safe procedure, especially when performed by an experienced endoscopist.

Some statistics:

- **Bowel perforation**: occurs in about 5 out of 10,000 patients (0.05%)
- **Bleeding requiring intervention (e.g. after polyp removal)**: occurs in about 18 out of 10,000 patients (0.18%)

Source: The American Journal of Gastroenterology ():10.14309/ajg.0000000000003429, March 27, 2025. | DOI: 10.14309/ajg.0000000000003429

Bloating, cramps, and a feeling of fullness occur in about 25–30% of patients, and 5–11% experience mild abdominal pain – these symptoms usually resolve within a few hours after the examination. This is a normal reaction of the bowels to the air used during the colonoscopy and does not represent a serious complication.



What about pain?

- **Without sedation**: some patients experience discomfort or cramps – especially when the colonoscope navigates bends in the bowel (e.g. in the sigmoid colon).
- **With sedation**: most patients describe the procedure as tolerable or painless – in hindsight, many do not remember the process.
- **With general anaesthesia**: the patient is asleep and feels nothing, however, this option requires an anaesthesiologist and is less available.

Conclusion

Colonoscopy is not a pleasant examination, but in most cases, it is safe and well-tolerated. Serious complications occur in 1 out of 1,000–2,000 procedures, and sedation can significantly improve patient comfort.

Colorectal cancer prevention: Who, when, and how?

What does colorectal cancer prevention involve?

Prevention involves actions that allow a disease to be detected at an early stage or completely prevented. In the case of colorectal cancer, the most effective methods of prevention are:

Colonoscopy

- An **endoscopic examination** during which the doctor views the inside of the large bowel and, if necessary and possible, removes polyps before they turn into cancer.
- Considered the **gold standard** of preventive healthcare.
- If the result is normal, recommended **every 10 years**.

FIT (Faecal Immunochemical Test)

A simple and non-invasive test performed in outpatient conditions. It tests a stool sample and detects blood that is invisible to the naked eye – one of the possible signs of cancer.

It is recommended every one or two years.

Who should get screened and when?

Individuals without symptoms (general population):

- Individuals aged 50–65 are eligible for a free colonoscopy under the National Health Fund (NFZ) Screening Programme (no referral required),
- Individuals aged 66–74 can undergo the procedure with a doctor's approval (e.g. primary care physician),
- Individuals aged 75 or more – a colonoscopy can be considered on a case-by-case basis (in line with ESGE and USPSTF recommendations).

Individuals in risk groups should start screening earlier:

- In the case of a family history of colorectal cancer – screening may begin as early as age 40 or 10 years earlier than the family member's diagnosis,
- If the patient has been diagnosed with inflammatory bowel disease (ulcerative colitis, Crohn's disease).

In the case of symptoms such as:

✔ **Changes in bowel habits (diarrhoea, constipation, feeling of incomplete evacuation)**

- Sudden onset of alternating constipation and diarrhoea.
- Feeling of incomplete evacuation—even with straining, the stool seems not fully passed. This may indicate something is blocking the bowel.

✔ **Blood in the stool or rectal bleeding**

- Bright red blood – especially if it does not occur in other situations (e.g. haemorrhoids).
- Dark, tarry blood is a sign of possible bleeding from upper sections of the gastrointestinal tract.

These symptoms require urgent medical attention.

✔ **Abdominal pain, especially in the lower abdomen**

- Persistent discomfort: pain in the lower abdomen or around the navel.
- May be accompanied by bloating, a feeling of fullness, or intestinal cramps.

This is a common symptom of both cancer and other bowel diseases.

✔ **Unexplained weight loss**

- Losing weight without an obvious reason – when you are not dieting or exercising more than usual – can be a sign of cancer, including colorectal cancer.

✔ **Fatigue and drowsiness – signs of anaemia**

- Blood loss can lead to anaemia, which manifests as fatigue, drowsiness, and general weakness. These symptoms are often mistaken for overwork or stress, and therefore frequently ignored.

Do these symptoms mean cancer?

Not always. Many of these symptoms could be signs of other diseases, e.g.:

- **Ulcerative colitis** – manifests as diarrhoea with blood and abdominal pain.
- **Crohn's disease** – may cause abdominal pain and changes in stool.
- **Diverticulosis** – causes pain and digestive problems.

However, these conditions can also increase the risk of cancer – especially if left untreated.

What you should do:

- Do not ignore changes in bowel habits or the presence of blood – even if they seem harmless.
- Consult your GP and consider doing basic tests (e.g. faecal occult blood test).

If symptoms occur or the test is positive, your doctor may refer you for a colonoscopy, which is the most effective diagnostic tool.

A healthy lifestyle for a healthy gut

It's always better to prevent than to cure – this rule is especially important when it comes to colorectal cancer. A healthy lifestyle can significantly reduce the risk of this disease.

What exactly should you do?

An active lifestyle as the foundation of good health

Regular physical activity, such as walking, Nordic walking, running, swimming, or cycling supports the proper functioning of the digestive system.

Why is it important?

Exercise:

- speeds up metabolism,
- reduces the risk of constipation,
- stimulates intestinal peristalsis (the natural movements of the bowels).

In summary, regular physical activity has a positive impact on health, e.g. by reducing the risk of developing polyps, which can turn into colorectal cancer.

A healthy diet

A diet rich in vegetables, fruits, whole-grain products, and fibre supports digestion and helps regulate bowel function.

Things you should eat frequently

- fruit and vegetables (preferably fresh ones)
- whole-grain products (e.g. wholemeal bread, groats, oats)
- legumes and nuts

Things you should avoid or restrict

- red and processed meat (e.g. cold meats, sausages)
- greasy and fried foods
- fast foods and sweetened carbonated drinks.

A firm "no" to cigarettes and alcohol

Smoking increases the risk of many types of cancer, including colorectal cancer. The same goes for alcohol: excessive consumption is also linked to a higher risk. Replacing these habits with healthier choices is a real step toward protecting your gut.

Take care of your mind

Stress, tension, and fatigue affect not only your mood but also your digestive system. Irregular bowel movements, stomach pain, or diarrhoea can be related to stress.

That's why you should:

- take regular breaks and make sure you get enough good-quality sleep,
- practise relaxation techniques (e.g. breathing exercises, mindfulness),
- seek help from a psychologist if you feel the need.

To recap:

Your lifestyle has a huge impact on gut health — and that's not just a meaningless slogan. With regular physical activity, a balanced diet, restriction of stimulants, and caring for your mental well-being, you can significantly lower you risk of colorectal cancer.

How to prepare for a colonoscopy?

Proper bowel preparation is the key to an effective and safe examination. If the bowel is not adequately cleansed, the doctor may miss important changes and the test will need to be repeated.

3–5 days before the examination – a light diet

Switch to an easily digestible diet to minimise food residues in the bowels.

Eat:	Avoid:
White rice, white bread, pasta, cooked meat or fish, eggs, congee, clear soups, cottage cheese.	Wholemeal bread, raw fruit and vegetables (especially with pips and skin), seeds, nuts, pickles, bran

The day before the examination – last meal and start of cleansing

Have your last light meal (e.g. cream soup, white bread with cottage cheese) before 2–3 PM.

In the afternoon and evening – consume only clear fluids:

- still water, clear tea, broth without additives, pulp-free apple juice, isotonic drinks (without red or blue colouring).

Bowel-cleansing formula

Your doctor will provide you with instructions on the laxative formula. The dosage will vary depending on the specific product.

The usual process:

- Drink the entire dose the evening before the test within 3–4 hours,
- or split it into two doses and drink one half in the evening and the other half in the morning on the day of the test.

Drink in small portions: 200–300 ml every 10–15 minutes, preferably chilled – it makes it easier to drink.

What to expect?

The laxative effect usually begins after 1–3 hours. You'll experience frequent, watery bowel movements – this is normal. The goal is to achieve a clear or light yellow stool (without food particles).

On the day of the examination – safety rules

- Do not eat for at least 6 hours before the procedure.
- In some cases the second dose of the laxative formula can be taken in the morning – follow your doctor's instructions.
- Water or clear fluids are allowed up to 2 hours before the procedure.
- Consult your doctor about your regular medications (e.g. for hypertension, diabetes, blood thinning).

What should you bring to the appointment?

- an identity document,
- a list of your regular medications,
- results of previous tests (if available),
- a referral (if required).

It's a good idea to have someone accompany you to the procedure, especially if it'll be performed under sedation or general anaesthesia.

Frequently asked questions:

Can I go to work on the day of colonoscopy prep?

It depends. If you're a remote worker and have easy access to a bathroom, it may be possible. If your job is physical or outside the home, you should take a day off.

Can I eat normally right after the procedure?

Usually yes – start with a light meal and gradually return to your regular diet.

What if I don't drink the full dose of the formula?

Contact the clinic. Incomplete bowel cleansing may require for the procedure to be rescheduled.

Summary:

When?	What?
3–5 days before	Light diet, no seeds and fibre
The day before	A light lunch before 2–3 PM, followed by a liquid diet
In the evening	Taking the laxative formula according to instructions
Colonoscopy day	Fasting, water allowed up to 2 hours before the exam

Important:

The above information serves as general educational guidance. Specific instructions regarding preparation, dosage of the laxative formula, and any necessary adjustments depend on the patient's individual health condition and should be determined by the physician ordering or performing the procedure.

Colonoscopy for stoma patients

Colonoscopy for colostomy patients

If you have a colostomy, you may be wondering whether a colonoscopy is possible, necessary, and safe in your case.

The answer is: yes. In many cases, a colonoscopy through the stoma is possible and can be a very important follow-up examination.

Do colostomy patients need to have a colonoscopy?

Yes. If you a portion of your large bowel has been preserved, you are at risk of developing pathological changes and cancer.

A colonoscopy may be recommended:

- as part of oncological follow-up,
- if alarming symptoms occur (e.g. bleeding, change in bowel habits),
- as a preventive screening after the age of 50.

How is a colonoscopy performed through a stoma?

In the case of a colostomy patient, the colonoscopy is performed through the stoma. The doctor inserts the endoscope into the bowel through the stoma. If the preserved bowel allows access to the further sections, the examination is valuable. Sometimes more delicate instruments (e.g. a gastroscope) are needed, especially if the stoma is narrow or there are adhesions.

How to prepare for a colonoscopy through a stoma?

The preparation method depends on the location and type of colostomy:

- Low colostomy: standard preparation (e.g. a laxative formula) is often possible.
- High colostomy: standard preparation is usually not possible because the laxative would flow out into the bag and would not clean the further sections of the bowel.

In some cases, the doctor may recommend flushing the stoma or irrigation.

Ask the referring or performing doctor about the appropriate preparation method.

Is a colonoscopy through a stoma painful?

In most cases, it is not painful, although it can be uncomfortable.

If necessary, the procedure can be performed with sedation or short-term anaesthesia.

For some people with a colostomy, a colonoscopy through the stoma may even be more comfortable than the traditional method.

Remember:

Having a stoma does not protect you from colorectal cancer – screening is still important. If you have any concerns, consult your surgeon, gastroenterologist, or GP.

Colonoscopy for ileostomy patients

If you have an ileostomy (an opening created in the terminal section of the small bowel), a different approach is necessary than with a colostomy.

A colonoscopy may be necessary, but it's not always possible – it depends on the length of your preserved large bowel.

When does a colonoscopy make sense for an ileostomy patient?

It depends on the type of surgery and your anatomy:

- If you have an ileostomy and a preserved portion of the large bowel – a colonoscopy through the rectum or the stoma may be performed.
- If your entire large bowel has been removed (colectomy) – a colonoscopy is neither possible nor necessary.

Things to consider

If you have an ileostomy and a preserved rectum, a colonoscopy can be performed through the rectum.

In the case of a loop stoma, a colonoscopy through the stoma may be possible, but this requires a doctor's assessment.

Summary:

If you have an ileostomy, you shouldn't assume that a colonoscopy doesn't apply to you.

It all depends on whether any part of the large bowel has been preserved. Your doctor is best positioned to determine whether the examination is possible and necessary, and how to prepare for it.

Common large bowel diseases

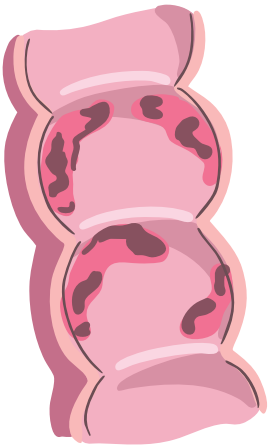
Colorectal cancer

A malignant cancer that usually develops from polyps – benign growths of the mucous membrane.

Symptoms that should raise concern:

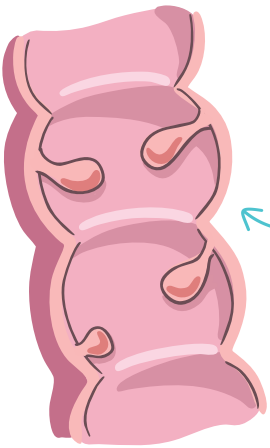
- blood in stool (visible or occult),
- changes in bowel habits (e.g. alternating diarrhoea and constipation),
- abdominal pain, especially if it recurs,
- unintentional weight loss.

Treatment includes surgery, chemotherapy, and radiotherapy. Early detection significantly increases the chances of a full recovery.



Colorectal polyps

These are benign growths of the mucous membrane that usually cause no symptoms, but some can develop into malignant cancer.

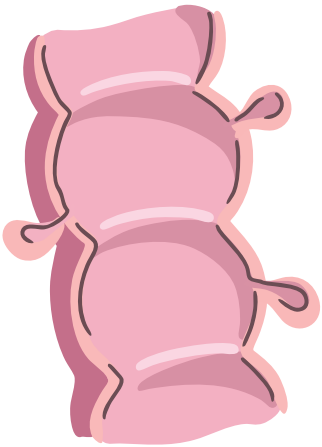


Removing polyps helps prevent cancer.

They are usually detected incidentally during a colonoscopy.

Diverticulosis and diverticulitis

Diverticula are small protrusions in the wall of the bowel, most commonly in the sigmoid colon, forming “pouches” or “pockets”. They can be congenital (true diverticula, involving all layers of the intestinal wall) or acquired (false diverticula, formed due to weakening of the intestinal wall). They are common in people over the age of 60 and usually do not cause symptoms.



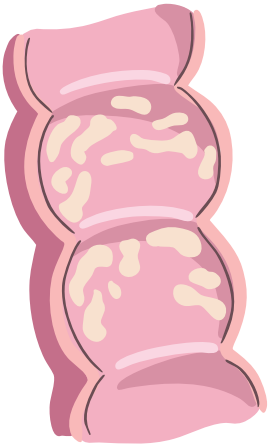
Diverticulitis may present with:

- pain in the lower left abdomen,
- fever,
- nausea,
- sometimes rectal bleeding.

Treatment includes diet, antibiotics, and in more severe cases, hospitalisation or surgery.

Ulcerative colitis

A chronic autoimmune disease that causes inflammation and ulceration of the mucous membrane of the large bowel.



Symptoms include:

- diarrhoea (often with blood and mucus),
- abdominal pain,
- weakness and fatigue.

Treatment of ulcerative colitis primarily involves medication – ranging from anti-inflammatory drugs (aminosalicylates, glucocorticoids) to immunosuppressive and biological therapies. In severe, treatment-resistant cases, surgical intervention may be necessary.

Crohn's disease

A chronic inflammatory condition that can affect any part of the digestive tract – from the mouth to the anus.

Symptoms include:

- abdominal pain, diarrhoea (sometimes with blood),
- fever, weight loss,
- perianal fistulas.

Treatment involves medication (e.g. steroids, biologic drugs), sometimes surgery.

Irritable bowel syndrome (IBS)

A functional disorder, in which there are no inflammatory or structural changes in the bowel.

Symptoms include:

- chronic bloating,
- abdominal pain that improves after a bowel movement,
- recurring diarrhoea or constipation.

Treatment involves a diet (e.g. low FODMAP), lifestyle changes, stress reduction, symptomatic medications.

Large bowel ischaemia

It occurs when there is inadequate blood supply to a portion of the bowel.

Acute form:

- sudden, severe abdominal pain,
- bloody diarrhoea,
- nausea, vomiting.

Chronic form:

- abdominal pain after eating,
- loss of appetite and weight loss.

Treatment depends on the cause – ranging from conservative management to surgery.

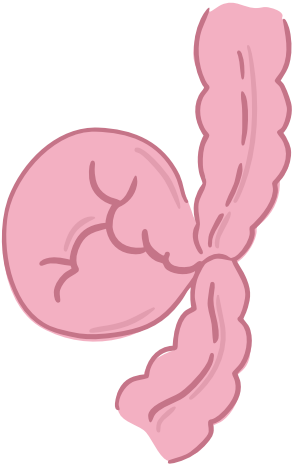
Large bowel obstruction

A condition where intestinal contents cannot move through the bowel due to a mechanical blockage (e.g. tumour, volvulus).

Symptoms include:

- severe abdominal pain,
- inability to pass gas or stool,
- vomiting (sometimes faecal).

Urgent surgical intervention is required.



Summary

There is no reason to be afraid of medical exams – a colonoscopy can save your life. Maintain a healthy lifestyle, don't ignore symptoms, and consult your doctor if you have any concerns. Prevention is the best way to stay healthy for life.

It is natural for you to feel anxious before a colonoscopy – about pain, potential complications, or the results. Bear in mind that it is a short and safe procedure, often performed under modern anaesthesia. By taking care of your gut, you also support your mental health, because over 90% of serotonin, the hormone that stabilises mood, is produced in the gut. A balanced diet, regular physical activity, and stress reduction benefit both gut health and mental resilience. The "Look Inside" guide by STOMAlife explains in simple terms how to prepare for a colonoscopy and why this test can save your life. Regular screening is key, because colorectal cancer often develops silently until it becomes dangerous. Prevention can save lives.

Have you got any questions? The STOMAlife Foundation is here to help you find answers even to the toughest questions.

Dorota Minta, Psychologist & Psychotherapist

Colonoscopy facts & myths

Colonoscopy is one of the most important preventive screenings for colorectal cancer.

Still, many people avoid it due to fear, misunderstandings, and myths.

Below, we debunk enduring myths based on scientific evidence.

MYTH: Colonoscopy is always painful.

✔ **Fact**: Most people experience only mild discomfort. The procedure can be done with sedation (to help you relax) or under general anaesthesia – depending on availability and individual needs.

MYTH: Colonoscopy carries risks.

✔ **Fact**:Colonoscopy is considered a very safe procedure. Serious complications, such as bowel perforation or bleeding, are rare and occur in fewer than 1 in 1,000–2,000 patients.

MYTH: If I don't have symptoms, I don't need to get tested.

✔ **Fact**: Colorectal cancer can develop without symptoms for many years. That's why screening in healthy individuals is crucial – it allows detection before symptoms appear.

MYTH: The examination is long and complicated.

✔ **Fact**: The colonoscopy itself usually takes 20 to 40 minutes. Preparation takes more time, but it's an effort that could save your life.

MYTH: Colonoscopy is only for older people.

✔ **Fact**: While screening is recommended between ages 50–65, people in risk groups (e.g. with a family history of colorectal cancer) should start earlier. If a first-degree relative (parent or sibling) has had colorectal cancer, screening is recommended and covered by insurance for people aged 40–49.

MYTH: It's better to wait and only get tested if symptoms appear.

✔ **Fact**: That may be too late. The point of prevention is to act before the disease manifests.

MYTH: You always need a cleansing enema before a colonoscopy.

✔ **Fact**: The standard practice is to use oral laxative formulas available at pharmacies (typically based on macrogol (PEG) or sodium picosulphate). An enema does not clean the entire colon and is only used in exceptional cases.

MYTH: After a colonoscopy, you have to lie down and avoid normal activities for a day.

✔ **Fact**: Most people can return to low-intensity activities after a few hours of observation. It is usually possible to resume normal activities on the same day, unless your doctor advises otherwise.

Don't be afraid of a colonoscopy. It's one of those tests that can save your life – quite literally. Many patients come to us when it's too late, either because they ignored early symptoms or simply didn't want to get tested. Yet a colonoscopy can detect changes before anything starts to hurt or bleed. In many cases it's enough to simply remove a polyp.

If you notice blood in your stool, changes in bowel habits, or something just feels off – don't pretend it's nothing. It's a warning sign. Don't put it off until later. In early colorectal cancer there is no pain. But once it progresses, it might too late.

We have a tool that can catch it early. Let's use it!

Prof. dr hab. n. med. Tomasz Banasiewicz

Surgeon & Bowel Disease Specialist

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STOMA LIFE

The STOMAlife Foundation provides support to individuals with a stoma and their family members. We are here to help whenever you need advice from a stoma nurse, psychologist, ostomy equipment specialist, or simply want to talk to a kindred spirit.

OUR INITIATIVES:

Po Prostu Żyj
A quarterly health-themed magazine available in both print and online versions.

PKS
Free consultation points offering advice on life with a stoma.

Kindred Spirit Volunteer Program
A community of people providing support, social integration, and activation of ostomates.

Ostomate Card
Makes it easier to navigate certain situations, e.g. during travel.

Education
Online and conventional courses, brochures, magazines, guides

stomaPERSONA Award
Awards that recognise ostomate-friendly individuals and places.

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