



COLONOSCOPY GENERAL INFORMATION

What is a colonoscopy?

A colonoscopy is a procedure where a specially trained doctor uses a long flexible camera to view the lining of your colon. Access is through your rectum after you have prepared for the test by completely emptying your colon of stool (more below). It takes less than one hour in most cases. You should be able to go back to your usual activities after 24 hours although very occasionally people take longer to feel like themselves again.

Why your doctor wants you to have a colonoscopy

- Colon cancer is the 2nd leading cause of death from cancer in the U.S. today.
- It affects both men and women equally and all races.
- The majorities of people who get colon cancer have no family history or symptoms, and are over 50.
- Colon cancer is found in all segments of the colon
- A Colonoscopy is the most accurate test today for detection of polyps and colorectal cancer.
- A Colonoscopy screens the entire colon in most cases.
- Polyps and masses are removed or biopsied.
- A polyp takes a long time to develop through all the stages into cancer. This is why we recommend a screening colonoscopy when you are young, before cancer is likely to develop. If you do not have polyps, you may be able to go 10 years before your next colonoscopy. If you have polyps, you will need more frequent screening.

Risks of colonoscopy

Risks can include bleeding, infection, perforation, over sedation, and allergic reactions to the medication used. Surgery, transfusion and hospitalization may be required in the event of a significant complication. These are rare. Other even more rare complications besides the ones listed here can occur. Complication rates can range up to 3%. This can occur when a biopsy or polypectomy is being performed.

There are other ways to screen for colon cancer

Many doctors feel a colonoscopy is the best way to screen for colon cancer. It is the only screening test which can also be therapeutic (if needed) throughout your whole colon. You and your doctor will need to discuss whether or not the other options would be better for you.

HOW TO PREPARE FOR YOUR COLONOSCOPY

One month before the colonoscopy:

- Check your insurance **benefits**. Not all insurances cover screening colonoscopies. If you are under 50 years of age and/or have a PPO insurance this procedure may not be covered. No matter what insurance or plan you have, you will likely have some out of pocket expenses. Everyone's insurance coverage is different; please contact your insurance company to check your benefit coverage.
- You must have someone drive you to and from your exam. You can not drive because you will have had sedating medication. **If you do not have a ride arranged, your exam will be cancelled. No cabs or buses.**
- If you are responsible for small children, make arrangements for their care for the rest of the day you have your colonoscopy.
- Do not drive the rest of the day you have your colonoscopy.

The day before your colonoscopy:

- Take your colonoscopy prep as directed. All the stool needs to be out of your colon in order for the doctor to see during the procedure. This is why the prep gives you diarrhea.
- Double check your arrangements for a ride home after your colonoscopy.

Individual responses to laxatives (the prep) vary:

- The preparation causes multiple bowel movements and diarrhea.
- It often works within ½ to 2 hours after ingestion, but may take longer.
- Plan ahead, a toilet should be accessible to you during this time period.
- Using **Baby Wipes** (*alcohol free*) instead of toilet paper might make you more comfortable.
- Use a skin barrier such as Vaseline, A&D ointment, or Desitin for skin irritation.
- You may feel bloated, nauseated or have abdominal cramping after taking the solution; this is temporary and will begin to disappear once you start to have bowel movements.
- Most people find they cannot work during the time that they are taking their prep.

The day of your colonoscopy:

- Wear comfortable clothes.
- You will be given gentle anesthesia to make the procedure more comfortable. This may have unpredictable, subtle effects the rest of the day so you will not be able to drive, work or be responsible for small children the rest of the day. You must have a ride home.
- We try very hard to be on time, but sometimes there are emergencies. It doesn't happen very often. If there is an emergency, you may have to wait or even to come back another day. We will give you as much notice as we can. We will tell you if there is going to be a long wait.

Contact Gastroenterology/General Surgery at (603) 695-2840 or go to the Emergency Room if you experience any of the following symptoms after your procedure:

- A fever over 101 degrees (38.3C).
- Prolonged or worsening abdominal pain or abdominal hardness.
- Nausea, vomiting, weakness or faintness.
- Bleeding from your rectum that is severe, or persists beyond 24 hours, or bleeding between bowel movements.

MEDICATION INFORMATION

ONE Week Prior to your procedure STOP taking the following:

DO NOT TAKE			YOU MAY TAKE
Advil Aleve Alka-Seltzer Anaprox Arthrotec Aspirin (<i>including Baby Aspirin</i>) Celebrex Daypro	Ecotrin Feldene Ibuprofen Indocin Iron Pills Lodine Mobic Motrin	Multivitamins that <i>contain</i> Iron Naprosyn (<i>Naproxen</i>) Nuprin Orudis Relafen Ultram Vitamin E Voltaren (<i>Didofenac sodium</i>)	Gold Maintenance Medications Methotrexate Plaquenil (<i>Hydroxychloroquine</i>) Seizure Medications Tylenol

- Call your prescribing physician for instructions on how to take your medications prior to and after your procedure if **you take**:
 - Coumadin, Plavix, Aggrenox or Ticlid needs to be stopped 5 days prior to procedure.
 - You are a Diabetic.
 - You are on an Anti-Arthritic regime.
 - Lovenox injections must be stopped sixteen (16 hours) prior to the procedure.
- You DO NOT need to be pre-medicated with prophylaxis antibiotics for Mitral valve, Hip replacement or other medical conditions.
- You DO NEED TO BE pre-medicated with prophylaxis antibiotics if you've had **a prosthetic heart valve implant, any history of Endocarditis or a vascular graft surgery within the last 12 months.**
- Do NOT CONSUME any products containing “olestra” (e.g. WOW potato chips).

What to Expect the Day of Your Colonoscopy

Arrival:

You should plan to report to the facility **ONE HOUR** before your procedure time. This time is needed to help you prepare for your procedure. It is important that you leave all jewelry at home as the hospital is not responsible for lost items.

Preparation:

To begin preparation, you will be connected to a heart monitor to measure your heart rate. A blood pressure cuff will be fitted for your arm. You may feel the cuff tighten a few times during the procedure in order to monitor your blood pressure. Oxygen will be administered to a patient during the procedure. A probe (oximeter) will be attached to your finger to monitor your oxygen levels throughout the procedure.

Sedation:

An IV will be started for your sedation medication. A Registered Nurse will administer the sedation (Versed and Fentanyl/Demerol) and in most cases you will fall asleep prior to the scope being inserted.

Position / Insertion:

You will start off lying on your left side, but may be moved to lie on your back or stomach during the procedure. This will allow the doctor to get a better angle for the scope to be advanced. Your colon does not have any pain fibers, therefore you won't feel anything when a polyp is removed or biopsies taken. Air is used to smooth out the walls and expand the colon so that polyps that may be hiding in folds along the colon walls can be seen, which explains why you may feel some discomfort.

The goal of the procedure is to have the scope reach the cecum, which is where the small bowel connects. Once the scope reaches this level the doctor will slowly withdraw the scope, conduct their examination and remove any polyps found along the way. Procedure time takes approximately 20 minutes once the scope is entered. If polyps are found and removed, procedures can take up to an hour.

Recovery:

Once you are in the recovery room you may find that you will have air left in the colon that will need to be expelled. This is just room air and will not smell since the colon was cleaned out before the procedure but it may make noise.

You can resume your normal diet after the procedure. In some cases when a very large polyp is removed you may need to follow a liquid diet for one or two days. Your hospital discharge papers will provide complete instructions.

Results:

You will receive written results approximately 3-4 weeks after the procedure. The doctor or nurse will contact you sooner if necessary. Your results will be forwarded to your primary care provider.

YOUR PROCEDURE INFORMATION

Your Name:	Your Colonoscopy is scheduled with Dr.:
DATE: PROCEDURE TIME You will receive a call from a nurse or you may call 603 695-2909 to speak with the nurse to go over your health history and give you an arrival time 5-7 days prior to your procedure. You <u>must</u> speak to the nurse or your procedure may be rescheduled	
CHECK WHICH LOCATION TO GO TO: You must talk to a nurse to	
<input type="checkbox"/> Dartmouth- Hitchcock Manchester Ambulatory Surgery Center 3rd Floor 100 Hitchcock Way Manchester, NH 03104	<input type="checkbox"/> Elliot Hospital 1 Elliot Way Manchester NH 03104 Pre-Registration is required at least 24 hours in advance. PHONE: (603) 663-5663

Taking Herbal Medications Before Surgery/Colonoscopy

The American Society of Anesthesiologists (ASA) is cautioning those who use **herbal medications** to stop taking these “natural” products **1 weeks prior** to having a surgery/colonoscopy.

Recent findings disclose that seven out of 10 herbal medicine users never tell their physicians about the herbal products they are taking. Most believe that since the products are “natural” they must be safe. Just because a medicine is called “natural” or “herbal” does not mean it is harmless or completely safe. Many of these products are quite potent and can be dangerous, especially if the patient’s anesthesiologist or surgeon does not know that the patient is taking them.

A number of anesthesiologists have reported significant changes in heart rate or blood pressure in some patients who have been taking herbal medications.

These herbal products include:

Baikal skullcap root (<i>Scutellaria baicalensis</i>)	Herb or dietary supplement
Bilberry fruit (<i>Vaccinium myrtillus</i>)	Ginkgo leaves (<i>Ginkgo biloba</i>)
Black currant seed oil (<i>Ribes nigrum</i>)	Ginseng root (<i>Panax ginseng</i>)
Bladderwrack (<i>Fucus vesiculosus</i>)	Green tea (<i>Camellia sinensis</i>)
Borage seed oil (<i>Borago officinalis</i>)	Hawthorn leaf and flower (<i>Crataegus oxyacantha</i> , <i>Crataegus monogyna</i>)
Bromelain from pineapple fruit and stem (<i>Ananas comosus</i>)	Horse chestnut bark (<i>Aesculus hippocastanum</i>)
Cayenne fruit (<i>Capsicum frutescens</i>)	Huang qi (<i>Astragalus membranaceus</i>)
Celery plant (<i>Apium graveolens</i>)	Kava kava root (<i>Piper methysticum</i>)
Chamomile, German flowers (<i>Matricaria recutita</i>)	Licorice root (<i>Glycyrrhiza glabra</i>)
Clove oil (<i>Syzygium aromaticum</i>)	Omega 3
Coleus roots (<i>Coleus forskohlii</i>)	Papain from papaya leaves and unripe fruit (<i>Carica papaya</i>)
Da huang, Chinese rhubarb root (<i>Rheum palmatum</i>)	Pau d'arco bark (<i>Tabebuia avellanedae</i>)
Dan shen root (<i>Salvia miltiorrhiza</i>)	Reishi mushrooms (<i>Ganoderma lucidum</i>)
Dandelion root (<i>Taraxacum officinale</i>)	St. John's Wort (<i>Hypericum perforatum</i>)
Dang shen (<i>Codonopsis pilosula</i>)	Sha shen (<i>Glehnia littoralis</i>)
Devil's claw (<i>Harpagophytum procumbens</i>)	Shinpi bark (<i>Fraxinus japonicus</i>)
Dong quai root (<i>Angelica sinensis</i> , <i>Angelica acutiloba</i>)	Sweet Birch oil (<i>Betula lenta</i> , <i>Betula pendula</i>)
Erigeron plant (<i>Erigeron breviscapus</i>)	Sweet clover plant (<i>Melilotus officinalis</i> , <i>Melilotus alba</i>)
Evening primrose seed oil (<i>Oenothera biennis</i>)	Tonka bean seeds (<i>Dipteryx odorata</i> , <i>Dipteryx oppositifolia</i>)
Feverfew plant (<i>Tanacetum parthenium</i>)	Turmeric root (<i>Curcuma longa</i> , <i>Curcuma aromatica</i>)
Fish oil	Vitamin E
Garlic (<i>Allium sativum</i>)	Wintergreen leaf oil (<i>Gaultheria procumbens</i>)
Ginger rhizome (<i>Zingiber officinale</i>)	Wood ear mushrooms (<i>Auricularia polytricha</i>)