COLONOSCOPY INSTRUCTIONS

Procedure Date: _	Arrival Time:	

PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM

☐ SIERRA ENDOSCOPY CENTER, 300 SIERRA COLLEGE DRIVE, SUITE 105, GRASS VALLEY, CA 95945

SIERRA NEVADA MEMORIAL HOSPITAL, 155 GLASSON WAY, BLDG 3, GRASS VALLEY, CA 95945.

You will receive a call two business day prior to your procedure to provide you with your arrival time and your procedure instructions. If you do not answer, a voicemail will be left for you.

- 2. Bring your insurance cards, photo ID, and your driver to your procedure. If you do not bring a driver to check in with you, your procedure will be rescheduled. **NO EXCEPTIONS.** Your driver must be available by telephone during your procedure.
- 3. You will not be able to drive, operate machinery, make important decisions or return to work for the rest of the day. You may resume normal activities the next day unless your doctor advises otherwise.

If you have questions regarding your arrival time or need to cancel your procedure, please call (530)272-0527.

If you have any other questions regarding your procedure, prep, or medications, please call (530)273-3377.

1 WEEK	5 DAYS	3 DAYS	1 DAY	THE DAY OF YOUR
BEFORE	BEFORE	BEFORE	BEFORE	COLONOSCOPY
Read all prep instructions. Make sure you have your prep kit. If you have not picked it up yet, please call the doctor's office to re-send the prescription. The office phone number is: 530-273-3377. Arrange for a driver to bring you to and from your procedure.	Read all prep instructions. STOP taking any blood thinners and NSAIDs such as: Advil, Aleve, Ibuprofen, Aspirin, Motrin, Vitamin E, Gingko Biloba or arthritis medications. Tylenol is okay. STOP oral iron supplements.	Read all prep instructions. Eliminate all foods containing SEEDS in your diet, for example: Strawberries, bananas, most fruits, poppy seeds, tomatoes, bread with seeds, sesame seeds, etc.	Begin drinking clear liquids for the entire day to stay hydrated. Light breakfast by 10 AM (recommendations on next page). NO SOLID FOOD AFTER 10 AM, only clear liquids (recommendations on next page). NO alcohol today or tomorrow. Begin first dose of prep at 6 PM (follow attached instructions specific to your prep).	NO FOOD until after your procedure. Consume second dose of prep 6 hours prior to your arrival time. If you are scheduled for ONLY a colonoscopy, stop all clear liquids 2 hours prior to arrival time. If you are scheduled for a colonoscopy AND endoscopy, stop all clear liquids 4 hour prior to arrival time. Arrive at Sierra Endoscopy Center at the time given to you by phone call/email.

* IT IS RECOMMENDED TO APPLY VASELINE, A&D OINTMENT, OR DESITIN TO RECTAL/ANAL AREA PRIOR TO STARTING PREP TO AVOID ANY RECTAL DISCOMFORT *

What are clear liquids?

We define a "clear liquid" as something you can read a newspaper through. NO RED OR PURPLE FLAVORS.

- 7-Up, ginger ale, Sprite, Mountain Dew
- Water, Smart Water/Life Water (added electrolytes)
- Apple juice, WHITE cranberry juice, WHITE grape juice
- Vegetarian, chicken, or beef broth
- Jell-O examples: peach, lemon, and lime (NO RED OR PURPLE FLAVORS)
- Tea or black coffee (NO CREAM OR SUGAR)
- Popsicle and hard candies (NO RED OR PURPLE FLAVORS)

What should I eat for a light breakfast?

A light breakfast consists of easily digestible foods. For example: eggs, cottage cheese, yogurt, rice, skinless potatoes, apple sauce, white or sourdough bread/toast. **NO raw vegetables or berries.**

What should I wear to the procedure?

Wear comfortable, loose fitting clothing that is easy to get in and out of. Wear flat shoes. Do not wear jewelry, body lotions, and bring any valuables. Please avoid any lotions or body scents.

What medications can be taken?

Diabetic medications	Check your blood sugar frequently while taking the prep solution and on the morning of your procedure. On the day before: -We recommend you reduce your insulin doses by one half On the day of your procedure: -Do not take any diabetes pills -Do not take any long-acting or short-acting insulin unless advised otherwise by the doctor. -Hard candy (no red or purple) or clear soft drinks are OK if blood sugars are too low.
Aspirin/NSAIDS	Stop taking Aspirin, Aleve, Ibuprofen, Motrin, Vitamin E, Gingko biloba, arthritis medications and any other anti-inflammatory medications and <u>5 days</u> prior to your procedure. TYLENOL/ACETAMINOPHEN IS OK TO TAKE.
Anticoagulants (specialty blood thinners)	If you take Coumadin, Warfarin, Plavix, Aggrenox, Effient, Pradaxa, Eliquis, Heparin, Arixtra, or any other specialty blood thinners; Please notify the doctor and/or Endoscopy Center staff as soon as possible.

Other medications:	Please wait until after the procedure to take all other medications, if possible. If not, please take all other medications in the morning with minimal water intake.

Taking Golytely Bowel Prep

How do I take the Golytely Bowel Prep?

The day before your procedure at twelve o'clock in the afternoon, fill the Golytely jug to the fill line with water and shake vigorously until the solution is thoroughly mixed. Place the jug in the refrigerator. That evening you will drink half of the solution. The day of the procedure, you will drink the other half of the solution.

When do I take the Golytely Bowel Prep?

At six o'clock the night before your procedure, you will start drinking your first dose of Golytely. You will drink ten ounces of the solution every ten to fifteen minutes until you have consumed half of the jug. Then six hours prior to your arrival time, you will begin drinking the rest of the jug following the same instructions, and completing the prep within an hour.

The whole 4-liter jug is required for a complete preparation.

Please follow the following instructions very carefully.



You will receive a 4-liter container with powdered bowel preparation from your pharmacy.

At 12PM the day before your procedure, fill the container with water up to the fill line.

Shake vigorously until combined.

Place in refrigerator.

At 6PM, shake the container again and begin drinking the prep. Drink 10 ounces of the prep every 10 to 15 minutes until half of the container is empty.

Place back in refrigerator.

Six hours before your procedure, shake the jug vigorously again and begin drinking the rest of the prep.

Drink 10 ounces of the prep every 10 to 15 minutes until the container is completely empty.

Understanding a Colonoscopy

What is a colonoscopy?

Colonoscopy lets your doctor examine the lining of your large intestine (colon) for abnormalities by inserting a thin flexible tube, as thick as your finger, into your anus and slowly advancing it into the rectum and colon. This instrument, called a colonoscope, has its own lens and light source and it allows your doctor to view images on a video monitor.

Why is a colonoscopy recommended?

Colonoscopy may be recommended as a screening test for colorectal cancer. Colorectal cancer is the third leading cause of cancer deaths in the United States. Annually, approximately 150,000 new cases of colorectal cancer are diagnosed in the United States and 50,000 people die from the disease. It has been estimated that increased awareness and screening would save at least 30,000 lives each year. Colonoscopy may also be recommended by your doctor to evaluate for symptoms such as bleeding and chronic diarrhea.

What preparations are required?

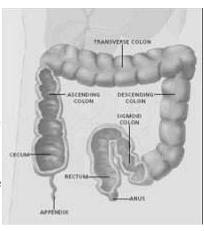
Your doctor will tell you what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of limiting your diet to clear liquids the day before and consuming either a large volume of a special cleansing solution or special oral laxatives. The colon must be completely clean for the procedure to be accurate and comprehensive, so be sure to follow your doctor's instructions carefully.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners such as warfarin or heparin), clopidogrel, insulin or iron products. Also, be sure to mention allergies you have to medications.

What happens during a colonoscopy?

Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. Typically, your doctor will give you a sedative or painkiller to help you relax and better tolerate any discomfort. You will lie on your side or back while your doctor slowly advances a colonoscope along your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscope. The procedure itself usually takes less than 45 minutes, although you should plan on one to two hours for waiting, preparation and recovery. In some cases, the doctor cannot pass the colonoscope through the entire colon to where it meets the small intestine. Your doctor will advise you whether any additional testing is necessary.



What if the colonoscopy shows something abnormal?

If your doctor thinks an area needs further evaluation, he or she might pass an instrument through the colonoscope to obtain a biopsy (a small sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and your doctor will often take a biopsy even if he or she doesn't suspect cancer. If colonoscopy is being performed to identify sites of bleeding, your doctor might control the bleeding through the colonoscope by injecting medications or by cauterization (sealing off bleeding vessels with heat treatment) or by use of small clips. Your doctor might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don't usually cause any pain.

What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a tiny dot to several inches. Your doctor can't always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so he or she will usually remove polyps for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

Your doctor may destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. Your doctor will use a technique called "snare polypectomy" to remove larger polyps. Your doctor will pass a wire loop through the colonoscope and remove the polyp from the intestinal wall using an electrical current. You should feel no pain during them polypectomy.

What happens after a colonoscopy?

You will be monitored until most of the effects of the sedatives have worn off. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas. Your physician will explain the results of the examination to you, although you'll probably have to wait for the results of any biopsies performed. If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy. Your doctor will advise you on this.

What are the possible complications of a colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures. One possible complication is a perforation, or tear, through the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the colonoscope; it rarely requires follow-up treatment. Some patients might have a reaction to the sedatives or complications from heart or lung disease. Although complications after colonoscopy are uncommon, it's important to recognize early signs of possible complications. Contact your doctor if you notice severe abdominal pain, fever and chills, or rectal bleeding. Note that bleeding can occur several days after the procedure.