

## COLONOSCOPY

### OVERVIEW:

Colonoscopy is a common procedure using a thin tube (the “scope”) with a camera to examine the inside of the colon (the large intestine). Throughout the procedure, you will be sedated with intravenous medication, and your heart rate, blood pressure, and oxygen status will be carefully monitored. The colonoscope will be gently inserted into the rectum and carefully advanced through the colon with a thorough inspection. If colon polyps are seen, they will generally be removed at the same time. Biopsies may be taken. The entire examination usually lasts 15-20 minutes. You can plan to be at the endoscopy facility for up to 2 hours from check-in to discharge.

### RISKS:

Colonoscopy is a safe procedure, but complications can occur. The more significant complications include:

- **Bleeding.** Bleeding can occur during colonoscopy, particularly after removal of a large polyp. It generally stops on its own, but may become serious, particularly if you are taking blood thinners. Sometimes, patients may require hospitalization, blood transfusions, and repeat colonoscopy.
- **Perforation.** The colon can be perforated or punctured during colonoscopy. While infrequent (various studies estimate between 1/10,000 to 1/1,000), this is a serious complication and can cause death. Most perforations are detected during or soon after the procedure and generally require hospitalization and/or surgical repair. The risk of a perforation is increased during removal of large polyps, if severe diverticulosis is present, and in extremely ill patients.
- **Reactions to sedation.** Most people tolerate sedation without any complications. However, some patients can develop low blood pressure, an irregular heartbeat, or difficulty breathing. Aspiration of fluid into the lungs can occur leading to pneumonia. During the procedure you will be continuously monitored for any of these problems. If you have heart or breathing problems, extra care is taken during the sedation process. Less serious reactions include nausea, muscle spasms, or infection at the intravenous catheter site.
- **Missed polyps.** Colonoscopy is the best method to detect and remove colon polyps. However, colonoscopy is not perfect, and sometimes polyps are not detected, particularly if they are small, or flat, or located in an area that is difficult to visualize. Studies have shown that up to 25% of small polyps (less than ¼ inch wide) may be missed by colonoscopy. On the other hand, less than 3% of larger polyps (greater than ½ inch wide) are missed.
- **Rare complications** include bruising or rupture of the spleen, acute diverticulitis, and tearing of intra-abdominal blood vessels with subsequent hemorrhage.

**COLONOSCOPY PREPARATION: EZ2Go****FOUR DAYS BEFORE the colonoscopy:**

Change your diet to avoid high fiber foods. **Please do not eat leafy green vegetables, celery, asparagus, broccoli, brussels sprouts, corn, nuts, beans, and crunchy seeds.** These foods frequently leave a large amount of residue in the colon and can decrease the effectiveness of the colonoscopy. Permitted foods include meats, fruits, white bread, pasta, rice, eggs, and potatoes.

Four days before the procedure, start taking a daily dose of MiraLAX (purchased over the counter). This will allow the laxative kit to work quickly, letting you get a better night's sleep before the colonoscopy, and help you achieve an excellent bowel preparation.

**THE DAY BEFORE the colonoscopy:**

**Drink only clear liquids for 24 hours prior to your colonoscopy. No solid foods allowed!** Clear liquids include water, clear sodas (Sprite, 7-Up, Mountain Dew, Ginger ale), apple juice, white grape juice; light-colored sports drinks (No reds, purples, or other dark colors), lemonade, Crystal light, soup broth, and yellow Jello. Please drink at least eight 8-ounce glasses of clear liquids (liquid that you can see through) on this day.

**Do not drink any alcohol. You are permitted one cup of black coffee if needed.**

Start your clear liquid diet at: \_\_\_\_\_ on \_\_\_\_\_

The **EZ2Go Laxative Kit** contains an 8.3 oz bottle of Polyethylene Glycol 3350 Powder (white bottle with purple cap), a beige pouch containing four 5-mg Bisacodyl tablets, an orange pouch containing one 80-mg Simethicone tablet, and a 10 oz bottle of clear Magnesium citrate. (Please disregard the red pouch of magnesium citrate.)

**1. At 3-5:00 pm on the afternoon before your procedure:**

Take two 5mg Bisacodyl tablets (beige pouch). Mix the full bottle of Polyethylene Glycol 3350 powder with 64 ounces of your choice of non-carbonated clear liquid (buy this ahead of time!). You will drink half of this mixture and store the other half in the refrigerator. Please try to drink 8 oz every 15 minutes to complete the 32 oz in approximately 1 hour. If you experience nausea or vomiting, drink the mixture more slowly, or stop for half an hour and then start again.

**2. At 6-8:00 pm on the evening before your procedure:**

Drink the 10-ounce bottle of Magnesium Citrate within 30 minutes. Then take the 80mg Simethicone tablet (orange pouch) with water. Wait 15-30 minutes and take the last two 5mg Bisacodyl tablets (beige pouch).

**THE MORNING OF the colonoscopy:**

3. **5 hours before your scheduled procedure time**, drink the remaining 32oz Polyethylene Glycol mixture within an hour.

4. **Stop drinking all liquids 4 hours prior to your procedure**; stop at: \_\_\_\_\_ on the day of your colonoscopy. Also, do not chew gum, suck on hard candy, smoke, or use chewing tobacco. You are permitted to take your morning medicines with small sips of water, and you may brush your teeth.

**Please note:**

Laxatives may start working within 30 minutes but may take as long as 6 hours. Plan to remain close to a toilet. Due to the large volume of diarrhea, we recommend the use of baby wipes for cleaning, and the use of **Desitin or Vaseline** for skin protection around the anus. If you are still having solid stool or have not produced a bowel movement after your first round of laxatives, please call our office for further instruction immediately. After your morning dose of laxatives, your stool should be clear or yellow (like urine). You may use over the counter enemas if needed.

## COLONOSCOPY: Further instructions

### BEFORE THE PROCEDURE:

- Continue all prescription medicines, unless directed by your doctor, even on the morning of the procedure.
- Stop iron tablets for 7 days prior to your colonoscopy.
- **If you take any blood thinners**, such as Plavix (clopidogrel), Eliquis, (dabigatran), Coumadin (warfarin), Pradaxa (dabigatran), Xarelto (rivaroxaban), Brilinta (ticagrelor), or Effient (prasugrel), please discuss this with your doctor.
  - Please stop \_\_\_\_\_ for \_\_\_\_\_ days prior to the procedure.
- If you take **phentermine**, please stop this for one week prior to your procedure.
- If you have **DIABETES**, take only half of your usual dose of diabetes medicine on the day before your procedure and do not take any on the day of the procedure. If you have questions, please discuss this with one of our doctors.
- If you have **ASTHMA** or **EMPHYSEMA**, please bring your inhalers with you.
- Do not use any hand lotion or fingernail polish, or wear false nails over 1” long on the day of your procedure.
- For women, menstrual bleeding will not affect your colonoscopy and is not a reason for cancelling your procedure.

### AFTER THE PROCEDURE:

**You are not allowed to drive or operate machinery. You must arrange for someone to drive you home.** You are not allowed to take a taxi, Uber, or Lyft without a supervising adult along with you. You can plan on being discharged approximately one hour after the start of your procedure. Therefore, your driver should stay at our office or in the parking lot. If you do not have a driver present at the time of your procedure, your procedure will be cancelled.