

Colonoscopy Information

Procedural Information:

A colonoscopy is an outpatient procedure done under sedation to look at the inside of the entire length of your large intestine. This means you will come to the hospital for your procedure and go home the same day. The anesthesia staff will give you medicine through your IV to make you sleepy and comfortable. **For this reason, you will need someone to drive you home after the procedure and plan to be home resting the rest of the day.**

Once anesthesia has you asleep and comfortable, Dr Cunningham will take the colonoscope (a camera and a light on a long, flexible tube) and insert it into your rectum and advance it through all the bends and curves of your large intestine to the right lower quadrant of your abdomen, where your large intestine and small intestine meet (the cecum). We put some gas into your colon to open it up a little in order to more easily advance the scope, as the colon is naturally folded up a bit. Once the colonoscope has reached the cecum, the scope is removed slowly while the inside of the colon is closely inspected, looking for polyps or other abnormalities. If a polyp, or growth, on the inside of your colon is found, it is removed and sent to pathology. The pathologist can tell us what type of cells are in the polyp, which helps Dr Cunningham determine if you need your next colonoscopy sooner than the standard 10-year interval.

Risks:

Colonoscopy is very safe but like all procedures has some risks. One is a risk of bleeding, usually due to a biopsy. If bleeding is noted, interventions may be undertaken during the procedure to stop bleeding, you will be monitored closely afterward, and you could need a blood transfusion. A second risk is perforation or making a hole in the colon. If this occurs, you may need a surgery to repair it. Occasionally, the twists and turns of the colon prevent advancing the colonoscope as far as planned; if this happens, you may need to do an x-ray test called a barium enema to provide some visualization of the remainder of your colon that was not seen with the colonoscope. Finally, it is possible that a polyp could be missed and not removed. These risks are all quite small, but they do exist.

Benefits:

There are benefits from colonoscopy. One is the **ability to prevent colon cancer** by removing polyps before they can become a cancer. Another benefit is the ability to evaluate problems that the patient may be experiencing, like abdominal pain, blood in the stools, and changes in bowel habits. Biopsies can be taken of the lining of the colon if it appears abnormal or if needed to evaluate for a particular problem or symptom.

What to expect before and after the procedure:

The nurse from the GI lab and someone from the anesthesia department will call you the day before your procedure. You will be asked to arrive at the hospital 1 hour before your scheduled procedure time, to allow time to check in and get your IV started. You will sign your consent

form that morning before your procedure; make sure all your questions are answered before you do so. When the procedure is complete, the nurse will monitor you while the medicine wears off and you wake up. Because of the air introduced into your colon, you may feel like you need to move your bowel or pass gas or may feel some abdominal cramping after the procedure; this is normal and usually resolves within a few hours. **You will need someone to drive you home afterward;** with your permission, Dr. Cunningham will also tell this person (as well as you) about the findings of your colonoscopy, as you may not remember very well due to the sedation.

How to prepare for your colonoscopy:

Instructions for Colonoscopy Preparation with Miralax

You are scheduled to have an examination of your colon with the use of a lighted flexible tube called a colonoscopy. You will be given medication prior to your examination that will enable your doctor to perform the test with as little discomfort to you as possible. Because of the medication's sedative properties, **you must make arrangements for someone to drive you home after the procedure.**

Please read these instructions at least two (2) days before your colonoscopy.

PLEASE NOTE:

- Individual responses to laxative may vary. They may work in as little as 30 minutes but may take as long as three (3) hours. Please remain within easy reach of bathroom facilities.
- All aspirin or aspirin-containing products and iron supplements must be stopped at least 5 days prior to your examination.
- Non-steroidal anti-inflammatory medications (Advil, Aleve, Ibuprofen, etc.) must be stopped at least 2 days prior to your examination. **Tylenol is permitted.**
- If you are taking Plavix, you will need to stop this medication 5 days prior to your procedure.
- If you are taking coumadin (warfarin), you will need to stop this medication 3 days prior to your procedure.
- If you are taking a DOAC type of blood thinner (Eliquis, Xarelto, etc.), you will need to stop this medication 2 days prior to your procedure.
- If you have diabetes, do not take your diabetic medication on the day of the procedure until after the examination is over and you have eaten. Severe hypoglycemia (low blood sugar) could occur if you take sugar-lowering medications without food. If you take insulin, your doctor will direct you in how much to take prior to your procedure.
- All other medications may be continued without modification up until the day before your procedure.

Miralax Colonoscopy Preparation- You will do this the DAY BEFORE your colonoscopy to clean out your colon to allow proper visualization of the inside of your colon. Failure to complete the prep could result in the need to reschedule your procedure.

To avoid soreness, you may want to apply Vaseline, Preparation-H, or diaper cream around the anus before starting the prep and as needed thereafter.

Day before your colonoscopy-

- **Breakfast:** eat a light breakfast that is low in fiber. You may have coffee, eggs, white toast, low-fiber cereal (like Rice Krispies) and juice, for example. Do **not** have oatmeal. Recommend also having an 8-12 oz bottle of Boost or Ensure as well (not Ensure Plus or Boost with fiber) to provide a little extra protein, calories and nutrition to help carry you through the day.
- **9AM or 2hr after breakfast** (whichever is earlier): take 4 tablets of Dulcolax (Bisacodyl) to total 20mg. This is an overnight laxative, but you take it in the morning, so it is working in the evening when you take the rest of your prep.
- **After breakfast, you may have clear liquids the rest of the day.** Clear liquids are anything that light shines through, including water, tea, black coffee, clear juices without pulp (apple juice but not orange juice, for example), broth, Jell-O, Gatorade, slushes, popsicles, soda. **None of the liquids should be red or purple, as this can look like blood in your colon.**
- Drink clear liquids throughout the afternoon, at least 8 oz per hour, to prevent dehydration.
- At 5:30 pm, mix **4 Tablespoons of Miralax in 8 oz of apple juice or other clear liquid;** drink this within a 15-minute time period.
- At 7pm, take another **4 Tablespoons of Miralax in 8oz of clear liquid.**
- At 9pm, take another **4 Tablespoons of Miralax in 8oz of clear liquids.** By this time, you should be having very loose or watery bowel movements.

You may have as much clear liquid as you would like between 9pm and midnight.

****After midnight, nothing to eat or drink.** You may take medications as described above.

Take any needed morning medications with just a sip of water

- **Morning of the exam-** if your stools are not watery and clear to pale yellow, use a Fleets enema 2 hours before you arrive at the hospital.

If you have any questions or concerns, please call Stonecreek Family Physicians at 785-587-4101 and ask for Dr. Cunningham's nurse.