

Colonoscopy Plan

大腸內視鏡檢查

Colorectal cancer is one of the commonest cancers as well as the leading cause of death in both sexes. However, it is also one of the most preventable types of cancer. Although patients may have no specific symptoms, but they may experience some common clinical presentation of colorectal cancer include change of bowel habit, abnormality of stool observed (narrow-shaped / red or dark blood in stool), abdominal pain, fatigue etc.

Most cases of colorectal cancer start as a polyp, which is an abnormal growth on the wall of the large bowel. Colonoscopy can help to prevent colorectal cancer by detecting and removing the polyps before they turn into cancer. This screening test can also be used to look for other diseases or conditions such as diverticular disease, colitis, ulcerative colitis, haemorrhoids, inflammation and ulcers.





Who should have Colonoscopy?

According to colorectal cancer screening recommendations made by the Cancer Expert Working Group on Cancer Prevention and Screening, individuals with higher risk refer to persons with significant family history, such as those with an immediate relative diagnosed with colorectal cancer at or below 60 years of age; or those who have more than one immediate relatives diagnosed with colorectal cancer irrespective of age at diagnosis; or those who have immediate relatives diagnosed with hereditary bowel diseases. It is recommended that "high risk" people, depending on their individual condition and age, should undergo invasive investigation, such as colonoscopy regularly in order for the colon wall to be inspected directly and accurately.

For individuals with average risk aged 50 to 75, they can opt for a first time colonoscopy to check for their tendency to develop polyp so as to stratify their future risk and to devise a tailor-made follow-up plan.

For any individuals who have symptoms such as persistent abdominal pain, change in bowel motion and rectal bleeding, they should also consider to undergo a colonoscopy for prompt diagnosis at any age. Patients who have tested positive for faecal occult blood (FOB) should consider colonoscopy for further investigation.

What is included in Colonoscopy Plan?

Our plan covers the performance of the procedure under Monitored Anaesthesia Care (MAC) which is a form of sedation that put patients to sleep. Patients will be able to breathe on their own without the need of a ventilator or breathing tube. Normally patients can speedily recover after the procedure is completed. In recent years, MAC has gained wide acceptance and become a popular choice of sedation for patients who undergo colonoscopy due to its higher comfort level.

Fibreoptic colonoscopy will be performed so to allow direct viewing of the lumen of the entire colon from rectum to cecum. This method of examination of the colonic mucosa not only permits visualization of many abnormalities that escape radiographic and sigmoidoscopic detection, but also facilitate the removal of polyps and biopsy of lesions for further testing / investigation.

Our all-inclusive fee includes the doctor's procedure charges, facility charges, all material costs and pathology fees for any number of polyps and biopsies. Our specialist will meet the client at the pre-procedure consultation in order to carefully understand his / her medical history and aetiology, analyse whether a colonoscopy is suitable to the client, and explain the process and precautions in detail should the colonoscopy is recommended. At the follow-up consultation, our specialist will entail detailed explanation of testing results and advice on the management plan for the client.

Reference: Non-communicable Disease Branch of Centre for Health Protection, Department of Health, HK. "Colorectal Cancer Prevention and Screening." September 2019.

大腸癌是最常見的癌症之一，也是男女死亡的主要原因。儘管如此，它也是最可預防的癌症之一。有些患者可能根本沒有任何特別徵狀，但仍有一些常見的臨床表現顯示可能已患上大腸癌，如排便習慣的改變、糞便出現異常（如狹窄呈條狀 / 糞便中帶紅色或深紅色血）、出現腹痛或容易疲勞等。

絕大部份的大腸癌都是從瘻肉開始的，即大腸壁上的組織出現異常增生。大腸內視鏡檢查可除去未演變成癌症的瘻肉以預防大腸癌的發生。該篩查還可用於尋找其他腸道疾病或狀況，例如憩室病、結腸炎、潰瘍性結腸炎、痔瘡、炎症和潰瘍等。

誰應接受大腸內視鏡檢查？

根據政府癌症預防及普查專家工作小組就大腸癌篩查的建議，考慮接受大腸癌篩查的人士可分為「一般風險」及「較高風險」人士。

「較高風險」是指有明顯家族史的人士，例如有一名直系親屬於 60 歲或以前確診大腸癌；或一位以上不論確診歲數的直系親屬患上大腸癌；或有直系親屬確診遺傳性腸病。專家工作小組建議「較高風險」的人士應就個別情況及年齡採用定期及入侵性檢查，如大腸內視鏡檢查，從而直接及準確地檢視大腸內壁的情況。

對於年齡介乎 50 至 75 歲之間的「一般風險」人士，他們可考慮進行首次大腸內視鏡檢查，從而評估患上瘻肉的風險以有效預防大腸癌的發生。

對於任何出現持續腹痛、大便習慣改變或直腸出血的人士，不論年齡，也應考慮接受大腸內視鏡檢查以及早診斷。此外，若大便隱血測試（FOB）呈陽性的人士，亦應考慮儘快進行此項檢查作進一步跟進。

大腸內視鏡檢查涵蓋什麼項目？

我們的服務涵蓋了監測麻醉（MAC）的程序，這是一種毋需在呼吸儀器的輔助下，讓病人入睡的鎮靜方法。病人可自行呼吸，且完成檢查後一般能迅速回復清醒。由於監測麻醉令人在接受檢查時感覺較舒適，因此是近年廣泛採用的麻醉方式之一。

醫生將採用大腸纖維鏡來觀察從直腸到盲腸整條大腸的內壁狀況。透過高清影像，醫生可清晰找出許多 X 光或乙狀結腸鏡檢查也不能發現的病理變化，並可即時去除瘻肉及抽出懷疑組織進行活檢以作進一步測試。

我們的費用已包括醫生收費、儀器費用、所有物料費用、任何數目的瘻肉以及活檢的化驗費用。我們的專科醫生將在檢查前與接受檢查人士會面，以仔細了解他的病史及病因，分析是否適合接受大腸內視鏡檢查，並詳細解釋檢查過程和注意事項等。在跟進諮詢中，我們的專科醫生將對測試結果進行詳細說明，並為接受檢查的人士提供健康管理的實用建議。

參考資料：香港衛生署衛生防護中心非傳染病處，《大腸癌預防及篩查》。2019 年 9 月。

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Check-up Items 檢查項目

Monitored Anesthesia Care (MAC)
監測麻醉

Instrument Fee for Polypectomy
移除瘰肉之儀器費用

Physician's Fee (With or without Polyp or Biopsy)
醫生收費 (包括任何數目的瘰肉及活檢)

Operation Theatre Fee
手術室收費

Pathology Fee
化驗費

Photo Report
圖片報告

Pre-Consultation Fee
術前醫生診症費

Post-operative Report Interpretation
術後醫生診症及報告解釋費用



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