

COLONOSCOPY PREPARATION INSTRUCTIONS

2-DAY PREP (2 days of Miralax)

General Information:

- If you take medication to thin your blood and have not already discussed this with our office, please call us at (336) 768-6211. If you take aspirin, you may continue to do so.
- If you are or may be pregnant, please discuss the risks and benefits of this procedure with your doctor.
- You must arrange for a ride (no taxi or buses) for the day of your exam. If you fail to arrange transportation with a responsible adult, your procedure will need to be canceled and rescheduled.
- If you must cancel or reschedule your appointment, please call (336) 768-6211 as soon as possible.

ITEMS NEEDED (All available over the counter)

- Two Dulcolax tablets (5 mg each)
- Two **238-gram** bottles of Miralax or generic equivalent
- One **119-gram** bottle of Miralax or generic equivalent
- **148 ounces** of Gatorade (**NO RED FLAVORS**)

7 days prior to procedure: _____



you **MUST STOP** taking any appetite suppressant/weight loss medication that contain Phentermine.

4 days prior to procedure: _____



Stop taking iron supplements and/or any vitamins containing iron
Discontinue any fiber supplements, such as Metamucil, Citrucel, or similar

2 DAYS BEFORE YOUR PROCEDURE:

- Maintain a clear liquid diet all day!! Do **NOT** eat any solid foods or dairy products of any kind.
- **It is very important to drink fluids both before and after you prep to prevent dehydration. Please be sure to consume at least eight 8-ounce servings (64 ounces) or more of clear liquids on the days before your procedure.**

Clear liquids allowed as follows:

Clear Liquid: (Not red items of any kind)

- Gatorade, Pedialyte, or Powerade
- Clear broth or bouillon
- Coffee or tea (no milk or non-dairy creamer)
- Carbonated and non-carbonated soft drinks
- Kool-Aid or other fruit-flavored drinks
- Strained fruit juices (no pulp)
- Jell-O, popsicles, hard candy

Not Clear Liquid:

- No red items of any kind
- No alcohol
- No milk or non-dairy creamers
- No noodles or vegetables in soup
- No juice with pulp
- No liquid you cannot see through

DO NOT DRINK ANY **RED** COLORED BEVERAGES OR EAT **RED** JELL-O OR POPSICLES. NO ALCOHOL.

Please keep in mind that the cleansing process will take 4 to 8 hours longer, so plan accordingly

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- Between **NOON AND 4PM** – take the 2 Dulcolax tables.
- **TWO HOURS AFTER** taking the Dulcolax tables – mix one 238-gram bottle of Miralax (or the generic equivalent) and one 64-ounce bottle of Gatorade and stir until dissolved. Drink 8 ounces every 20 minutes until the solution is gone.

***If you develop nausea and/or vomiting, stop the prep for 45 to 60 minutes, then resume with smaller and less frequent amounts of the prep. Please attempt to drink all the laxative solution, even if it takes you longer.**

Individual responses to laxatives vary. This preparation will cause multiple bowel movements, so stay close to a bathroom.

- Continue to drink clear liquids after the prep is completed. The more you drink, the better the prep.
- **Take your usual prescription medications (except iron and/or any other stopped medications).**
 - If you have **DIABETES**: you should take your oral medications at one half the usual dose. Monitor your blood sugar at your usual times. *Consult your endocrinologist or Primary Care Physician for specific instructions on insulin dosing for prep days and day of procedure.

1 DAY BEFORE YOUR PROCEDURE:

- Maintain a clear liquid diet all day!! Do **NOT** eat any solid foods or dairy products of any kind.
SEE DIET ON PREVIOUS PAGE
DO NOT DRINK ANY **RED** COLORED BEVERAGES OR EAT **RED** JELL-O OR POPSICLES. NO ALCOHOL.
- **It is very important to drink fluids both before and after you prep to prevent dehydration. Please be sure to consume at least eight 8-ounce servings (64 ounces) or more of clear liquids on the days before your procedure.**
If you are a smoker, please do not smoke on the day of your procedure.
- Between **NOON AND 4PM** – mix the 238-gram bottle of Miralax (or the generic equivalent) and one 64-ounce bottle of Gatorade and stir until dissolved. Drink 8 ounces every 20 minutes until the solution is gone.

***If you develop nausea and/or vomiting, stop the prep for 45 to 60 minutes, then resume with smaller and less frequent amounts of the prep. Please attempt to drink all the laxative solution, even if it takes you longer.**

- Continue to drink clear liquids after the prep is completed. The more you drink, the better the prep.
- **Take your usual prescription medications (except iron and/or any other stopped medications).**
 - If you have **DIABETES**: you should take your oral medications at one half the usual dose. Monitor your blood sugar at your usual times. *Consult your endocrinologist or Primary Care Physician for specific instructions on insulin dosing for prep days and day of procedure.

5 HOURS BEFORE YOUR PROCEDURE:

- Mix and drink 4 capfuls of Miralax (68 grams) with 20 oz. of Gatorade and drink (set an alarm clock as a reminder if this will be the early morning.)
- You may take all of your regular morning medications, except iron and/or any other stopped medications, with clear liquids anytime up to 4 hours prior to your procedure. If you are a **diabetic**, please **DO NOT** take any oral
- diabetic medications on the morning of your procedure, unless otherwise instructed.

4 HOURS BEFORE YOUR PROCEDURE:

- STOP drinking **all** liquids. Please refrain from gum/mints during this time also.

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If you are a smoker, please do not smoke on the day of your procedure. Do not chew tobacco or use snuff 4 hours prior to your procedure

Colonoscopy

A colonoscopy is a procedure that enables your physician to conduct a visual examination of the colon (large intestine) with a small lighted flexible scope called a colonoscope that can be controlled to direct its safe passage through the colon.

The procedure enables an accurate and safe direct inspection of the inner lining of the colon. A channel through the middle of the scope permits insertion of other instruments to enhance the capabilities of the colonoscopy. Commonly, a biopsy may be taken by passing a biopsy forceps onto a particular area of the colon that is being examined. With a small pinch, tissue is removed with this device. This tissue is then sent to the pathology lab for microscopic examination by a physician that specializes in pathology. The result of these biopsies are then reported to the physician performing your procedure who will in turn report the results to you the patient, generally 10 to 14 days after the colonoscopy procedure. Material (for example, a stool specimen) can be collected from the inside of the colon for examination for infections or parasites, when appropriate.

A common finding during a colonoscopy is a polyp, which is a growth within the colon that can be a precursor to colon cancer. When polyps are detected at the time of colonoscopy, they can often be removed by passing a wire snare through the channel of the colonoscope and grasping the base of the polyp where it attaches to the colon wall. An electrical current is then applied to simultaneously cut the polyp free and to cauterize the site to minimize the risk of bleeding. The polyp tissue is then removed and sent to the pathology lab for microscopic examination. If you would like additional information on colon polyps and cancer, we have additional educational brochures and articles in our office, or you can review information on this and other topics on our web site www.digestivehealth.ws

Prior to the Examination

A thorough cleansing of the colon is essential, and the examination is most successful if you follow the directions for preparation that we have provided to you. If you have any questions about the test or preparation, or problems during the prep, please do not hesitate to call our office. There is always someone "on call" to answer questions even if it is after the office closes.

Due to sedation, you will not be able to drive after your procedure, therefore you must make arrangements for a ride home. You cannot drive, use a taxi, or a bus after the procedure. You must be accompanied by an adult that can take you home and assist you at home if necessary. Please confirm your ride several days prior to your procedure and ensure that your schedule is clear the day of the procedure. If you do not have a ride home, we will not be able to allow you to go through with the procedure.

You will also want to make appropriate arrangements to be off work or school for the entire day of your procedure. If you must cancel your procedure, we must receive notice 72 hours in advance, otherwise a deposit may be assessed upon rescheduling your procedure.

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Please check with your insurance carrier to determine if you need pre-approval for the procedure and to understand your financial responsibility for the procedure. If you are having a colonoscopy for screening purposes (i.e., having no problems, but having the exam for preventative purposes), verify with your insurance company that a "Screening Colonoscopy" is a covered benefit. There should be a number on your insurance card to call to verify your benefit and coverage.

Day of the Examination

Please plan on being with us for approximately **2 hours**.

On the day of the examination, you may have clear liquids until 4 hours prior to your procedure unless otherwise instructed. Please see the preparation instructions for more specific instructions. When you arrive for your colonoscopy, we will review with you all of the paperwork you have completed and then you will change into an examination gown. The nurse will ask you additional questions regarding your history and medications. An I.V. will be started in your arm to provide you with I.V. fluids. A blood pressure cuff will be placed on your arm and an oxygen sensor on your finger, so that your vital signs can be carefully monitored throughout the procedure. You will then be brought into the room where the test will be performed, and you will have an opportunity to speak with the physician who will be performing the procedure. The physician will review with you the informed consent information and offer you an opportunity to ask any additional questions. Once all of your questions are answered and you agree to proceed, you will then be given I.V. medication by your doctor and a CRNA (Certified Registered Nurse Anesthetist) to keep you comfortable during the procedure. Propofol (a hypnotic agent) is the most common drug currently used for sedation. If you have allergies or sensitivities to any foods or medications, please make sure you let us know in advance. While under the influence of the medications, you are able to breathe on your own. After the test, most patients realize that they have little to no recollection of the time while under the sedation, thus causing a brief amnesia effect.

The colonoscopy itself usually lasts about 20-30 minutes, then you will be moved to a recovery area. The recovery period is usually between twenty (20) and thirty (30) minutes. Due to the sedation, you may not remember any conversation you may have with our nursing staff or your doctor after the colonoscopy. Please have a family member or friend stay with you so they can be available to speak with the doctor or nurses after the procedure as needed. By law, you cannot drive for the rest of the day after the colonoscopy. We advise you to take the entire day off work and maintain a light activity day.

THIS IS MANDATORY

YOU MUST HAVE A DRIVER TO DRIVE YOU HOME AFTER THE COLONOSCOPY - YOUR DRIVER SHOULD BE PREPARED TO REMAIN IN THE ENDOSCOPY WAITING AREA DURING YOUR ENTIRE PROCEDURE AND BE AVAILABLE AT THE TIME OF YOUR DISCHARGE.

Results

If no biopsies or polyps are taken out during the procedure, the final results of the examination may be given to you that day. Due to the sedative medications and amnesia effect, we will provide you with written results and instructions; however, it is also preferable to have someone with you that the physician and staff can speak with. Biopsy results are generally available **within two weeks** and a letter is sent to you by mail with a copy sent to your primary physician. If at any time you have any questions regarding your test or results, we encourage you to call us directly for additional explanation and information. A typewritten report will be sent to your primary physician and any other physicians that may need a copy of the report for your files.

Benefits of Colonoscopy

A colonoscopy is performed to diagnose and/or treat many problems within the colon. Colonoscopy is felt to be, in almost all circumstances, "the gold standard test" given its high degree of accuracy. If a lesion, polyp, or other abnormalities are found during a colonoscopy they can be removed for pathological evaluation, therefore colonoscopy has the ability to "treat" and not "just look". If there is a bleeding site identified, treatment can be given at that time to attempt to stop the bleeding. Other treatments (example - laser) are also available in specific circumstances.

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Alternatives to Colonoscopy

Alternative tests to colonoscopy include Barium Enema (also known as lower GI X-Ray) examination of the colon. Stool specimens can be examined for the presence of problems, such as blood or infection. Flexible sigmoidoscopy is similar to colonoscopy, but the examination is limited to approximately the lower one-third of the colon (large intestine). No I.V.'s or sedatives are usually given for these examinations. "Virtual colonoscopy" is an X-ray technique using CT or MRI to image the colon. In its current form, it does not appear as sensitive to finding colon polyps as colonoscopy. If a lesion or polyp is seen, a biopsy cannot be taken, nor can the lesion or polyp be removed with this technique. The patient would then need to repeat the prep and schedule a colonoscopy to directly examine the colon and perform biopsy or removal. Virtual colonoscopy requires similar bowel prep as standard colonoscopy.

Side Effects and Risks of Colonoscopy

During the colonoscopy, air is used to inflate the colon to improve visualization. Prior to completion of the test, as much air as possible is suctioned out but usually cannot be completely removed. This may lead to some bloating, distention, and/or discomfort after the procedure. The passage of gas after colonoscopy is often encouraged and lessens any discomfort. Serious risks with colonoscopy are uncommon (less than one in several thousand) but can include bleeding, perforation (making a hole in the bowel), infection, or a reaction to one of the anesthesia medications. These rare events may require hospitalization for possible intravenous antibiotics, blood transfusions, and/or surgery. There is a rare risk that polyps, lesions, or even a cancer may be missed. Other risks include a complication from an unrelated disease such as heart attack or stroke; death is extremely rare but remains a remote possibility.

Patients that remain on anticoagulants such as Plavix are at increased risk of bleeding if polyps are removed. In the event large polyps are found and you are taking an anticoagulant your physician will not be able to remove the large polyps. This could result in your need for a second procedure. To avoid the potential for a second procedure, you have the option of stopping your anticoagulant 4 days prior to the procedure; however, this increases your risk of stroke or blood clots. Any decision to alter your anticoagulant medication should only be done in consultation with your cardiologists or prescribing physician.

