

Name: \_\_\_\_\_

Please arrive at The Corvallis Clinic Surgery Center on \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

**\*\*You must be accompanied by an adult family member/friend, over the age of 18, who can take responsibility for you and sign your discharge papers.**

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It is our desire that you have the best experience possible. Please read these instructions completely and thoroughly; in so doing, you will contribute to a much more satisfying outcome. If you have any questions about these instructions, please contact The Corvallis Clinic Gastroenterology department at: (541) 754-1988 during normal business hours.

### **INTRODUCTION**

A colonoscopy is the examination of the interior of the large intestine, or colon. When an abnormal area is identified, a small sample is removed for microscopic examination using forceps; a procedure known as biopsy. Also, abnormal growth is sometimes removed by using an electric wire loop, this is known as a polypectomy. All tissue samples removed during a colonoscopy are submitted for pathology.

The procedure employs an instrument called a colonoscope, which is a flexible tubing of 160cm (slightly longer than 5 feet) in length. It contains an illuminating apparatus and an electronic camera at the tip of the scope. There is also a channel through the length of the scope allowing passage of instruments for sampling and other works.

### **PREPARATION**

To achieve optimal examination of the colon, it is **imperative** to completely remove all fecal matter before the procedure. Inadequate cleansing of the colon leads to a prolonged and difficult examination with ambiguous results as well as higher risk of complication. Therefore, please exercise your best effort to adhere to the directions for bowel cleansing.

The preparation we use is the safest and most effective method that we have found. It is important that you make every effort to follow the instructions to the best of your ability. If you have had problems tolerating this type of laxative in the past, please let us know as soon as possible before your procedure. The doctor will be informed and will decide the best alternative method for you.

With this preparation diarrhea is to be expected; a mild degree of nausea, vomiting, and abdominal cramping can also occur. However, if you develop severe nausea, incessant vomiting or intolerable abdominal pain, please notify us right away. **Some patients find that wearing a protective undergarment (IE: Depends) to and from the procedure provides additional comfort and sense of security during transportation.**

## INSTRUCTIONS REGARDING YOUR MEDICATIONS

### *Blood Thinners*

- a. **Blood thinners** such as Coumadin (warfarin) should be stopped 5 days prior to the exam (unless otherwise specified). Please consult your primary physician to determine the need for supplementing with Lovenox/Fragmin.
- b. **LOVENOX/FRAGMIN** should be stopped the day before, AND the day of, the exam.
- c. **Plavix, aspirin, Omega 3 or fish oil** should be stopped 5 days before the exam.
- d. Please clear these instructions with your primary physician.

### *Arthritis Medications*

- a. **NSAIDs** such as: Ibuprofen (Motrin, Advil), Aleve, Naproxen, Voltaren, Feldene etc. should be stopped 5 days prior to the exam.
- b. **If polyps are removed during your colonoscopy**, these medications may have to be held for a few more days after the procedure. The physician performing your procedure will give you instructions if this is the case.

### *Iron Supplements*

- a. Iron supplements should be stopped 5 days prior to the exam.
- b. Multivitamins that contain iron are OK to take.

### *Blood Pressure Medications*

- a. Medications for high blood pressure, heart diseases or seizures **SHOULD BE TAKEN** as prescribed every day without interruption.

### *Diabetic Medications*

- a. Oral medications for diabetes should be skipped the day before and the day of the procedure.
- b. Insulin dose should be halved the day before the exam and taken after the exam on the day of.

## FOR PEOPLE WITH A PACEMAKER OR DEFIBRILLATOR

### Please ensure that you have informed our office if you have a pacemaker or defibrillator.

It is possible that you might have electrocautery which could have an effect on your specific pacemaker. Our office will inform your pacemaker clinic and arrange for a document to be faxed to the SURGERY CENTER (541-738-2072) before the day of the procedure. The procedure cannot be conducted without this document.

**Dietary and Bowel Cleansing Instructions for Colonoscopy**

**I. Five Days Before your Colonoscopy**

- a. Stop taking any medications as directed under the Instructions Regarding Your Medications section (page 2).

**II. Four Days Before your Colonoscopy**

- a. Avoid any foods with seeds or nuts --- Examples are strawberries, tomatoes, sunflower seeds, peanuts, and corn kernels.

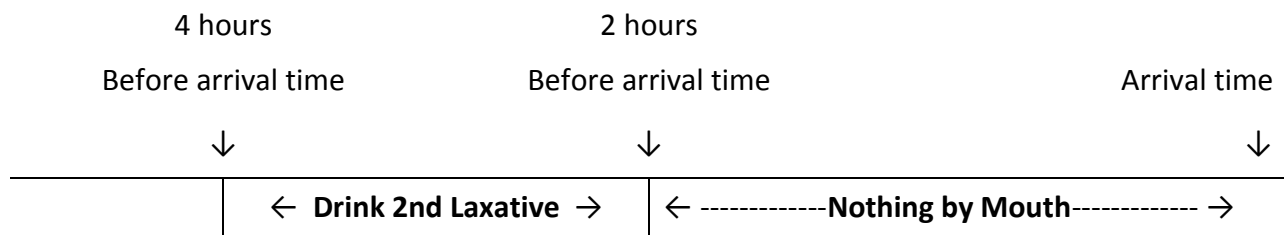
**III. The Day before your Colonoscopy ---CLEAR LIQUIDS ONLY - NO SOLID FOODS !!!!!!!!!!!**

- a. Clear liquids are liquids that you can see through. Examples are water, apple juice, 7-up, light colored Jell-O, clear soups/broths or light colored popsicles. Coffee and tea are OK to drink, but **do not add any creamer/milk.**
- b. Although you are drinking a large quantity of bowel prep, it does not contribute to hydration, so **drink plenty of light-colored clear liquids for breakfast, lunch and dinner; it is VERY important for you to stay hydrated.**
- c. Avoid any red, orange, purple, green, and blue colored drinks; this can cause misleading results (IE: mistaken for bleeding). You may drink yellow or clear liquids.
- d. Mix the Suprep **as per instructions on the back of the box** (Split-Dose 2-day Regimen).
- e. The evening before your procedure, **beginning around 5 PM,** drink 16oz of Suprep, followed by 32oz of water, within 2 hours.

**IV. The Day of your Colonoscopy**

- a. Beginning **4 hours before the scheduled arrival time,** drink the other 16oz of Suprep, followed by another 32oz of water, also within 2 hours. (If you live more than 30 minutes away, start 5 hours before arrival time to avoid residual laxative effect during travel).
- b. You may take your medication(s) with a small sip of water. Refer to Medications section.
- c. NOTHING by mouth for **2 HOURS BEFORE YOUR ARRIVAL TIME.**

**Timeline for the Day of Colonoscopy**



## **PROCEDURE DAY**

Please be punctual and present yourself to the registration personnel at the designated location at the scheduled time.

A small plastic catheter will be inserted into the forearm for IV access. Sedatives are usually given to alleviate anxiety and to reduce discomfort. They may also have the amnesic effect (partially erasing the memory of the procedure). Using this sedative PROPOFOL, most people are in deep sleep and will not have recollection except the last few minutes of the procedure. Nearly everyone tolerates the procedure well.

The colonoscope is then inserted into the rectum and advanced with a combination of gentle pressure and deflection of the tip of the scope. Because of the natural looping of the colon, periodically the nurse may apply hand pressure to your abdomen or turn you to different positions in order to facilitate the advancement of the scope. For complete examination, the scope is advanced from the rectum, by the left colon, transverse colon, to the right colon into the cecum. Whenever possible, the scope is also advanced further into the last segment of the small intestine, the terminal ileum.

During the exam, when abnormal colonic lining is identified, a small sample is "pinched off" and sent to a pathologist for microscopic examination, a procedure known as biopsy. No discomfort is associated with this. A small amount of bleeding may or may not be noticeable in the bowel movement following the exam. If a growth on the colonic lining, known as a polyp, is noted, an electro-cauterizing wire loop is used to lasso, cut and cauterize the cut surface. The polyp is then retrieved for pathology.

## **POST-PROCEDURE RECOVERY**

A colonoscopy usually lasts about 20 to 30 minutes. After the exam you will be transferred to the recovery room for further observation. When your nurse determines that you are fully alert and safe to leave, they will recommend you for discharge from the unit. Discharge instructions are given to you before you leave the recovery room. In these notes is also the description of the findings and all procedures performed during the examination of your colon.

In general, a light meal is recommended after the procedure. If you do not experience any discomfort after the first light meal, you may resume normal diet thereafter.

If sedatives are given during the procedure, driving or operating any heavy equipment on the day of the examination is dangerous and should be avoided under all circumstances.

## **RESULT DISCUSSION**

If no tissue is removed during the examination, your instruction sheet contains the final result of the colonoscopy. No further communication will be issued. On the other hand, if either a biopsy is taken or polyps are removed, a letter regarding the final pathology report, as well as the recommendation for follow up will be mailed to you within two weeks

## COMPLICATIONS

Although a colonoscopy is considered a very safe procedure, on rare occasions complications do occur. Over-sedation with depression of respiratory drive may occur. Aspiration of stomach content into the lung can lead to pneumonia.

Bleeding, should it occur, is usually mild, but occasionally requires intervention. Should you experience bleeding (bright red blood) please call us immediately. The extremely rare cases of perforation almost always require surgical repair. For patients with heart diseases, the risk of cardiac complications, including but not limited to heart attack, irregular heart rhythm, cardiac arrest or even death, though extremely low, cannot be absolutely eliminated. If a complication occurs, steps will be taken immediately to control the effects. On occasion hospitalization will be recommended.

Lastly, in spite of being considered the gold standard of examination of the colon, a colonoscopy is by no means perfect. Not infrequently, polyps smaller than 1 cm in diameter hiding behind the nooks and crannies of the colon may elude detection. Occasionally, even larger polyps can be missed.

A nurse will call you the day after your colonoscopy to inquire of your recovery after the procedure. If any unusual event such as severe pain, significant bleeding or others should develop, which is worrisome to you, please be insistent in reaching myself or any physician on call for me and discuss the occurrence. If the situation is urgent, please present yourself to the emergency room of the hospital without delay.

Once again, it is our desire that you have the best experience possible. Should you have any questions about these instructions, please contact The Corvallis Clinic Gastroenterology department at: (541) 754-1988 during normal business hours (M-F 8am – 5pm).

Sooyun Chun, MD

Royce Ryker, FNP-BC