

What Is A Colonoscopy?

Colonoscopy is a procedure that enables your surgeon to examine the lining of the rectum and colon. It is usually done in the hospital or an endoscopic procedure room. A soft, bendable tube about the thickness of the index finger is gently inserted into the anus and advanced into the rectum and the colon.

Why Is A Colonoscopy Performed?

A colonoscopy is usually done 1) as part of a routine screening for cancer, 2) in patients with known polyps or previous polyp removal, 3) before or after some surgeries, 4) to evaluate a change in bowel habits or bleeding or 5) to evaluate changes in the lining of the colon known as inflammatory disorders.

What Preparation Is Required?

The rectum and colon must be completely emptied of stool for the procedure to be performed. In general, preparation consists of consumption of a special cleansing solution or several days of clear liquids, laxatives and enemas prior to the examination. Your surgeon or his staff will give you instructions regarding the cleansing routine to be used. Follow your surgeon's instructions carefully. If you do not complete the preparation, it may be unsafe to perform the colonoscopy and the procedure may have to be rescheduled. If you are unable to take the preparation, contact your surgeon. Most medications can be continued as usual. Medication use such as aspirin, Vitamin E, nonsteroidal anti-inflammatories, blood thinners and insulin should be discussed with your surgeon prior to the examination as well as any other medication you might be taking. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to colonoscopy. You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives can affect your judgment / reflexes for the rest of the day. You should not drive or operate machinery until the next day.

What Can Be Expected During The Colonoscopy?

The procedure is usually well tolerated, but there is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. Your surgeon will give you medication through a vein to help you relax and better tolerate any discomfort that you may experience. You will be lying on your side or your back while the colonoscope is advanced through the large intestine. The lining of the colon is examined carefully while inserting and withdrawing the instrument. The procedure usually lasts for 45 to 60 minutes. In rare instances the entire colon cannot be visualized and your surgeon could request a barium enema.

What If The Colonoscopy Shows An Abnormality?

If your surgeon sees an area that needs more detailed evaluation, a biopsy may be obtained and submitted to a laboratory for analysis. Placing a special instrument through the colonoscope to sample the lining of the colon does this. Polyps are generally removed. The majority of polyps are benign (non-cancerous), but your surgeon cannot always tell by the appearance alone. They can be removed by burning (fulgurating) or by a wire loop (snare). It may take your surgeon more than one sitting to do this if there are numerous polyps or they are very large. Sites of bleeding can be identified and controlled by injecting certain medications or coagulating (burning) the bleeding vessels. Biopsies do not imply cancer, however, removal of a colonic polyp is an important means of preventing colorectal cancer.

What Happens After Colonoscopy?

Your surgeon will explain the results to you after your procedure or at your follow up visit. You may have some mild cramping or bloating from the air that was placed into the colon during the examination. This should quickly improve with the passage of the gas. You should be able to eat normally the same day and resume your normal activities after leaving the hospital. Do not drive or operate machinery until the next day, as the sedatives given will impair your reflexes. If you have been given medication during the procedure, you will be observed until most of the effects of the sedation have worn off (1-2 hours). You will need someone to drive you home after the procedure. If you do not remember what your surgeon told you about the examination or follow up instructions. Call your surgeon's office that day or the next to find out what you were supposed to do. If polyps were found during your procedure, you will need to have a repeat colonoscopy. Your surgeon will decide on the frequency of your colonoscopy exams.

What Complications Can Occur?

Colonoscopy and biopsy are safe when performed by surgeons who have had special training and are experienced in these endoscopic procedures. Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the bowel wall. Should this occur, it may be necessary for your surgeon to perform abdominal surgery to repair the intestinal tear. Blood transfusions are rarely required. A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort. It is important to contact your surgeon if you notice symptoms of severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup. Bleeding can occur up to several days after a biopsy.

Colonoscopy Date: _____ **Time:** You will be notified the week of

*On the day of your procedure, plan on spending approximately **2 to 3 hours at the hospital**. However, unexpected findings or medical problems may arise causing delays. We will do our best to inform you in advance of any delays in the schedule that may affect you. Please leave a telephone number by which we may readily reach you on the date of your procedure. You may also call us to confirm your start time.*

What to Expect

After you register at the front desk, the nurse will take you to pre-op. A colonoscopy requires sedation, you will also meet with a nurse anesthetist prior to the procedure. He/she will sedate and monitor you during and after the procedure. Once you are sedated, the Colonoscope is advanced through the anus, into the rectum and then into the colon or large bowel. The procedure enables the surgeon to visualize the lining of your colon. There is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. The procedure usually lasts for 45 to 60 minutes. If the doctor finds an area of your colon that needs more detailed evaluation, a biopsy may be obtained and submitted for analysis. A biopsy may prolong the procedure. After the procedure you will be taken to PACU or Post Anesthesia Care Unit for approximately thirty minutes or until you are awake, alert, and able to drink liquids. Because of the sedation you received, do not sign any legal documents or make any major decisions for the remainder of the day.

We recommend you make a follow up appointment to review the findings of your colonoscopy. Though the surgeon will discuss findings with you after the procedure, it is likely you will not remember fully what you may have been told.

How to Prepare

- Read the **GOLYTELY BOWEL PREP Instructions** in advance (2nd Packet of Information).
- Arrive at least 30 minutes before your scheduled time and bring all your home medications with you.
- Please inform the doctor if you require antibiotics prior to undergoing dental procedures, you may also require them for the colonoscopy
- Stop all NSAID's** such as: *Advil, Aleve, Anaprox, Arthrotec, Aspirin, Bayer Aspirin, Bextra, Celebrex, Clinopril, Daypro, Dolobid, Ecotrin, Excedrin, Feldene, Ibuprofen, Indomethicin, Lodine, Mobic, Motrin, Naprosyn, Nuprin, Relafen, Rufen, Vioxx, Voltaren, and any other NSAID's*
- Stop nutritional and herbal supplements** such as *Echinacea, Garlic, Gingko biloba, Goldenseal, Dong quai, Feverfew, Fish Oil (Omega III), Ginseng, Kava, St. John's wort, Valerian root.*
- Stop Metformin** 24 hours before the procedure.
- Prescription **Anticoagulants must be stopped** 7 to 3 days prior to the EGD. Please see ANTICOAGULANTS (blood thinners) for detailed instructions on what to do. You may require an alternate anticoagulant discuss with surgeon - arrangements should already be in place, if not, speak with the surgeon immediately.
- Wear a 2-piece ensemble. You will be required to remove your bottom.
- An adult driver must **pick you up** from the hospital. Please make arrangements, as we cannot let you leave in a taxi or with an under aged driver.
- Follow the colonoscopy bowel-prep instructions below carefully the day before your colonoscopy.

Discharge Instructions

- The doctor may explain the results to you after the procedure, but we recommend that you schedule a follow up visit to discuss the results. Sedation after a colonoscopy can take 24 hours to wear off.
- You should be able to eat normally and resume your normal activities after the procedure.
- We recommend that you take the remainder of the day off.
- Do not drive or operate machinery until the next day, do not make any legal decisions as the sedatives given will impair your reflexes.
- Please do not make any major decisions or sign any legal papers for the next 24 hours. Please allow 24 hours for the sedatives to clear your blood stream.
- You may have some mild abdominal cramping or bloating. This is secondary to the air that was used to inflate your colon. This should quickly improve once passage of gas occurs.
- If a biopsy was performed, mild bleeding can occur up to several days during bowel movements.
- Biopsy results take a few days, schedule your follow up appointment in 7 to 10 days after the procedure.

Call your doctor if any of the following occur

- Fever, chills
- Persistent, or worsening abdominal pain
- Persistent nausea and vomiting
- Persistent lightheadedness, fainting
- Black, tarry stools or rectal bleeding