



Colonoscopy

What is it and why do I need it?

Colonoscopy is an endoscopic procedure that uses a tiny camera attached to a long scope to examine the large intestine (the colon). It is most often used to screen for colon cancer with the goal of removing polyps (small growths) that could become cancerous in the future. With no family history of colon cancer, most should begin screening at age 45. Colonoscopy is also used to diagnose other digestive problems like diarrhea and bleeding.

The risks

You will be asked to sign a consent form at the time of the exam. The risks of colonoscopy are low (under 1%), but do include bleeding (which rarely can occur days later if a large polyp is removed), perforation, infection, tearing of the lining, aspiration, spleen injury, medication reactions and heart/lung problems. If you have any concerns about these risks, please contact your physician before your procedure. You will also be able to discuss this with your physician at the time of the exam.

The preparation

Before your colonoscopy, you must take a colon-cleansing product to clear the stool from your colon. Bowel preparation is no fun, but is very important to ensure that your physician has optimal visualization of your colon during the procedure. Careful attention to your prep instructions will help avoid the need to reschedule or repeat your exam. Usually, you will need to stop eating solid food the day before your colonoscopy (you may still have clear liquids). You should, however, stop drinking all fluids (including clear liquids and water) 4 hrs before the exam (minimal sips are allowed only to take your usual meds). Avoid gum and hard candy.

Please read your prep instructions immediately because the preparation process begins several days before your procedure! **You must have someone who is at least 18 years-old with you during the entire time from check-in through recovery.** This person will also need to drive you home after the exam (a ride-share, bus, or taxi is not an option).

The procedure

The entire process, from when you arrive to when you leave, may take 2-3 hours. In the preparation area, you will be asked questions about your health history. Your procedure will take about 20 minutes and you will be asleep for it. Once you are asleep, the colonoscope will be inserted through your rectum and around your colon. Your physician will look for any abnormalities that need to be biopsied, removed, or treated.

After the procedure

Most patients experience little if any discomfort. You may have a full feeling so you will be encouraged to pass gas. In the recovery unit, your physician will discuss the results with you and give you discharge instructions. You will remain in the recovery unit until your sedation has worn off to a satisfactory level. After discharge, you may resume your usual diet and light activities and return to work the following day. However, **you may not drive, make important**

decisions, or operate machinery the rest of the day. A report will be sent to your referring physician. If any biopsies are taken, you will be contacted with the results.

Medications

If you take insulin or other diabetic medicines, dosage adjustments will be provided for you. Bring your insulin with you so that you can take it after the procedure if necessary.

If you are on blood thinners such as Plavix, Coumadin, Eliquis, Xarelto, or any other medications that thin your blood, let us know at the time of scheduling because they may need to be held.

If you are taking any prescribed or over-the-counter diet pills, you should stop taking them 2 weeks (14 days) before your procedure. Failing to stop these medications 14 days in advance of your procedure may result in anesthesia complications and your procedure will need to be rescheduled.

Iron supplements are usually held 2 days before the exam.