HOW TO GET READY FOR YOUR COLONOSCOPY

7 days before the test

Do not take: multivitamins, Iron, Citrucel, Metamucil, Fiber Con, herbal/organic medications.

2 days before the procedure

Low fiber diet: White bread, pasta, cereals, white rice, well cooked vegetables that do not have skins, seeds or pulp, tender ground and well cooked meat, fish, and poultry, milk, yogurt, mild cheese, cottage cheese, margarines, butter, vegetable oil, mayonnaise, gravies, dressings, broth, strained soups and pulp free juices.

If given 15 sennosides tablets, please take after a low fiber or clear liquid dinner this day.

If given two bottles of Magnesium Citrate, please drink one of the bottles after a low fiber or clear liquid dinner this day.

1 day before the procedure

Drink all day to help flush your Colon.

You will need to be on a clear liquid diet for the entire day.

NO SOLID FOOD, MILK OR MILK PRODUCTS. (avoid red/orange)

Clear liquids include: tea, coffee (sugar is allowed), bouillon, broth, water, apple juice, white grape juice, cranberry juice, soda (7up, sprite, or ginger ale), Kool aide, Crystal Light, Gatorade, ice pops, Italian water ice, or jell-o.

AT ___1pm___: Take three tablets of Dulcolax.

AT ___2pm___: Mix the 238 grams of Polyethylene glycol, all of the powder, with 64 ounces (half gallon) of clear liquid beverage (no red/orange). Drink slowly so that you do not become nauseated.

When finished drinking the Miralax mixture, take the last three tablets of Dulcolax. Continue drinking clear liquids up to Midnight.

AT ___11pm___ drink the 10oz bottle of Magnesium Citrate

NO DRINKING AFTER MIDNIGHT!!

Day of Exam

Do not eat or drink the day of the exam except to take your regular medications with a small sip of water. If your procedure is scheduled after 12noon, you may have one cup of clear liquid beverage before 6 am and nothing after that. Leave your jewelry and valuables at home. Report to the GI procedure check-in desk on the 3rd floor on the day of the exam with your driver. A friend or relative must stay in the building during your procedure and be responsible for you after the procedure. You will receive sedation the day of exam. You cannot drive or operate machinery or go to work for 24 hours. Someone needs to be with you for 24 hours after your exam.

YOUR DRIVER NEEDS TO WAIT HERE FOR YOUR PROCEDURE TO BE COMPLETED

If you need to cancel and reschedule your appointment; call 48 hours in advance at 1-800-461-8262 EXT 5376 or locally at 633-5376 7:30-4:00pm to speak with the clerk. If you get an answering machine, leave your name, last four, and phone where you can be reached.

09/2013
What is a colonoscopy?

A colonoscopy is a procedure that allows the doctor to look into the large colon. It is used to look for abnormal growths (polyps), inflamed tissue (colitis or crohn's disease), weak areas that form pouches (diverticulum), or swollen and inflamed veins in the anus or lower rectum (hemorrhoids). It is used to diagnose early signs of colon cancer, changes in bowel habits, abdominal pain, rectal bleeding, and weight loss.

Procedure

You will be brought back to a room to change into a gown. You will be assisted to a stretcher where you will have a blood pressure cuff placed on your arm, small pads placed on your chest (electrodes), and a device placed on your finger (oxygen sensor). All of these items are needed so that the nurse can monitor your vital signs during the procedure. You will also have an IV inserted in your vein to give you fluids and sedation during the procedure. After the doctor does a brief history and physical, the procedure will begin. You will lie on your left side. You will receive medication through the IV to keep you comfortable during the exam. The nurse will monitor your vital signs and comfort level throughout the exam and make adjustments as needed.

The doctor will insert an endoscope (a flexible lighted instrument) into the opening of the anus and guide it to the end of the large colon (cecum). The endoscope sends a picture of the colon onto a video screen for the doctor to view. In order to pass the scope through your colon, the endoscope puts air into the colon to open the passage for the doctor to be able to reach the end and to visualize the walls. You may feel some mild cramping in your abdomen during the procedure. You may release this air (flatus) from your anus during the procedure for relief. Once the scope reaches the cecum, the doctor will slowly back the scope out of the colon while looking for anything abnormal. Should the doctor find an abnormal growth (polyp), it will be removed or biopsied (remove sample of tissue) with a tool that is passed through the scope. It is then sent to the lab for testing. You will be notified of the results by phone or letter. Most polyps are not cancerous and removing them can help prevent cancer from forming. Bleeding and puncture of the colon are uncommon, but are possible complications of the procedure. Should bleeding occur while removing the tissue/polyp, the doctor can stop it by injecting medication into the lining of the colon or by the use of a heater probe passed through the scope.

It is important that you follow your prep instructions. In order for the doctor to examine your colon, it needs to be clean. If there are any feces (body’s waste matter) left in the colon, it will be difficult for the doctor to get a good look. If the colon is not cleaned out, you may have to have the procedure repeated.

After the procedure, you will be moved to another room for recovery. You will stay for at least 30 minutes depending upon how quickly you wake and how your body reacts to the medicine. You will be given crackers and juice once you awake. You will receive discharge instructions and a printed report of your procedure before leaving.