

# Colonoscopy Plan

## 大肠内视镜检查

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.*

大肠癌是最常见的癌症之一，也是男女死亡的主要原因。尽管如此，它也是最可预防的癌症之一。有些患者可能根本没有任何特别徵状，但仍有一些常见的临床表现显示可能已患上大肠癌，如排便习惯的改变、粪便出现异常（如狭窄呈条状 / 粪便中带红色或深红色血）、出现腹痛或容易疲劳等。

绝大部份的大肠癌都是从息肉开始的，即大肠壁上的组织出现异常增生。大肠内视镜检查可除去未演变成癌症的息肉以预防大肠癌的发生。该筛查还可用于寻找其他肠道疾病或状况，例如憩室病、结肠炎、溃疡性结肠炎、痔疮、炎症和溃疡等。

## 谁应接受大肠内视镜检查？

根据政府癌症预防及普查专家工作小组就大肠癌筛查的建议，考虑接受大肠癌筛查的人士可分为「一般风险」及「较高风险」人士。

「较高风险」是指有明显家族史的人士，例如有一名直系亲属于 60 岁或以前确诊大肠癌；或一位以上不论确诊岁数的直系亲属患上大肠癌；或有直系亲属确诊遗传性肠病。专家工作小组建议「较高风险」的人士应就个别情况及年龄采用定期及入侵性检查，如大肠内视镜检查，从而直接及准确地检视大肠内壁的情况。

对于年龄介乎 50 至 75 岁之间的「一般风险」人士，他们可考虑进行首次大肠内视镜检查，从而评估患上息肉的风险以有效预防大肠癌的发生。

对于任何出现持续腹痛、大便习惯改变或直肠出血的人士，不论年龄，也应考虑接受大肠内视镜检查及早诊断。此外，若大便隐血测试（FOB）呈阳性的人士，亦应考虑尽快进行此项检查作进一步跟进。

## 大肠内视镜检查涵盖什么项目？

我们的服务涵盖了监测麻醉（MAC）的程序，这是一种毋需在呼吸仪器的辅助下，让病人入睡的镇静方法。病人可自行呼吸，且完成检查后一般能迅速回复清醒。由于监测麻醉令人在接受检查时感觉较舒适，因此是近年广泛采用的麻醉方式之一。

医生将采用大肠纤维镜来观察从直肠到盲肠整条大肠的内壁状况。透过高清影像，医生可清晰找出许多 X 光或乙状结肠镜检查也不能发现的病理变化，并可即时去除息肉及抽出怀疑组织进行活检以作进一步测试。

我们的费用已包括医生收费、仪器费用、所有物料费用、任何数目的息肉以及活检的化验费用。我们的专科医生将在检查前与接受检查人士会面，以仔细了解他的病史及病因，分析是否适合接受大肠内视镜检查，并详细解释检查过程和注意事项等。在跟进谘询中，我们的专科医生将对测试结果进行详细说明，并为接受检查的人士提供健康管理的实用建议。

参考资料：香港卫生署卫生防护中心非传染病处，《大肠癌预防及筛查》。2019 年 9 月。

# Colonoscopy Plan

大肠内视镜检查

## Check-up Items 检查项目

Monitored Anesthesia Care (MAC)  
监测麻醉

Instrument Fee for Polypectomy  
移除息肉之仪器费用

Physician's Fee (With or without Polyp or Biopsy)  
医生收费 (包括任何数目的息肉及活检)

Operation Theatre Fee  
手术室收费

Pathology Fee  
化验费

Photo Report  
图片报告

Pre-Consultation Fee  
术前医生诊症费

Post-operative Report Interpretation  
术后医生诊症及报告解释费用



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