

Prepping for a Colonoscopy

 **Purchase:**



2 Dulcolax tablets (5 mg.)



Miralax (238 g. & 119 g.)
or generic equivalent (255 g. & 119 g.)



Gatorade (total of 84 oz.)
NO RED DYES

- 7 days prior you **MUST STOP** taking any appetite suppressant/weight loss medications. This includes certain injectable diabetes medications, such as Ozempic, Wegovy, Zepbound, Mounjaro, Victoza, Trulicity, and any oral medications that contain Phentermine.
- **DO NOT** drink less than 4 hours prior to your procedure
- **DO NOT** chew tobacco or snuff 4 hours prior to your procedure **DO NOT** smoke 3 hours prior to your procedure
- **DO NOT** do illegal drugs the day of your procedure
- **YOU MUST** have a driver taking responsibility for you

OR YOUR PROCEDURE WILL BE DELAYED OR CANCELLED

DAY BEFORE EXAM	<u>CLEAR LIQUIDS ONLY</u> No solid food 	2 PM  Mix 64 oz of Gatorade & 238 g. bottle of Miralax <i>Many prefer refrigerated</i>	4 PM  Drink 8 oz. of mixture every 20 min. until gone	<u>CONTINUE CLEAR LIQUIDS</u> 
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DAY OF EXAM	<u>STOP CLEAR LIQUID DIET 4 HOURS PRIOR TO EXAM</u>  <u>NO</u> gum or mints  <u>NO</u> smoking, chewing tobacco, snuff, or illegal substances	Take regular medication <i>Except for diabetic medications or blood thinners</i> 	<u>5 HOURS BEFORE EXAM</u>  <u>Mix & Drink</u> 4 capfuls of Miralax (68 g) with 20 oz of Gatorade	<u>4 HOURS BEFORE EXAM</u>  <u>STOP</u> DRINKING ALL LIQUIDS	 Your driver <u>MUST</u> come in with you when <u>CHECKING IN</u> & <u>CHECKING OUT</u> of your procedure
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General Information:

To ensure a successful exam, please follow all instructions carefully. If you have diabetes, ask your Primary Care Physician for diet and medication instructions. If you are taking an appetite suppressant or weight loss medication that contains Phentermine, **please stop taking 7 days prior to procedure**. Common trade names of these medications are: Apidex, Qsymia, Lomaira, Duromine, Metermine, Suprenza, and Fastin. Please bring a list of all of your current medications, including any over-the-counter medications with you. If you must cancel or reschedule your appointment, please call at least 72 business hours prior to your scheduled procedure or you may be subject to a "rescheduling deposit."

4 days prior to procedure: _____



Stop taking iron supplements and any vitamins containing iron
Stop taking fiber supplements such as Metamucil and Citrucel

2 days prior to procedure: _____



Stay hydrated!!!
Drink at least 8 glasses of water or liquids during the day.

1 DAY BEFORE YOUR COLONOSCOPY:

DO NOT eat any solid foods or dairy products of any kind until after your procedure!!

- Begin a clear liquid diet. Drink at least 8 glasses of water during the day to avoid dehydration.
- At 2PM, take 2 Dulcolax tablets. Mix 64 oz. liquid with 8.3 oz. Miralax and place in the refrigerator.
- At 4PM, drink one 8 oz. glass of the Miralax/Gatorade solution and continue drinking one 8 oz. glass every 20 minutes until the mixture is gone. Set a timer for every 20 minutes to keep pace.

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

DAY OF YOUR COLONOSCOPY: You may take all of your morning medications unless otherwise instructed.

5 hours before: mix and drink 4 capfuls of Miralax (68 g) with 20 oz. of Gatorade

4 hours before: **STOP** drinking all liquids.

You are ready for the exam if you followed all instructions and your stool is no longer formed, but clear or yellow liquid.

COLON CLEANSING TIPS:

1. Stay near a toilet! You will have diarrhea, which can be quite sudden. This is normal.
2. Rarely, people may experience nausea or vomiting with the prep. If this occurs, give yourself a 30-90-minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.
3. It is common to experience abdominal discomfort until the stool has flushed from your colon (this may take 2 to 4 hours, and occasionally significantly longer).
4. Anal skin irritation or a flare of hemorrhoidal inflammation may occur and can be treated with a variety of over-the-counter remedies including hydrocortisone creams, baby wipes or Tucks pads. Avoid products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Do not use suppositories.

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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 No Show/Cancellation fee of \$250 will be charged.

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 (ie. 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

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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.

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.

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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.

Informed Consent

Attached is an **example** of the informed consent statement that you will be asked to read and sign at the time of colonoscopy.

CONSENT FOR PROCEDURE

I _____ (patient name) give my permission for the following
procedure(s): _____ to be performed by
_____(physician) and to receive Intravenous
Anesthesia as necessary for the procedure.

I understand the following and agree that my physician has discussed with me:

1. The nature of my illness.
2. The nature and purpose of the procedure.
3. The Benefit(s) of having the procedure.
4. The usual and most likely risks of the procedure including, but not limited to missed polyps, lesions or cancers. This includes the risk that the procedure may not accomplish the goal of the procedure.
5. Diagnostic and therapeutic Alternatives to this procedure.
6. The risk(s) of not performing the procedure.
7. I have had an opportunity to ask all questions and all of my questions have been answered to my satisfaction.
8. No guarantees have been made as to the result of the procedure.
9. I understand that I will need a responsible driver to drive me home and I will not be permitted to ride home unaccompanied in a cab or by other public transportation.

I consent to the administration of Intravenous Anesthesia Medications for my procedure. The risks and complications associated with anesthesia may include allergic reaction, aspiration/pneumonia, respiratory problems, changes in blood pressure, damage to dentition, brain damage, infection, muscle aches, nausea, ophthalmic (eye) injury, pain, positional nerve injury and in very rare cases, death. My questions regarding the nature, purpose and risks of the anesthetic(s), as well as the possibility of complications, have been explained to me. I do understand that although favorable results can be expected, they cannot be and are not guaranteed.

I understand that unexpected events or complications may occur during or following the procedure and that these events/complications may involve additional procedures, treatment, hospitalization, Emergency Room Visit and/or surgery which may result in additional expenses and may be billed to my insurance carrier. I acknowledge and understand I am responsible for any additional charges or fees regardless of insurance coverage. If complications occur, EMS will be called and I will be transferred to the local hospital even if I have an Advanced Directive or a "Do Not Resuscitate" Order. I understand Advanced Directives are not recognized in this facility.

I have the ability to make and communicate my health care decisions.

By signing here, I fully understand the contents of this document and agree to proceed with the procedure.

Patient's Signature

Date

Witness Signature

Date

Signature of Authorized Person

Date

Physician Signature

Date

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