

COLONOSCOPY INSTRUCTIONS

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Your colonoscopy is scheduled for _____ at _____.

- Your procedure is @ the **INOVA Fairfax Hospital Surgery Center (WBSC)**, located at **3289 Woodburn Road, Suite 100, Annandale, VA 22003. Tel: (703) 226-2640.** You must arrive **1 hour before** the scheduled time of the procedure.
- Your procedure is @ the **Woodburn Endoscopy Center (WEC)**, located at **3301 Woodburn Road, Suite 109, Annandale, VA 22003. Tel: (703) 752-2557.** You must arrive **1 hour before** the scheduled time of the procedure.

YOU MUST BRING A DRIVER WITH YOU THE DAY OF YOUR EXAM.

If biopsies are taken, you will be called with the results approximately 10 days after your exam. However, if you have not received your results within 3 weeks, please call the office Monday through Friday between 8:30 am and 4:00 pm.

YOU MUST NOTIFY OUR OFFICE IF YOU CHANGE YOUR INSURANCE COMPANY BEFORE THE DATE OF YOUR PROCEDURE.

There is a huge demand for colonoscopic procedures and we may have difficulty scheduling patients as early as they would like because of the limited number of time slots available. In addition, this procedure reserves the gastroenterologist's, anesthesiologist's and the facility's time. Since we are interfacing with the hospitals and surgical centers, it is difficult to change procedure times once scheduled. The procedure also requires prior preparation and the cessation of some medications, which can make it difficult to fill the vacated procedure slot. **Late cancellations should be for true emergencies only. A late fee of \$150 will be charged for a cancellation or reschedule with less than one week's notice and/or for the second reschedule.**

You will be medicated for your procedure with either:

- Deep intravenous sedation (this may require an anesthesia assessment)
- Conscious sedation

Explanation of the procedure and instructions for the preparation need to be read now, and one week before your exam.

COLONOSCOPY INSTRUCTIONS

A colonoscopy has been recommended. A long flexible tube (colonoscope) is used to inspect your colon (large intestine) so that diseases, if present, may be identified. Sometimes the examination is carried out to locate and remove polyps. These are usually benign, but occasionally may have a focus of cancer on the surface. These can usually be removed at the time of the exam. The only other means for their removal would be surgical intervention.

Proper preparation is extremely important for this examination. The colon must be clean and empty for the doctor to make an adequate exam. **An inadequate preparation usually means that the exam must be stopped and rescheduled at a later date.**

The following items make it more difficult to clear out the colon:

- ◆ Drugs such as iron & calcium.
- ◆ Bulking agents such as Metamucil, Citrucel, Benefiber, etc should not be taken for five days prior to the exam.

Large amounts of fiber in the diet should be avoided for four days prior to the exam:

- ◆ **Fresh** fruits and vegetables.
- ◆ The skin of potatoes, brown bread, brown rice, and brown pasta.
- ◆ **Please - no corn, beans, nuts, seeds or popcorn.**

You will be on a **clear liquid diet** the day before the colonoscopy, which should be continued until 4 hours before the procedure - nothing by mouth (no water, sucking on hard candy, or chewing gum) after that time, except as directed by your doctor.

Medications: Remember to mark on your calendar the day you must stop taking certain medications.

- ◆ Avoid aspirin, multivitamins, anti-inflammatory pills (such as ibuprofen or Aleve), Vitamin E, fish oil, calcium and green tea for 3, 5, or 7 days prior to the exam as directed by your doctor.
- ◆ **You may take Tylenol (acetaminophen).**
- ◆ Please alert the doctor if you are taking **Plavix** or **Coumadin**.

Please alert the doctor if you have an artificial heart valve or previous bacterial endocarditis. If you have mitral valve prolapse or an artificial joint, current guidelines suggest pre-treatment with antibiotics is unnecessary.

If conscious sedation is elected, Fentanyl and Versed are given intravenously to relax the patient and make the exam more comfortable. The patient may sleep, but will remain arousable. **If you have had any unfavorable reactions to these drugs (especially nausea/vomiting), tell the doctor before the injection is given.** The effects of the medication make driving and operating dangerous machinery or tools hazardous until the next day.

If deep sedation is elected, Propofol is generally used.

COLONOSCOPY INSTRUCTIONS

The patient will lie on their left side for the exam. A lubricant is applied around the anus and the colonoscope is passed into the rectum. It is necessary to pass some air through the scope to aid in the exam. With **conscious sedation**, this may cause you to feel distended and full. The large intestine is quite tortuous. As the instrument passes around some of these turns, it may cause a transient cramping or a pressure sensation. This is usually relieved as the instrument is straightened. The sedatives help minimize any discomfort.

The exam generally lasts between 20 and 35 minutes. An assistant is present to help the doctor and to monitor the patient. After the exam you will rest for a while in a recovery area until the effects of the medications have subsided and until you have passed much of the air that was pumped in to aid in the exam.

Polyps are removed by either grabbing them with small forceps or by placing a wire around the base of the polyp through which an electric current is passed to cauterize blood vessels while the polyp is removed. You will not feel this current (conscious sedation). The polyp is retrieved and examined by a pathologist.

The frequency of complications with a colonoscopy is extremely small. The removal of large colon polyps represents the greatest potential for complications. The only other means of removing these pre-cancerous polyps would be abdominal surgery. Despite the complications that can rarely be seen with polypectomy, surgery represents a greater risk for complications than a colonoscopy with polyp removal, making the colonoscopy the procedure of choice in dealing with colon polyps.

Perforation of the colon occurs in approximately 1 in 2,000 exams. This would likely require a major surgical procedure on the same day to close the perforation. Bleeding from a polyp removal site or a biopsy site is another potential complication. It is also unusual, occurring in only 0.1% to 1% of patients undergoing polypectomy. Should significant bleeding occur, hospitalization may be necessary. Although most of this bleeding stops spontaneously, transfusions may be necessary before its' cessation. If the bleeding does not stop, other measures, including repeat colonoscopy, angiography with therapeutic intervention, and even surgery may be necessary. **Some medications may increase the risk of bleeding following polyp removal and will need to be discontinued prior the colonoscopy (see list on page 2). If joint pain is a particularly bad problem, you may continue anti-inflammatory medication until 2 days before the colonoscopy. If you are on aspirin or Plavix because of a coronary artery stent or clotting disorder or on Coumadin for any reason you must discuss the safest way to discontinue these with your doctor.** If there is a question about medications you are taking, discuss it with your doctor **well** before the procedure.

COLONOSCOPY INSTRUCTIONS

You will be observed for 30 - 45 minutes after the completion of the colonoscopy. There may be some cramping and abdominal discomfort immediately following the exam, although this usually diminishes as you pass the excess air. It is also not unusual to see a small amount of blood in your stool following polyp removal or biopsy. **If substantial pain develops after you leave the endoscopy unit, or if you begin to experience substantial blood loss per rectum, contact your gastroenterologist at (703) 560-3510 or go to a nearby emergency facility immediately.**

Again, I emphasize that the vast majority of patients tolerate this procedure very well. The above information is provided only to increase your medical awareness and enable us to deliver you the best medical service.

Some degree of apprehension is normal, but the endoscopy staff will try to make your exam as comfortable as possible. Most patients find that the exam is much less unpleasant than they had anticipated.

The alternative to a colonoscopy for identifying polyps, cancer or other abnormalities is the **virtual colonoscopy**. This exam is less sensitive and does not permit biopsy removal or treatment of lesions, so if any abnormalities are identified, a colonoscopy will then be needed. There is significant radiation exposure associated with the virtual colonoscopy. Both procedures require similar bowel preparation and have similar discomfort levels. However, the very low complication rate with a colonoscopy is even lower with the virtual.

If you have any further questions, I will have an opportunity to talk with you before the procedure. **You may also visit our website for the answer to many frequently asked questions. (FAQ's) at www.novagidoc.com.**