

Your doctor has recommended you have a colonoscopy. The information in this packet will help you get ready for your colonoscopy procedure. We ask that you carefully read and follow all of the directions provided.

Colonoscopy Packet includes:

- River Falls Area Hospital Endoscopy Brochure
- General Preoperative Instructions & Colonoscopy Preparation Instructions
- Colonoscopy Consent Form
(*Initial each page and bring to the hospital on the day of surgery.)

Questions about your Colonoscopy?

- **(Non-scheduling Questions)** Contact Outpatient Surgery Center at **715-307-6452**.
- **Scheduling your colonoscopy** or for **(scheduling questions)** call our direct colonoscopy line at **715-426-3748**. Your care is our priority and we provide a one day turnaround on all phone messages. When leaving a message, please include your name, birthdate, a phone number, and best time of day to be reached.

What you need to know:

- It is important to follow the preoperative instructions and colonoscopy preparation instructions precisely & completely. Poor preparation will require a repeat colonoscopy.
- The **hospital will contact you 24 – 48 hours prior to your colonoscopy** to review the colonoscopy packet and tell you what time to arrive to the hospital.
- **If you must cancel/reschedule your colonoscopy**. Please contact our direct colonoscopy line as soon as possible at **715-426-3748**. Do not contact the hospital.
(Exception: If it is after 5:00p.m. the day before your colonoscopy or during the weekend, call the hospital at 715-307-6000 and ask for the "House Responsible.")
- You will need to **arrange someone to drive you home following your procedure**. If you do not have an adult to drive you home your procedure will be cancelled. You should also **plan for a responsible adult to stay with you for twelve hours** or overnight following this surgery.

CHANGE IN HEALTH STATUS

Notify your physician if you experience any significant change in your health status or develop a cold, influenza, bladder infection, diarrhea, fever or other infection before your surgery. 715-425-6701

PREOPERATIVE MEDICATION INSTRUCTIONS

Unless specifically instructed otherwise by your physician, please observe the following guidelines for taking your medicines before surgery.

- Certain anticoagulants (e.g., Coumadin, Ticlid, Plavix, etc.) may require more careful monitoring; therefore, you **MUST** contact the prescribing physician **BEFORE** discontinuing.

One Week Prior to Surgery:

STOP all aspirin and all aspirin-containing medicines (e.g., Anacin, Excedrin, Pepto Bismol). Check the label of any cold or pain medication bottles to make certain aspirin is not contained in the product.

Two Days Prior to Surgery:

STOP all nonsteroidal anti-inflammatory medications (e.g., etodolac (Lodine), fenoprofen (Nalfon), ibuprofen (Advil, Motrin, and Nuprin), ketorolac (Toradol), naproxen (Aleve), meclufenamate (Meclomen), mefenamic acid (Ponstel), naproxen (Anaprox, Naprosyn).

Exception: COX-2 inhibitor (e.g. Celebrex) & Tylenol (acetaminophen) **may** be taken up until the day of your surgery.

On the Morning of Your Surgery:

DO NOT TAKE oral diabetes medicines

DO NOT TAKE any pre-meal rapid acting insulin (Apidra, Humalog, or Novolog). Take Lantus as per usual. Take half your normal dose of NPH.

DO TAKE your usual morning medication as directed by the pre-operative nurse 24-48 hours prior to your procedure.

If you are using any of the following herbal supplements or medicines please follow the directions below to ensure a safe procedure.

HERB	WHEN TO STOP	REASON/INCREASED CHANCE OF:
Echinacea	3 days before surgery	Infection
Ephedra	2 days before surgery	Heart attack or stroke
Garlic	1 week before surgery (7 days)	Bleeding
Ginkgo	2 days before surgery	Bleeding
Ginseng	1 week before surgery (7 days)	Bleeding and hypoglycemia (low blood sugar)
Kava	2 days before surgery	Sedative overdose
St. John's Wort	5 days before surgery	Drug interactions
Valerian	3 days before surgery	Sedative overdose
Iron	3 days before surgery	Hinders visualization of intestines.

If your preoperative physical was not completed at one of the Vibrant Health Family Clinics locations in River Falls, Ellsworth or Spring Valley, have your doctor's office fax the physical to Vibrant Health Family Clinics at 715-425-7075 and to the River Falls Area Hospital (fax 715-307-6455).

> Please read the following instructions at least three days before your colonoscopy.

Colonoscopy Prep with Polyethylene Glycol-Electrolyte solution (Miralax®)

2 to 3 Days Before Your Colonoscopy

- Do not eat beans, peas, corn, nuts, popcorn, okra, or tomatoes 2–3 days prior to your colonoscopy, as the seeds of these foods may adhere to the intestinal wall and may not flush out with bowel prep (start now if your colonoscopy is scheduled within the next 3 days).
- Start drinking extra fluids to help prepare for colonoscopy. Even an extra 8–16 ounces of fluid will benefit you.

You Will Need to Purchase

- Bisacodyl (Dulcolax) tablets four 5 mg tablets (20 mg total) (no prescription needed)
- Gatorade or similar Sports Drink (64 ounces or two 32 ounce bottles) *any flavor*. We recommend **sugar-free** Sports Drink.
- Polyethylene Glycol-Electrolyte solution (Miralax®) (238 grams) (no prescription needed)

The Day Before Your Exam

Please Follow these Instructions Carefully

- You will need to be on a clear liquid diet the entire day. No solid foods.
- In the morning, mix the entire contents of the Miralax® powder with the Sports Drink until completely dissolved and then refrigerate

- At noon take four 5 mg tablets (20 mg total) of Bisacodyl (Dulcolax).
- Stomach cramping may occur, however bowel movements typically don't ensue for 6-8 hours.
- If you are working, you may wait to take the Bisacodyl until later as long as it's before 6pm.

- At 6 p.m. start drinking Miralax®, an 8 ounce glassful every 10–12 minutes.
- Some people prefer to drink it at room temperature. You may take it out of the refrigerator 1-2 hours prior to drinking.
- It will take about 1.5 hours to drink the solution.
- You will need to have access to the bathroom once you start drinking the prep solution.
- If you experience bloating, cramping, nausea, or vomiting, take a 15–30 minute break and then start drinking the prep solution again.

- Please note: Individual responses to laxatives do vary; this prep should cause multiple bowel movements and often works within 30 minutes but may take longer. Please remain within easy reach of toilet facilities.
- **Continue drinking clear liquids** after you finish the prep solution.
- You should be finished going to the bathroom 1–2 hours after you have finished the solution, however, some people continue going throughout the night. Sleeping with a towel under your buttocks may be beneficial if leakage or urgency occurs.
- To decrease irritation, baby wipes may be a good alternative to toilet paper.
- Some individuals find A&D ointment to be soothing if irritation occurs. A&D ointment can be used during prep as a skin barrier to prevent irritation.

* If your colonoscopy is scheduled in the afternoon, the hospital preoperative nurse will advise you of your adjusted preparation start time when she calls 24-48 hours prior to your procedure.

The Day Before Your Colonoscopy

(including breakfast, lunch and dinner).

Solid foods and milk products are not allowed

Drink “Clear Liquids” Only *any flavor/color is acceptable.*

- Strained fruit juices without pulp
- Water
- Clear broth or bouillon
- Coffee or tea (without milk or non-dairy creamer)
- All of the following:
 - Gatorade/Sports Drink
 - Carbonated and non-carbonated soft drinks
 - Kool-Aid or other fruit flavored drinks
 - Plain Jell-O (without added fruits or toppings)
 - Popsicles

The Day of Your Colonoscopy

1. Your hospital preoperative nurse will instruct you on when to stop drinking liquids prior to your procedure. No gum or candy after midnight.
2. You may brush your teeth and rinse your mouth, but do not swallow the water.
3. Do not apply lotion perfume, hair spray or mascara. Please remove the nail polish from both index fingers.
4. Leave all jewelry at home (including piercings and wedding rings) and valuables (including money and credit cards).
5. If you wear contact lenses, glasses or hearing aids, please bring in a case or container. You will need solution for contacts to protect them while you are having surgery.
6. Arrive for your colonoscopy at the scheduled arrival time. The scheduled start time is usually 60 minutes later. Please realize that the actual start time for your colonoscopy is tentative, and sometimes endoscopy clinics run behind schedule.

Allina Health 

**RIVER FALLS
AREA HOSPITAL**

Please read carefully and initial each page. Bring this form along with you to the hospital on the day of your colonoscopy.

Much of the digestive tract from the esophagus to the anus can be examined by endoscopy (endo = inside; scope = see; to see inside the body). The endoscope is a long and flexible tube that contains a light source, a lens system for focusing and fiber optics to conduct light into the bowel. A picture is sent back to a video camera and displayed on a monitor. The endoscope also contains a working channel through which small instruments can be passed for various uses. Colonoscopy lets a physician examine the lining of the colon (large bowel or large intestine) and is done by inserting the flexible endoscope (called a colonoscope) through the anus and then into the entire colon.

Anatomy and Physiology

The large bowel absorbs 90% of the water content of the digested food it receives from the small intestine. It also moves the residue towards the rectum, where it is stored and expelled with a bowel movement.

The colon averages 150 centimeters (60 inches) in length. The colon is divided into six segments: the cecum, the ascending colon, the transverse colon, the descending colon, the sigmoid colon and the rectum. There are two major turns (flexures) in the colon. The hepatic flexure is where the ascending colon joins the transverse colon. The splenic flexure is where the transverse colon merges into the descending colon. (Figure 1)

- 1) Cecum. This is the first portion of the large bowel and is joined to the small bowel at the ileocecal valve. The appendix lies at the lowest portion of the cecum.
- 2) The ascending colon is about eight inches in length, extends upwards from the cecum to the hepatic flexure near the liver
- 3) The transverse colon is usually over 18 inches in length and extends across the upper abdomen to the splenic flexure
- 4) The descending colon, usually less than 12 inches long extends from the splenic flexure downwards to the start of the sigmoid colon
- 5) The sigmoid colon is S-shaped and measures about 18 inches long. It extends from the descending colon to the rectum
- 6) Rectum. The rectum is a curved pouch that lies in the hollow formed by the sacrum and connects with the anal canal at its lower end

PATIENT INITIALS _____

PATIENT ID STICKER

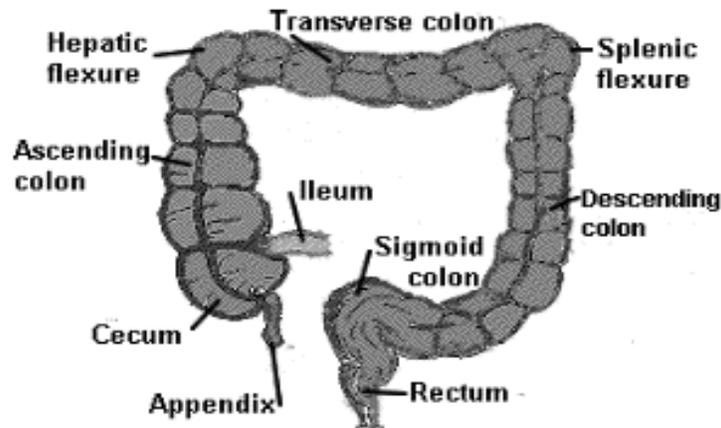


Figure 1 - Anatomy of the colon from the junction with the ileum to the rectum.

Pathology

Cancer of the colon and rectum is most common in patients over age 50. Americans have about a five percent chance of developing colorectal cancer if they live to be 70 years old.

- Polyps are thought to progress to cancer.
- Diverticulosis is a condition that is common in western society. It increases with age and is present in approximately 75% of Americans over the age of 80. It is associated with diverticula, which are protrusions of the innermost lining of the colon through the muscular outer layers of the colon wall. The diverticula can become inflamed and infected; a condition called diverticulitis, or, they may cause bleeding.
- There may also be inflammatory bowel disease (Crohn's disease, ulcerative colitis and ischemic (decreased blood supply) colitis). These conditions cause inflammation of the colon that can involve the entire thickness of the colon wall (Crohn's disease, ischemic colitis) or only the innermost lining of the colon (ulcerative colitis)

Indications

Indications for colonoscopy are:

- Blood in the stool
- Imaging studies (barium enema, CT scan, MRI) that suggest an abnormality
- Polyp found on X-ray studies or flexible sigmoidoscopy (short scope)
- Persistent diarrhea or constipation
- Screening to prevent colon cancer. Periodic colonoscopy is desirable over the age of 50 to detect and remove polyps

PATIENT INITIALS _____

PATIENT ID STICKER

Procedure

The colon must be completely cleaned for the procedure to be accurate and complete. In general, preparation consists of being on a liquid diet the day before the test and taking of laxatives to clean the bowel

- Most medications may be continued as usual but some medications may interfere with the preparation or examination. Therefore, the physician should be told of the medications that the patient is taking as well as any allergies to medications. Aspirin products, arthritis medications, anticoagulants (blood thinners, i.e. Coumadin, Plavix), insulin and iodine products are examples of such medications. The patient should also alert the physician if he requires antibiotics prior to the procedures
- Colonoscopy is usually done under sedation. It is common for patients to sleep during the procedure. Some discomfort, such as a feeling of pressure, bloating or cramping, or pain may be encountered at times
- The patient lies on the left side or sometimes on the back during the procedure
- The colonoscope is inserted into the rectum and advanced through the colon while the physician removes any residual material missed by the preparation and observes the wall of the bowel. As the colonoscope is slowly withdrawn, the lining is again carefully examined. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved
- The procedure takes between 15–30 minutes. If the examination is not complete, the physician will decide if other examinations are necessary
- If an area of the bowel wall needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy. The specimen is submitted to the pathology laboratory for analysis
- If sites of bleeding or a potential bleeding site is found, the bleeding may be controlled by injecting certain medications or by coagulation with electricity
- Polyps are removed
- Following the procedure the colonoscope is removed
- Polyps are an abnormal growth from the lining of the colon which vary in size from 2–3 millimeters to several centimeters
- The majority of the polyps are benign (non-cancerous), but the examining physician cannot always tell a benign from a malignant (cancerous) polyp by its appearance alone. For this reason, removed polyps are sent for tissue analysis. Most colon polyps are completely removed
- Removal of the colon polyps is an important means of preventing colon cancer
- Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by technique called snare polypectomy. The doctor passes a wire loop

PATIENT INITIALS _____

PATIENT ID STICKER

(snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current.

- There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

Complications

1. Perforation or tear through the bowel wall that may require surgery
2. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely blood transfusions or surgery may be required
3. Other potential risks include:
 - a. Reaction to the sedatives
 - b. Complication from associated heart or lung disease
 - c. Localized irritation of the vein where medication was injected. Applying hot packs or hot moist towels may relieve discomfort
4. Although complications after colonoscopy are uncommon, it is important for the patient to recognize early signs of any possible complication. The patient should contact the physician if any of the following symptoms are being observed:
 - a. Severe abdominal pain
 - b. Fever or chills
 - c. A small amount of bleeding can occur several days after polyp removal and is normal. If you have questions or concerns about the amount of bleeding, please call the doctor that performed your colonoscopy.

After Care

- After the test, patients are monitored in the recovery area for 15–30 minutes, until the effects of sedation have worn off. They will need to make arrangements for somebody to drive them home (not a taxi) and to stay with them for the remainder of the day because the sedation may effect judgment and reflexes for the rest of the day. No driving or working is allowed until the next day.
- There may be some cramping or bloating because of the air introduced into the colon during the examination. This disappears with the passage of flatus (gas)
- Generally the patient should be able to eat after the endoscopy, but the physician may restrict the diet or activities, especially, after extensive endoscopic work (i.e. large polypectomy, control of bleeding, etc).
- The doctor will discuss with the patient or designated companion any further instructions or need for follow up

PATIENT INITIALS _____

PATIENT ID STICKER
