

Additional Important Information Regarding Your Colonoscopy

Before your procedure

► While drinking the preparation medication:

1. To improve the taste of your preparation medication try 1) adding a citrus-flavored powdered drink packet; 2) chilling it before drinking; 3) licking a lemon or lime wedge after drinks; or 4) using a straw.
2. Consider using petroleum jelly or diaper rash ointment around the anus before starting the prep and after each bowel movement to minimize irritation from passing many bowel movements.
3. To prevent dehydration, drink plenty of fluids before (as instructed above) and after the procedure. Your body can lose significant amounts of fluids during the bowel preparation.
4. Feelings of bloating, nausea, abdominal cramping or chills are common. This should decrease over the course of the bowel preparation.
5. If you develop severe nausea or vomiting, stop drinking the bowel prep for 30 minutes, and then start again once you are feeling better.

► Transportation Reminders

1. You must arrive at your given location one (1) hour before your scheduled procedure time. Your entire stay will be between 2 to 3 hours.
2. You are not permitted to take a taxi, operate any mode of transportation yourself or use any public transportation to get home after the procedure. A responsible adult will need to drive you home, and someone should stay with you for at least 2 hours to make sure there are no issues following the sedation or procedure.

What to expect upon arrival for your procedure

1. Prior to the procedure, a nurse will ask you questions to ensure that you understand the procedure and the reason for it, and to ensure that you prepared properly for it. The gastroenterology doctor will also review the procedure with you.
2. The nurse will start an intravenous line to administer medications. The intravenous line is similar to having blood drawn. Your vital signs (blood pressure, heart rate, oxygen saturation) will be monitored closely before, during and after the procedure.
3. The colonoscopy will be performed while you are lying on your left side. Medications to help you relax (sedative) and narcotic (to help with discomfort) will be administered intravenously. Some people sleep during the examination, while others are very relaxed, comfortable and awake. This is NOT general anesthesia.

After the procedure

1. Rest for the remainder of the day for your health and safety.
2. Do not participate in any activities which require coordination or judgment. You may return to regular activities the day after the procedure.
3. Because there is a small risk of bleeding for up to 2 weeks after a polyp is removed during a colonoscopy, please inform your physician if you plan to travel by air after your procedure. We discourage booking an international flight within two weeks after your colonoscopy due to the small chance that a large polyp is removed during the procedure and your physician recommends cancelling the flight.
4. Some bloating, gas or mild cramping is normal and should diminish.
5. At the conclusion of your procedure, you will receive specific information about findings, post-procedure instructions and precautions.

Frequently Asked Questions about Colonoscopy

What is a colonoscopy?

A colonoscopy is a routine and commonly performed procedure, in which a highly trained doctor (called a gastroenterologist) will insert a colonoscope (a flexible tube containing a camera at the tip) into the rectum and colon (large intestine), to carefully inspect the colon. The scope is about the width of your finger, and the procedure is typically painless, as patients are sedated. A typical colonoscopy takes about 20-30 minutes.

Why is a colonoscopy recommended?

Your physician has recommended that you get a colonoscopy. The most common reason to have a colonoscopy is as a screening test for colon (and rectal) cancer. Colorectal cancer is the third leading cause of cancer deaths in the United States; the average risk for developing colorectal cancer is about six percent. Colonoscopy is a safe, proven and effective means to detect colon cancer. Colonoscopy can also be useful for the evaluation of conditions, such as bleeding, chronic diarrhea and anemia (low blood counts).

What is a polyp?

Polyps are abnormal growths of tissue that form on the lining of the colon. Polyps are almost always benign. While many benign polyps are harmless, others are considered "precancerous." Precancerous polyps carry the potential to turn into cancer. They are generally slow growing, so a small precancerous polyp may take 10-15 years to turn into cancer. Approximately 30 percent of people over the age of 50 have precancerous polyps. Colonoscopy permits the early detection and removal of polyps. Because almost all colorectal cancers start as small polyps, the removal of these polyps at the time of colonoscopy is an effective means to prevent colorectal cancer. The removal of polyps (polypectomy) is a painless procedure.

What can I expect during a colonoscopy?

A colonoscopy is generally a well-tolerated procedure. Most patients are given a sedative and pain medication through an IV that is placed by the nurse before the procedure. Because of these medications, most patients do not experience pain or remember the procedure. You will typically lie on your left side during the procedure, although in some cases, you may be repositioned. Most colonoscopies last 20-30 minutes, and are followed by another 30 minutes in the recovery area. During a colonoscopy, your doctor is carefully inspecting the colon and may remove polyps (polypectomy) or take biopsies (which involves the painless removal of a small sample of the tissue lining).

What are the risks of complications of colonoscopy?

Colonoscopy is a safe and routine procedure, but like any procedure, it does carry some risks which are small and uncommon. Statistics show that our rate of major complications (1 in 2,000) is significantly lower than the national average. The most serious complication is a perforation, or a tear of the wall of the colon. In some cases, this might require emergency surgery. Bleeding is another possible complication, which can occur at the site where a polyp is removed (or biopsied). Bleeding typically stops on its own, but may require further treatments (including blood transfusions).

Will I be sleeping during the procedure?

Patients receive a sedative (medication related to Valium) and a pain killer (medication related to morphine) during the procedure. This type of sedation is called "moderate sedation," sometimes described as "twilight sleep." Most patients are very comfortable and experience no pain, and have no memory of the procedure. Technically, patients are "conscious" during these procedures, are able to respond to questions, and can maintain their blood pressure and breathing at safe levels on their own. Some patients may wake up towards the end of the procedure. They may even watch the procedure on a monitor (most patients find this very interesting) and remain completely comfortable. If needed, sedatives can be increased. This type of sedation is different from "general anesthesia," which is a deeper level of sedation in which patients are "unconscious." In these cases, an anesthesiologist is needed to help the patient to regulate their blood pressure and breathing. Any form of sedation does carry risks (of breathing and heart problems), but these risks are very low with moderate sedation.

What can I expect after a colonoscopy?

You will be monitored closely in the recovery area as the sedatives wear off. You may experience some cramping and bloating and you will be encouraged to pass flatus which will help you to feel better. Because sedatives may impair your judgment and coordination, you will be required to have someone drive you home and to stay with you for a short time after the procedure. There are generally no restrictions on what you can eat after a colonoscopy. Your doctor will give you specific instructions on whether you should take or avoid certain medications, depending on the findings of your colonoscopy. If your doctor took biopsies or removed polyps, you will be contacted separately with those results.

Is a colonoscopy perfect?

On rare occasions, the scope cannot be advanced all the way around the colon. In cases like this, your doctor will discuss with you different alternatives. Colonoscopy has been considered the “gold standard” for examination of the colon and rectum, however, polyps and other findings can sometimes go unseen at the time of colonoscopy. You can minimize this risk by taking your bowel preparation as instructed, to clean the colon as effectively as possible.

Other Frequently Asked Questions

Do I have to drink ALL of the prep?

Yes, you need to finish all of the prep. National studies have demonstrated that the most effective way to cleanse the colon is to take the entire bowel preparation solution split into two separate doses. This will help ensure that the colon will be optimally cleaned and minimize the need to reschedule your procedure.

Do I need to be at home for the prep?

It is best to be at home when you begin the prep; bowel movements start very quickly after beginning the prep.

If I take a lot of medications, do I stop them all?

Please take all of your medications as prescribed by your other physicians, unless specifically instructed otherwise.

Can I have other fluids that are not “clear”?

The general rule is: if you can see through it, you can have it. You should stay well hydrated while drinking the prep, please feel free to have as much of the clear liquid diet the night before as is tolerable to you.

What should I do for anal discomfort?

A & D ointment, Desitin and petroleum jelly can be applied to the affected area. Non-alcohol containing wipes (baby wipes, Wet Wipes) can be used for cleansing.

Why doesn't MyHealth Online show this appointment?

The online service is not set up to report surgical times; you need to arrive at the time given to you by the office.

Why do I need a ride home and someone to stay with me after the procedure?

Medications commonly given during colonoscopy can temporarily impair judgment and coordination.

When can I return to work and normal activity?

You should be back to normal by the day following your procedure.