



Evolutionary Genetic Information

Malika Qureshi*

Department of Genetics, Pakistan Jordan Medical College, Pakistan

*Corresponding author: Malika Qureshi, Department of Genetics, Pakistan Metropolitan Geriatric Medical College, Pakistan; E-mail: Malika676@gmail.com

Received date: August 05, 2021; Accepted date: August 20, 2021; Published date: August 29, 2021

Introduction

A colonoscopy is an outpatient procedure during which the within of the massive intestine is examined. A colonoscopy is commonly used to evaluate gastrointestinal symptoms, such as rectal and intestinal bleeding, abdominal pain, or changes in bowel habits. Colonoscopies are also performed in individuals without symptoms to check for colorectal polyps or cancer Polyps, especially small ones, can be missed 5–10 percent of the time, and in rare cases a colon cancer can be missed. Colonoscopy does not guarantee that you will not develop colon cancer, but removing polyps is documented to significantly decrease your risk of colon cancer in the future. Index colonoscopy was defined because the colonoscopy with first adenoma diagnosis. Repeat endoscopy examinations performed within 6 months were considered together examination and histological findings were combined. In case of combining results from endoscopies, date of last colonoscopy was used. any adenoma with proximal location at index colonoscopy together with insufficient bowel preparation and colonoscopy reach no further than the distal colon are the most important predictors for detecting advanced colorectal neoplasia at surveillance endoscopy. These factors were independent predictors for subsequent advanced colorectal neoplasia, meaning that having multiple of those factors at an equivalent time further increases a patient's risk. Colonoscopy is indicated in the diagnosis and management of a broad range of clinical conditions. Medicare has provided reimbursement for around 3.4 million colonoscopies in Australia over the last decade. The primary purpose of this review was to conduct an evidence based assessment of MBS colonoscopy items to ensure they reflect contemporary evidence, offer improved health outcomes for patients and represent value for money. Any changes to MBS colonoscopy items will be informed by the review's assessment of the evidence. Colonoscopy allows for greater diagnostic specificity and sensitivity compared with other types of examinations, such as the stool occult blood test, barium enema, and computed tomography colonography. Therefore, in recent years, the demand for colonoscopies has grown rapidly. New beginners including primary care physicians may help meet the increasing demand by performing colonoscopies. However, it is a challenge to learn the procedure due to

the long learning-curve and the high rate of complications, such as perforation and bleeding, as compared to gastroscopy. Thus, considerable training and experience are required for optimal performance of colonoscopies. In order to perform a complete colonoscopic examination, there were a few important things to learn and remember, such as the position of examinee and examiner Colonoscopy enables visual inspection of the entire large bowel from the distal rectum to the cecum. It remains the gold standard for the detection of polyps and colorectal cancer. The procedure is a safe and effective means of evaluating the large bowel. The technology for colonoscopy has evolved to provide a very clear image of the mucosa through a video camera attached to the end of the scope. The camera connects to a computer, which may store and print color images selected during the procedure. colonoscopy is a procedure performed by a doctor called a gastroenterologist, who uses a colonoscope to look inside the colon and check for diseases like cancer or colitis. Because the residual effects of sedation can last for up to a day, patients cannot drive themselves home and should not make any important decisions until the effects have completely worn off. During the rest of the day following a colonoscopy, the patient may feel bloated and pass gas while clearing air from the colon. Modified care consisted of a non-pharmacologic intervention designed to reduce patients' memory of the pain of colonoscopy. The goal was to attenuate the extent of pain during the ultimate minutes of the procedure and thereby allow the patient to retain a more positive memory of the experience. To do so, the tip of the colonoscope was allowed to rest in the rectum for up to 3 min prior to removal. Thus, modified care lengthened the duration of the procedure but resulted in final moments that were less painful. Our hypothesis was that the intervention might lessen patient's memory of the pain of colonoscopy and permit individuals to retain a more favorable impression of the experience. To maintain patient blinding we asked all clinical staff to stay in position with unchanged behavior. Colonoscopy is the gold standard among colon cancer screening tests. While other methods such as sigmoidoscopy, fecal occult blood testing double contrast barium enema, and computer tomographic colonoscopy have been shown to reduce mortality, colonoscopy is the most sensitive and specific screening tool, and the only one that can actually prevent cancer. Colonoscopy allows visualization of the entire colon and rectum, enabling clinicians to identify and remove precancerous polyps and in situ carcinomas in a single examination. The Role of Colonoscopy in Preventing Colorectal Cancer Innovative approaches, including the use of patient navigators and videos, increase the likelihood of successful prep Patient navigators are trained, culturally sensitive health care workers who provide individualized assistance to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to high-quality health care.