

FLEXIBLE SIGMOIDOSCOPY

Preparing for your Flex Sig

You will need these over the counter items:

1. 8 oz bottle of Magnesium Citrate
2. 1 Fleets Enema

5 DAYS BEFORE YOUR PROCEDURE

(Do Not stop taking any sort of blood thinner with out an OK from the doctor that prescribes it. We will let you know when we have this permission.)

STOP :

Aspirin

Ibuprofen

Motrin

Advil

Aleve

BC Powder

Goody's Powder

Vitamins and Iron

TYLENOL IS OK

3 DAYS BEFORE YOUR PROCEDURE

Begin **Low Fiber Diet**

	Recommend	Avoid
<u>Breads and Grains</u>	White bread Bagels English muffins Saltine crackers Rolls, buns, biscuits Melba toast, Zwieback Pancakes, waffles	Whole grain bread Whole grain flour Graham flour Bran, Granola, Raisins Seeds, Nuts, Coconut, raw or dried fruit Graham crackers, cornbread
Cereals	Puffed rice, Cheerios, Cornflakes, Rice Krispies, Special K White rice, refined pasta, grits, noodles, macaroni	Granola, Oatmeal Any cereal with seeds, nuts, dried fruit Whole grain cereal Brown rice, wild rice, barley, bran
<u>Vegetables</u>	Cooked and canned with no seeds Vegetable juice Potatoes and carrots Mushrooms, squash	Raw fresh vegetables Vegetables with seeds Sauerkraut, winter squash, peas, broccoli, cauliflower, Brussel sprouts, kale, swiss chard, cabbage, fried potatoes
<u>Fruits</u>	Fruit juices, orange juice (no pulp) Most cooked or canned fruit, fruit cocktail, canned applesauce, canned peaches and pears	Prune juice Fresh or dried fruit All berries
<u>Meat</u>	Fish, chicken, pork Baked, broiled, boiled, roasted, microwaved	Red meat Fried
<u>Diary</u>	Ice cream, pudding, custard, cream pies, plain cake, cookies, gelatin, smooth peanut butter, honey, jelly, milk shakes, yogurt, eggs 2% or skim milk, mild cheese, cottage cheese, mozzarella, provolone, jack	Jam with seeds, chunky peanut butter Sharp cheese

1 DAY BEFORE PROCEDURE

Drink at least 8 oz of liquid an hour.

Begin **Clear Liquid Diet** after lunch

	Recommend	Avoid
<u>Fruit</u>	All clear fruit juices: White Grape juice Apple juice White cranberry juice Peach	No juice with pulp <u>NO RED OR PURPLE</u>
<u>Soup</u>	Clear broth: chicken, beef, or vegetable Boullion Consommé	No cream soups No other soups
<u>Desserts/Sweets</u>	Popsicles Fruit flavored ices Hard candy	No red colors No Jell-O
<u>Beverages</u>	Coffee Tea – hot or cold Gatorade Kool-Aid Crystal Light Any Soda !!!!	No dairy items No alcohol <u>NO RED OR PURPLE</u>

AT 5 PM, DRINK MAGNESIUM CITRATE

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

DAY OF PROCEDURE

DO NOT eat or drink anything the morning of your procedure. Take essential scheduled medications with a sip of water. See medications sheet.

Complete Fleets Enema approximately 2 hours prior to coming to our office.

For our Diabetic Patients:

- Please Test your blood glucose level the morning of your procedure
- Bring your glucometer, test strips and insulin with you to the procedure

If you are insulin dependent:

- Please check with the nurse regarding specific instructions for taking your insulin
- It is our recommendation that you do not take insulin the evening before your procedure or the morning of your procedure
- Please drink plenty of clear liquids (8 oz per hour) up to 8 hours prior to your procedure.

If you take oral medication (sugar pills):

- Please omit the evening dose of your oral diabetic medication the day before your procedure and the morning of your procedure.
- Please drink plenty of clear liquids (8 oz per hour) up to 8 hours prior to your procedure.

For Our Asthma Patients:

- Please use your regular inhalers the morning of your procedure.
- Bring your inhalers with you to the procedure.

For Our Patients with High Blood Pressure:

- Do Not take your morning blood pressure medication, bring meds with you to your procedure.
- Hold diuretic medications
- If you are taking the following Beta Blockers, PLEASE TAKE THEM THE MORNING OF YOUR PROCEDURE WITH A SIP OF WATER.
 - Coreg
 - Toprol (metoprolol)
 - Corgard
 - Ziac
 - Inderal
 - Atenolol (Tenormin)

For Our Patients taken Herbal Supplements:

- Stop garlic pills seven days in advance.
- Stop ginseng seven days in advance.
- Stop Ginko 36 hours in advance.
- Stop St. John's Wort five days in advance.
- Stop kova pills one day in advance.

For Patients with Sleep Apnea:

- Please Bring your C-PAP machine.

Your physician has determined that a colonoscopy is necessary for the further evaluation or treatment of your condition. The following information includes answers to questions patients ask most frequently. Please read all the material carefully and feel free to discuss your questions with the nurse or physician.

What is a colonoscopy?

A colonoscopy is a procedure that enables your physician to examine the lining of the colon (large intestine) for abnormalities by inserting a flexible tube that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be completely clean for the procedure to be accurate and effective. In general, the preparation consists of one day of clear liquids and a large amount of special bowel cleansing solutions. Please follow the detailed dietary restrictions and the bowel cleansing routine. If you do not, the procedure may have to be canceled or repeated later.

What about current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. It is therefore best to inform your physician of your current medications as well as any allergies to medications several days prior to your procedure. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin and iron products are examples of drugs whose use should be discussed with your medical staff prior to the procedure. **Please alert your doctor as soon as possible if you require antibiotics prior to undergoing dental procedures**, since you may need antibiotics prior to your colonoscopy as well.

What can be expected during a colonoscopy?

A colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at certain times during the procedure. Your doctor will give you medication through a vein to help you relax and better tolerate any discomfort you may have from the procedure. You will be lying on your left side or on your back while the colonoscope is advanced through the large intestine. As the colonoscope is slowly withdrawn, the lining of the intestine is again carefully examined. The procedure usually takes from 30 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations or procedures are necessary.

What type of sedation will I receive?

The choice of sedation will be determined by you and our physician in cooperation with the nurse anesthetist. Please inform our healthcare team of any complications you have previously experienced with anesthesia or sedation.

All patients are monitored during the procedure using continuous pulse oximetry, heart monitoring and intermittent blood pressure recording.

Conscious sedation is given IV and provides adequate analgesia and sedation for most GI procedures while allowing the patient to cooperate with verbal commands.

This type of sedation induces an altered state of consciousness that minimizes pain and discomfort through the use of pain relievers and sedatives. Patients who receive conscious sedation usually are able to speak and respond to verbal cues throughout the procedure, communicating any discomfort they experience to the provider. A brief period of amnesia may erase most memory of the procedure.

Deep sedation is also given IV, most often with a drug called Propofol. A nurse anesthetist will administer deep sedation. Most patients will not be aware of or experience any discomfort during the procedure. Patients who receive deep sedation are unable to speak or respond to verbal commands during the procedure. Most insurance companies cover the deep sedation. Some deductibles may apply.

A separate bill from Carolina Anesthesia will be filed with your insurance carrier for deep sedation. For questions about Carolina Anesthesia billing information call 1-800-951-7850.

What if the colonoscopy shows something abnormal?

If our doctor thinks an area of the bowel needs to be evaluated in greater detail; a forceps instrument is passed through the colonoscopy to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. **You may get a separate bill from GI Pathology. If you have any questions regarding this bill there phone number is 888-274-7956.** If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). None of these additional procedures typically produce pain. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon, which vary in size from a tiny dot to several inches. The majority of polyps are benign (non cancerous) but the doctor cannot always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. 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.

What happens after a colonoscopy?

After a colonoscopy, our physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert

after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with the passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy center, but our doctors may give you restricted diet and activities to follow, especially after a polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is a perforation or tear through the bowel wall that could require surgery. 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. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several days to weeks, but this will resolve. Applying hot packs may help relieve the discomfort.

Although complications after a colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Please contact our physicians if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than two tablespoons. Bleeding may occur up to two weeks following a polypectomy.

Anticoagulants/Blood Thinners

Patients that take blood thinners or anticoagulants need to know that there are risks involved in stopping these medications. Even though the risks may be small there is still that chance that complications could occur with stopping these blood thinners. You will need to contact your Cardiologist or Primary Care Physician to discuss stopping your blood thinner. The nursing staff at the Center for Digestive Diseases/Cary Endoscopy will also contact the prescribing physician to get authorization to stop these blood thinners prior to your procedure. (Cardiologist or Primary Care Physicians may give orders for you to take a low dose anticoagulant prior to your procedure.)

RISKS ON BLOOD THINNERS

- Post Operative Bleeding
- Blood Clots

RISKS OF STOPPING THE BLOOD THINNER

- Stroke
- Pulmonary embolism (Blood clots that travel to the lung)
- Clots to the heart valves
- Deep Vein Thrombosis (DVT)
- Clotting to stents

If you have questions about your blood thinner and your procedure please contact your primary care physician or your cardiologist to make an appointment to discuss your questions.

Thank You,
Center for Digestive Diseases/Cary Endoscopy Center.