What is colonoscopy?

A colonoscope is a long flexible tube that is about the thickness of a finger. It is inserted through the rectum into the large intestine (colon) and allows the physician to carefully examine the lining of the colon. Abnormalities suspected by X ray can be confirmed and studied in detail. Abnormalities which are too small to be seen on X ray may also be identified.

If the doctor sees a suspicious area or needs to evaluate an area of inflammation in greater detail, he can pass an instrument through the colonoscope and take a small piece of tissue (a biopsy) for examination in the laboratory. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What is polypectomy?

During the course of the examination, a polyp may be found. Polyps are abnormal growths of tissue which vary in size from a tiny dot to several inches. If your doctor feels that removal of the polyp is indicated, he will pass a wire loop or snare through the colonoscope and sever the attachment of the polyp from the intestinal wall be means of an electrical current. If additional polyps are detected, they may be removed as well. You should feel no pain during removal of the polyp. Polyps are usually removed because they can cause rectal bleeding or contain cancer. Although the majority of polyps are benign (noncancerous), a small percentage may contain an area of cancer in them or may develop into cancer. Removal of colon polyps, therefore, is an important means of prevention and cure of colon cancer, which is a leading form of cancer in the United States

What should you expect during the procedure?

Your doctor will give you medication through an intraveinous line to make you relaxed and sleepy.

While you are lying in a comfortable position, the colonoscope is inserted into the rectum and gradually advanced through the colon, while the lining is

examined thoroughly. The colonoscope is then slowly withdrawn while the intestine is again carefully examined.

The procedure is usually well tolerated and rarely causes pain. Many patients even fall asleep during the examination. There may be some discomfort during colonoscopy, but it is usually mild.

In rare cases, passage of the colonoscope through the entire colon cannot be achieved. A limited examination may be sufficient if the area of suspected abnormality was well visualized.

What happens after the colonoscopy?

You will be kept in the endoscopic area until most of the effects of the medication have worn off. You may feel bloated for a few minutes right after the procedure because of the air that was introduced while examining the colon.*

You will be able to resume your diet after the colonoscopy unless you are instructed otherwise. If a polyp has been removed, your doctor may wish your diet to be limited before returning to your regular diet.

*After that you may leave, but it is imperative that you be accompanied by a responsible person who can drive you home, since your coordination may be impaired for up to 24 hours.

Why is colonoscopy necessary?

Colonoscopy is a valuable tool for the diagnosis and treatment of many diseases of the large intestine. Abnormalities suspected by X ray can be confirmed and studied in detail. Even when X rays are negative, the cause of symptoms such as rectal bleeding or change in bowel habits may be found by colonoscopy. It is useful for the diagnosis and follow-up of patients with inflammatory bowel disease as well.

Colonoscopy's greatest impact is probably in its contribution to the control of colon cancer by polyp removal. Before colonoscopy became available,

major abdominal surgery was the only way to remove colon polyps to determine if they were benign or malignant. Now, most polyps can be removed easily and safely without surgery.

Periodic colonoscopy is a valuable tool for follow-up of patients with previous polyps, colon cancer, or a family history of colon cancer.

Colonoscopy is a safe and extremely worthwhile procedure which is very well tolerated. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about your exam, or if any difficulties arise, feel free to call the office at (508) 588-6700 or (508) 586-8700.

Are there any complications from colonoscopy and polypectomy?

Colonoscopy and polypectomy are safe and are associated with very low risk when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is perforation in which a tear through the wall of the bowel may allow leakage of intestinal fluids. This complication usually requires surgery, but may be managed with antibiotics and intravenous fluids in selected cases.

Bleeding may occur from the site of biopsy of polyp removal. It is usually minor and stops on its own or can be controlled by cauterization (application of electrical current) through the colonoscope. Rarely, transfusions or surgery may be required.

Localized irritation of the vein may occur at the site of medication injection. A tender lump develops, which may remain for several weeks to several months, but goes away eventually.

Other risks include drug reactions and complications from unrelated diseases, such as, but not limited to heart attack or stroke.

Death is extremely rare, but remains a remote possibility.



INSTRUCTIONS FOR THE PATIENT

Your Procedure is Scheduled at:

Commonwealth Endoscopy Ctr.

120 W. Center St. W. Bridgewater, MA 02379

Date:
Arrival Time:
Procedure Time:
Facility will confirm arrival time.
Facility will confirm arrival time. You should be ready to

*Please be aware your time may change

$G_{\mathbf{S}^{pecialists}}^{astrointestinal}$

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For Questions Regarding Procedure Call: Brockton: (508) 588-6700 Prompt #2

> Visit our website at: www.gisdoc.com <click> ceclink

Please read carefully before your scheduled examination

Follow these instructions the week before your scheduled examination:

Seven (7) days before:

Please stop taking all iron and iron supplements. Omit vitamin supplements which contain iron.

Five (5) days before:

If your doctor says it is OK, stop taking anticoagulants and blood thinners. This includes Coumadin and Plavix. However, if your doctor does not want you to stop your blood thinners, do not stop.

Three (3) days before:

Begin a low residue diet. Do not eat seeds and nuts, whole grain breads, bran, cereals, vegetables or fruits. Stop taking arthritis medications and aspirin products unless otherwise directed by your physician. These medications include Advil, Motrin, Ibuprofen, Aleve, Celebrex, Indocin and Naprosyn. If you take a low dose aspirin daily, you may continue to do so.

Two (2) days before:

If you take Eliquis, Pradaxa or Xarelto please stop this medication 2 days prior to your procedure.

The day before your procedure:

Begin your clear liquid diet. Your diet at breakfast, lunch and dinner must be CLEAR LIQUIDS ONLY! Water, clear juices (not orange or other juices with pulp), clear broth, bouillon, sodas, black coffee, tea or carbonated beverages. ALCOHOL SHOULD NOT BE CONSUMED ON THIS DAY. You may also have Jell-O in any color other than red or purple. DO NOT use any milk, cream or pulp juices. NO SOLID FOOD, NO RED COLORING.

Take your medications on your regular schedule. If you take oral diabetic medication, do not take them the morning of your procedure. If you take insulin, take half your normal dose the day of the procedure.

Drink a lot of fluids throughout the day including fluids with sugar so your blood sugar does not get low. We recommend drinking Gatorade. You may drink black coffee, tea or a clear energy drink for caffeine but NO milk, cream or nondairy creamers.

DO NOT drink anything, including water for 2 hours before your arrival time. If you do, we may not be able to do the procedure.

IT IS imperative you have a responsible adult driving you home that is readily available to pick you up when you are recovered. You are receiving medication that will impair your ability to drive.

The day of your procedure:

Stop drinking fluids at least two (2) hours before your arrival time. If you are a diabetic, and take insulin, take one half (1/2) of your usual morning dose. If you take oral diabetic medication, do not take it the morning of your procedure. Please check with your doctor well before the examination to confirm these instructions. Unless otherwise directed by your physician, take all your medications up to and including the day of the procedure. Use a small amount of water to swallow your pills (even if you were instructed to fast). If you use inhalers, please bring them with you.

If you are having a colonoscopy, it is important to call our office or covering physician after hours if you have any trouble taking the preparation, particularly if it is making you sick or not working.

Please check with your insurance company regarding your coverage. This includes copayments, deductibles and co-insurance. It is your responsibility to learn this information from your insurance company. All out of pocket expenses are due at the time of service. If you need to implement a payment plan please let us know.

If your procedure is a routine screening exam (no problems or symptoms, you are 50 years of age or it has been 10 years). Ask if your insurance covers a screening colonoscopy in full

Ask whether the cost changes if a polyp is removed or a biopsy is taken as well as if you are having your procedure due to family history of personal history of colon polyps or colon cancer.

Please be aware that you may be asked to arrive at the hospital or Endo Center at a <u>different time</u> than your scheduled appointment due to unexpected scheduling conflicts. We appreciate your flexibility.

Please try to make every effort to arrive on time. Out of courtesy to other patients, please call at least 72 hours prior to your appointment if you need to cancel or you will be charged.

Thank you for your attention to these matters. Following these instructions will help ensure a successful, hasslefree examination. We look forward to seeing you!