

PATIENT INSTRUCTIONS/EDUCATION

Colonoscopy

DIVISION OF GASTROENTEROLOGY

Medical Special Procedures
University Hospital
E-Yellow, Suite E-178
150 Bergen Street
Newark, New Jersey 07103

Tel: (973) 972-6077 or 972-5614

Fax: (973) 972- 2238

Name _____

Doctor _____

Appointment _____ am/pm _____

Weekday _____ / _____ / _____ / _____ (m/d/y)

INSTRUCTIONS

PRE-ADMITTING PROCESS

- Call Pre-Registration one week before your procedure to complete the pre-registration process. They are open Monday - Friday, 8 AM to 4 PM and the number is (973) 972-8320/8321/8322.

PREPARATION

- Follow these instructions so that your large intestine will be clean:

Two days before the test, eat and drink only:

- Clear liquids
- Clear broth (no noodles or vegetables)
- Jello (not red-colored)
- Clear apple juice
- Soda
- Coffee and/or tea (no milk)
- Crackers, toast

One day before test

Follow ***EITHER*** Preparation A or Preparation B as prescribed by your physician.

PREPARATION A

- ❑ Mix the Golyte Powder with cold water in the morning and place in your refrigerator. At 4 PM, start to drink laxative preparation; one glass every 10 minutes until finished. It will take about 4 hours to finish 1 gallon.

PREPARATION B

- ❑ Beginning at 4 PM, pour 1/2 bottle of a Fleet Phospher Soda into a glass of ginger ale or apple juice and drink. At 5 PM, take 3 Dulcolax tablets. At 8 PM, pour the other 1/2 bottle of Fleet Phospher Soda into a glass of ginger ale or apple juice and drink. Please try to drink 8 glasses of water during the course of the evening.

- ❑ Take nothing by mouth after midnight.
- ❑ Please note: The medicine you will be drinking works very quickly and you will need to use the bathroom almost immediately. For your comfort, you should be close to a bathroom from the time you begin taking the medicine (4 PM) until approximately 1 hour after you have finished taking the medicine (9 PM).

MEDICATION ON MORNING OF TEST

- Take all of your prescription medications, except Diabetes medication, unless the physician has instructed you otherwise.

ARRIVAL TIME

- Arrive 45 minutes **BEFORE** your scheduled time at **Medical Special Procedures, Suite E-178, University Hospital**. If you have any problems in keeping this appointment, please call (973) 972-6077 or 972-5614.

GOING HOME

- Arrange for someone to take you home after your test. **You cannot drive yourself.**

PATIENT EDUCATION

Colonoscopy

Background

Your doctor has referred you for a colonoscopy. A colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) 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.

The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. In general, preparation consists of either consumption of a large volume of a special cleansing solution or several days of clear liquids, laxatives, and enemas prior to the examination. Follow your doctor's instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

How the examination is performed

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Your doctor may give you medication through a vein to help you relax and better tolerate any discomfort from the procedure. You will be lying on your side or on your back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure usually takes 15 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 are necessary.

Risks

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 weeks, but this will go away eventually. Applying hot packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication.

Contact your physician who performed the colonoscopy if you notice any of the following symptoms; severe abdominal pain, fever and chills, or excessive rectal bleeding. A small amount of rectal bleeding is normal, but if you are bleeding and you need to wipe yourself more than once, you should contact your physician. Bleeding can occur several days after polypectomy.