

COLONOSCOPY – PREPARATION

Endoscopic Solutions P.C.

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Name _____

You are scheduled for a colonoscopy with Dr _____

Location: _____

Date of colonoscopy ____/____. Arrival time ____:



Suprep

◆ To ensure a successful exam, please follow all instructions carefully. A thorough cleansing of the colon is essential and the examination is most successful if you follow the directions for preparation completely, as outlined below. Failure to accurately and completely prepare for your exam may result in the need for an additional procedure and both procedures will be billed to your insurance.

◆ **IF YOU HAVE ANY QUESTIONS OR IF YOU HAVE DIFFICULTIES WITH THE BOWEL CLEANSING REGIMEN PLEASE CONTACT OUR OFFICE AT 248.625.4055**

THE WEEK BEFORE COLONOSCOPY:

- ◆ It is OK to continue a baby Aspirin (81 mg)
- ◆ 7 days before colonoscopy: stop **Plavix** (Clopidogrel), **Effient** (Prasugrel), **Iron**, **Fish Oil**, and **all herbal supplements**. Restart after colonoscopy, unless instructed otherwise by your doctor.
- ◆ 5 days before colonoscopy: stop **Brilinta** (Ticagrelor); stop **Coumadin** (Warfarin); resume in the evening after colonoscopy, unless told otherwise. Some patients need to replace the Coumadin with blood-thinner injections for approximately one week. Please discuss the changes in Coumadin regimen with your family doctor or with Coumadin Clinic
- ◆ 3 days before colonoscopy: stop **Pradaxa** (Dabigatran), **Xarelto** (Rivaroxaban), **Savaysa** (Edoxaban), or **Eliquis** (Apixaban); resume the day after procedure, unless told otherwise.
- ◆ 2 days prior to colonoscopy: stop **NSAIDs** or aspirin-like products (Ibuprofen, Motrin, Aleve, Advil, Naprosyn etc). You can use plain Tylenol for pain, if needed.
- ◆ **If you are diabetic**, please discuss the change in your medications during the preparation for colonoscopy with your doctor.
- ◆ In order to understand your financial obligations, please check with your insurance carrier if “colonoscopy” (done for problems with your bowel) or “screening colonoscopy” (no problems, preventative exam) is a covered benefit.
- ◆ Make any needed arrangements to be off work/school the day of the colonoscopy. Please remember, *by law, you cannot drive the rest of the day of the colonoscopy.*
- ◆ Purchase the laxative (**Suprep**)
- ◆ Consider obtaining a protective ointment such as Preparation H, Desitin, or Vaseline to protect the anal area during prep. You can start to apply it after you take the first laxative.

3 DAYS BEFORE COLONOSCOPY

- ◆ Review and plan dietary needs for the next 2 days
- ◆ Confirm your ride
- ◆ Last chance to cancel or reschedule. If you miss a scheduled procedure without notifying our office 72 h in advance, you will be charged a NO SHOW fee of 75\$.

◆ **STOP EATING NUTS, SEEDS, AND CORN**

THE DAY BEFORE THE COLONOSCOPY:

- ◆ **NO SOLID FOOD!**
 - ◆ **You may have only clear liquids** for breakfast, lunch and dinner. These include:
 - ◆ Clear broth (chicken, beef, vegetable)
 - ◆ Plain coffee or tea (black only) - NO CREAM, NO MILK
 - ◆ Water, Pop (Pepsi, Coke, Vernors, etc.), Gatorade, Fruit juices (pulp free only)
 - ◆ Fruit ices, Popsicles, Jell-O
 - ◆ **Please drink as much fluid as you possibly can.** This helps the cleaning process and prevents dehydration.
 - ◆ Avoid anything red, purple, or blue in color
 - ◆ Do not drink dairy products or non-dairy creamer.
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- ◆ **At 7:00 pm start taking the first half of the Suprep laxative solution**
 - ◆ *Pour one (1) 6-ounce bottle of SUPREP liquid into the mixing container*
 - ◆ *Add cool drinking water to the 16 ounce line on the container and mix*
 - ◆ *Drink ALL the liquid in the container (ie 6 oz Suprep mixed with 10 oz water)= 16 oz laxative +*
 - ◆ *You must drink two (2) more 16-ounce containers of water over the next 1 hour = 32 oz liquid*
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- ◆ You may use the protective ointment / baby wipes to protect your perianal area during prep.

THE DAY OF THE TEST:

- ◆ **6 hours before the scheduled time of the test, start taking the second half of the Suprep laxative solution** - see the table on next page
 - ◆ *Pour one (1) 6-ounce bottle of SUPREP liquid into the mixing container*
 - ◆ *Add cool drinking water to the 16 ounce line on the container and mix*
 - ◆ *Drink ALL the liquid in the container (ie 6 oz Suprep mixed with 10 oz water)= 16 oz laxative +*
 - ◆ *You must drink two (2) more 16-ounce containers of water over the next 1 hour = 32 oz liquid*
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- ◆ **You are not allowed to eat or drink anything (not even water) for 4 hours before procedure.**
 - ◆ Do not use chewing gum
 - ◆ Take your blood pressure and heart medications at 6 am with a small sip of water. For any other medications, please consult your physician for special instructions.
 - ◆ **You must have a friend or family member stay with you during the colonoscopy and drive you home afterwards.**
 - ◆ Plan to be with us for a total of 2-3 hours. When you arrive, you will need to complete your paperwork, and then change into a patient gown. The nursing staff will perform a brief assessment, place an iv, and take you into the procedure room where you will be sedated and undergo the colonoscopy. The colonoscopy itself takes 15-45 minutes.
 - ◆ After the colonoscopy, you will rest in the recovery area while the sedative wears off. The doctor will discuss with you/your companion the findings of the colonoscopy and the recommendations. Due to the sedation, you may not remember your conversation with the doctor after colonoscopy. If you have questions, you can call our office at a later time.
 - ◆ **By law, you cannot drive the day of the colonoscopy.** We advise you to take the entire day off work.
 - ◆ If biopsies were taken, please call our office (248.625.4055) for biopsy results 2 weeks after the procedure.

COLONOSCOPY PREP with SUPREP at a glance			
7 days before	Stop Plavix** Stop Effient** Stop Iron Stop Fish oil Stop Herbal supplements (e.g. Ginkgo biloba, Ginseng, Garlic, Kava)		
	** if OK with your heart doctor		
5 days before	Stop Brilinta** Stop Coumadin** , ask your doctor if you need "bridging" with injections		
3 days before	Stop Pradaxa** Stop Xarelto** Stop Savaysa** Stop Eliquis**		
2 days before	Stop NSAIDs (Ibuprofen, Motrin, Aleve, Naproxen etc)		
The day before colonoscopy	Do not take your diabetes pills + ask your doctor about the dose of insulin		
CLEAR LIQUID diet	7 pm	Start drinking first half of SUPREP solution	
The day of the colonoscopy	If your procedure is at	Start drinking second half of SUPREP solution	Do not eat or drink anything after
	8:00	2:00	4:00
	9:00	3:00	5:00
	10:00	4:00	6:00
	11:00	5:00	7:00
	12:00	6:00	8:00
	13:00	7:00	9:00
	14:00	8:00	10:00
	15:00	9:00	11:00
	16:00	10:00	12:00
	6 am: take your blood pressure medications		
	Be at the endoscopy center 1 hour before your scheduled procedure time		
Regular diet after scope	After colonoscopy: take all your other regular medications, unless instructed otherwise		

WHY DO I NEED A COLONOSCOPY ?

GENERAL INFORMATION

A **colonoscopy** is a procedure done to visualize the inside of the colon using a long, thin, flexible tube with a camera at the tip, which transmits images to a video monitor. During the procedure the doctor can remove polyps and other tissue for biopsy. As an alternative, virtual colonoscopy uses techniques like CT scans and MRI to produce 2- or 3-dimensional images of the colonic lining. Both conventional colonoscopy and virtual colonoscopy require bowel preparation. Although a virtual colonoscopy does not require sedation and is less invasive, one drawback is that it does not allow polypectomy (polyp removal) or the removal of adjacent tissues for a biopsy. If large polyps are detected on virtual colonoscopy, a conventional colonoscopy (with the tube) will be required. An alternative method for colorectal cancer screening is annual fecal occult blood testing (FOBT), looking for microscopic amounts of blood in stool, which may indicate the presence of a large polyp or cancer. If the FOBT is positive, a colonoscopy is recommended to identify and remove colonic lesions.

Colorectal cancer is the third most common cancer and the third leading cause of cancer death in the US. Approximately one in three patients who develop colorectal cancer dies of this disease. **Colorectal polyps** are small growths on the lining of the large bowel. Two thirds of the polyps are adenomatous, and one third are hyperplastic. These cannot be distinguished reliably by gross appearance; biopsy is required for diagnosis. Most colorectal cancers arise from adenomatous polyps. Hyperplastic polyps usually do not progress to cancer. Removal of adenomatous polyps prevents cancer. The National Polyp Study Work Group, for example, followed 1418 patients in whom colonoscopic examination led to the removal of one or more polyps. During a mean follow-up of six years, the incidence of colon cancer was 90% lower than in patients who had polyps that were not removed and 76% lower than in the general population.

Screening colonoscopy aims to identify polyps or early cancers in patients without any specific complaints. It is recommended in people 50 years or older. More recent guidelines recommend screening at age 45 for African American patients. If you have a first degree relative with colon cancer, you should have the first colonoscopy at 40 years of age, or 10 years earlier than the age of your relative at the time of his/her diagnosis, whichever comes first.

DO I NEED TO HAVE A SPECIAL PREPARATION?

YES !!!

Thorough cleansing of the bowel is necessary before a colonoscopy. If the bowel is not cleansed properly, the remaining stool can hide small polyps or even cancers. If your colon is not cleansed properly, your doctor will ask you to have a repeat colonoscopy at a short interval. **For instructions regarding bowel cleansing please see the attached "Colonoscopy preparation- instructions".**

"The bad taste of the bowel prep is good for you": the unpleasant taste of the standard laxative solution is given by the salts which prevent dehydration, not due to laxative (think of the bowel prep as a combination of tasteless laxative causing diarrhea and Pedialyte to prevent dehydration).

HOW IS IT DONE?

For the colonoscopy, you will lay on your left side on the examining table. You will be given pain medication and a moderate sedative to keep you comfortable and help you relax during the exam. The doctor and a nurse will monitor your blood pressure and oxygen level, look for any signs of discomfort, and make adjustments as needed.

The doctor will then insert a long, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a colonoscope (koh-lon-oh-sko-pe). The scope transmits an image of the inside of the colon onto a video screen so the doctor can carefully examine the lining of the colon. The scope bends so the doctor can move it around the curves of your colon.

You may be asked to change positions at times so the doctor can more easily move the scope to better see the different parts of your colon. The scope blows air into your colon and inflates it, which helps give the doctor a better view. Most patients do not remember the procedure.

If polyps are found, they will be removed using tiny tools passed through the scope. Most polyps are not cancerous, but they could turn into cancer. Just looking at a polyp is not enough to tell if it is cancerous. The polyps are sent to a lab for testing. By identifying and removing polyps, a colonoscopy likely prevents most cancers from forming. The doctor can also remove tissue samples to test in the lab for diseases of the colon (biopsy). In addition, if any bleeding occurs in the colon, the doctor can pass a laser, heater probe, electrical probe, or special medicines through the scope to stop the bleeding. The tissue removal and treatments to stop bleeding usually do not cause pain. In many cases, a colonoscopy allows for accurate diagnosis and treatment of colon abnormalities without the need for a major operation.

During the procedure you may feel mild cramping. You can reduce the cramping by taking several slow, deep breaths. When the doctor has finished, the colonoscope is slowly withdrawn while the lining of your bowel is carefully examined. Bleeding and puncture of the colon are possible but uncommon complications of a colonoscopy.

A colonoscopy usually takes 15 to 45 minutes. The sedative and pain medicine should keep you from feeling much discomfort during the exam. You may feel some cramping or the sensation of having gas after the procedure is completed, but it usually stops within an hour. You will need to remain at the colonoscopy facility for 1 to 2 hours so the sedative can wear off.

Rarely, some people experience severe abdominal pain, fever, bloody bowel movements, dizziness, or weakness afterward. If you have any of these side effects, contact your physician immediately. Read your discharge instructions carefully. Medications such as blood-thinners may need to be stopped for a short time after having your colonoscopy, especially if a biopsy was performed or polyps were removed. Full recovery by the next day is normal and expected and you may return to your regular activities.

You can find more information about colonoscopy at: ***

- <http://www.nlm.nih.gov/medlineplus/tutorials/colonoscopy/htm/index.htm>
- <http://digestive.niddk.nih.gov/ddiseases/pubs/colonoscopy/>
- <http://www.acg.gi.org/media/colonoscopy.asp>
- <http://www.youtube.com/watch?v=yXCYHjbKenA&feature=relmfu>
- <http://www.youtube.com/watch?v=rI4s1D4MGH8>
- <http://www.youtube.com/watch?v=Yrw8qeYQSQg>
- <http://www.youtube.com/watch?v=JKfMx06hg7E>

***** if the information in these videos differs from our instructions, PLEASE FOLLOW OUR INSTRUCTIONS !!!**