#  **PREP FOR COLONOSCOPY**

Please buy the prescription given or sent to your pharmacy

**One Week Prior to Your procedure:**

1) Discontinue taking any fiber supplements: Metamucil, Citrucel, Fibercon, etc….

2) Discontinue taking iron pills or medications that can cause bleeding (Alleve, naprosyn,

Motrin, ibuprofen, sulindac, or any other NSAID). Use Tylenol for pain if needed.

3) Discontinue Plavix / Aggrenox – check with your cardiologist or prescribing physician prior to stopping

4) If you are on aspirin because of a history of stroke or heart disease then continue aspirin; otherwise stop it.

5) Discontinue all over the counter herbal products / Vitamin E.

**Five days prior to your procedure**:

Stop coumadin – check with your cardiologist or prescribing physician prior to stopping

**Two days prior to your procedure**:

Low residue diet

Allowed: soup, fish, chicken, eggs, white rice, bread, crackers, plain yogurt, pasta, potato with no skin, gelatin, broth, bouillon, all liquids

Avoid: fresh and dried fruit, all vegetables, raisins, dried fruits, nuts, seeds, cloves, popcorn any other meat besides what is listed above

**One day before the colonoscopy:**

This is the prep day, only clear liquids are allowed till the procedure is completed. Consumption of anything other than clear liquids will impair the quality of the prep and thus impair the quality and safety of the colonoscopy. You may have clear liquids up until 6 hours prior to your procedure. Nothing by mouth for 6 hours prior to the procedure unless directed to do so.

Allowed: Clear liquid diet is liquid food that you can see through. This includes water, fruit juices, jello, clear broth or bouillon, clear fluids (Sprite, sports drinks, etc…), popsicles, etc.

Please consume plenty of clear liquids! A colonoscopy prep can cause dehydration and loss of electrolytes if you do not!

Avoid: All solids foods, milk and milk products, and any item with red dye. Limit coffee and tea as they can dehydrate you.

One day before the colonoscopy: begin the colon prep as detailed in the instruction sheet given

If you are diabetic:

1) Use sugar‐free drinks during the prep and monitor your blood sugar closely to prevent low blood sugar and use insulin sliding scale if needed for high values

2) If you are on insulin take half of your usual evening dose the day prior to the procedure and also on the morning of the procedure.

3) Hold your diabetic medication the morning of the test if you are not on insulin.

Helpful tips:

1) Some people may develop nausea with vomiting during the prep. The best remedy for this is to take a break from drinking the solution for about 30 minutes and then resume drinking at a slower rate. It is important to drink the entire contents of the solution.

2) Walking between drinking each glass can help with bloating.

3) Use baby wipes instead of toilet paper.

4) Apply some Vaseline or Desitin to the anal area / between buttocks prior to beginning the prep and reapply as needed.

5) Remain close to toilet facilities as multiple bowel movements may occur. This prep often works within 30 minutes but may take as long as three hours.

**Day of procedure:**

1) If you take blood pressure or heart medicine you may take it with a sip of water.

2) You can have clear liquids up until 6 hours prior to the scheduled procedure time.

3) Wear loose clothing and leave your jewelry and valuables at home.

4) Bring a list of all your medications to the center.

5) We generally run on schedule so please arrive on time. Occasionally an unforeseen event may cause us to be delayed. Please bring some material to keep you occupied if one of these rare events occurs.

6) YOU MUST HAVE A RIDE AFTER THE PROCEDURE! A responsible adult must take you home. Going in a taxi or bus by yourself will not be allowed.

General Colonoscopy Information

COLONOSCOPY

A procedure on a clean, prepared colon using a flexible scope with fiber optics to visualize the entire colon (also known as the large intestine) for colon cancer screening and possibly visualize the last part of the small intestine. It also allows for treatment such as removal of polyps, biopsies of unusual areas or control of bleeding.

LENGTH OF PROCEDURE

The procedure usually lasts from 20‐30 minutes but can take longer if polyps are present, if the colon is excessively long or twisted, or if excessive scar tissue exists. The extent of time required from check‐in to check‐out is approximately 3 hours.

AWARENESS DURING THE PROCEDURE

The procedure is usually done with moderate “conscious” sedation where you are comfortable during the exam. You may fall asleep but are easily aroused. Occasionally deeper anesthesia with an anesthesiologist present is used. Which one used depends on a variety of issues including medical history and past experience with anesthesia. You may experience some cramping or “gassiness” during the procedure or after.

PREPARATION

You should receive instructions for preparing your colon from the office.

AFTER THE PROCEDURE

You cannot drive home after the procedure due to the IV sedation and you should not drive that day.

You must make arrangements to have someone to take you home from the hospital. Even if you want to take a cab / bus home you must have someone with you that will be responsible for you. You should take the rest of the day off and not operate any machinery, go to work or sign any legal documents for the rest of the day. It is preferable that someone stay with you until the following morning. You should be able to return to work the following morning.

# COMPLICATIONS

Complications uncommonly occur. If one does occur it will be treated appropriately. This could require hospitalization, medication, additional procedure(s), blood transfusion or surgery. Please contact our office immediately if you experience any of the following:

1. Temperature of 101 degrees or higher any time within 72 hours after the procedure.

2. Blood from the rectum of greater than one teaspoon.

3. Severe abdominal pain.

4. Any symptoms that may concern you.

# ALTERNATIVES

Alternatives include sigmoidoscopy (only looks at the ending of the lower colon), barium enema (radiology study), 3‐D virtual colonoscopy (not yet approved as a screening tool and usually not covered by insurance), and stool hemoccult testing. Please make an appointment in the office if you would like to discuss the alternatives further.

RESULTS AND FOLLOW‐UP

Results will be given both verbally and in written form right after the procedure. They will be discussed with you and anyone waiting for you if you so direct.

Office follow‐up is usually not necessary after a routine colonoscopy.

If polyps have been removed or other issues are involved, then schedule a follow‐up office appointment in 2 weeks.

Your next recommended colonoscopy is usually based on family history, findings at the time of colonoscopy, pathology results or other risk factors.

# INSURANCE

Colonoscopies are frequently covered by insurance companies. You may still be responsible for a deductible or a co‐payment. While our office will generally pre‐certify your procedure, IT IS YOUR RESPONSIBILITY TO CALL YOUR INSURANCE COMPANY TO VERIFY YOUR BENEFITS FOR THIS PROCEDURE. Medicare does not require precertification.

ADDITIONAL INFORMATION

# http://www.asge.org/PatientInfoIndex.aspx?id=7838

# http://www.asge.org/education‐videos/colonvideo1.html

# http://www.acg.gi.org/media/colonoscopy.asp