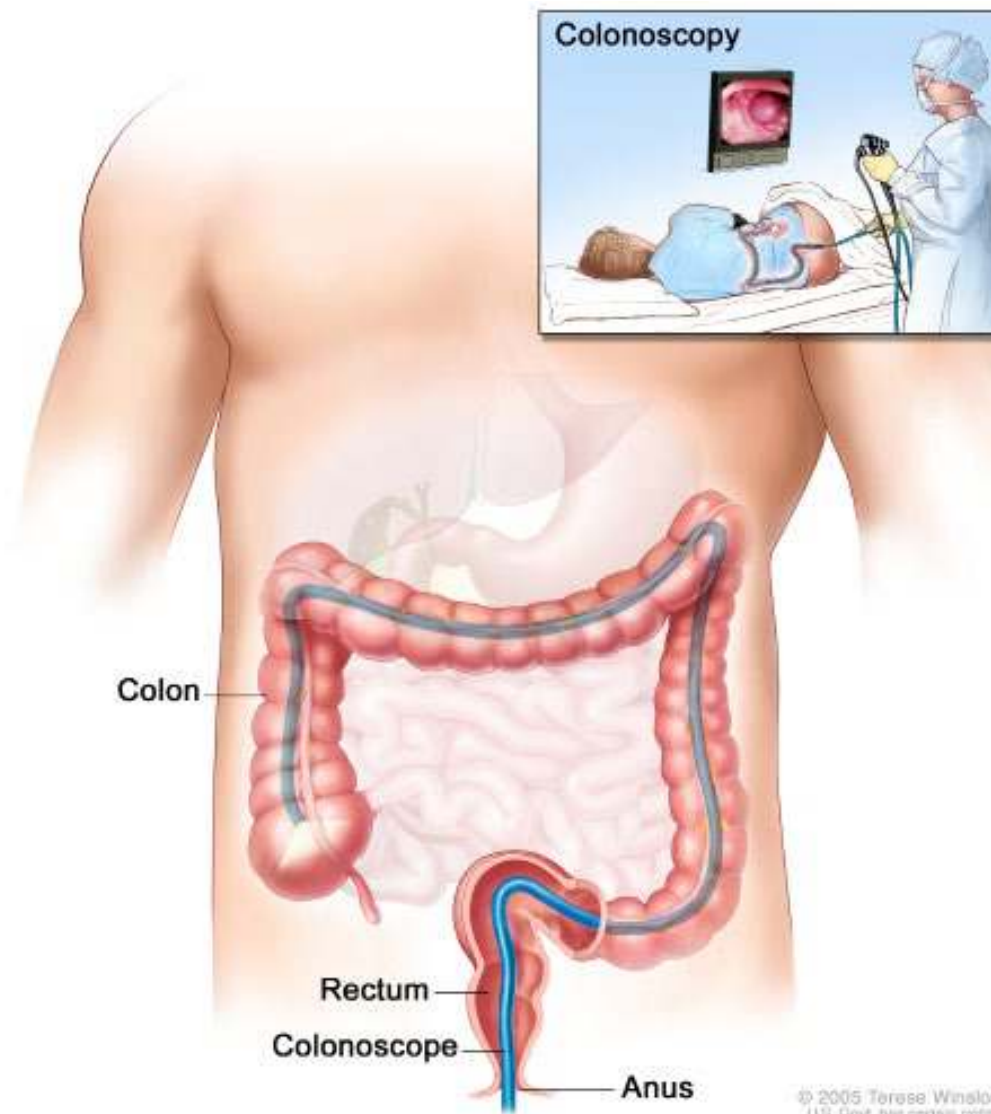


Winona Health Patient Care

Colonoscopy Procedure

View the accompanying video online at: www.winonahealth.org/prep



This resource is provided by



Thank you for choosing



Thank you for your trust in Winona Health. We are happy to be of service to you and our goal is to give you the best care possible. This booklet contains a variety of information to help you prepare for your colonoscopy.

If you have questions about your procedure, please call the **Colonoscopy Coordinator at (507) 457-7768.**

You may also refer to the video on our website:
www.winonahealth.org/prep

If you have questions **after 5 PM**, please call Winona Health at (507) 454-3650 and ask the operator to have a surgery nurse call you back.

If you need to CANCEL your procedure due to a change in your physical health, such as a fever with a productive cough, or if you have other concerns, please call the Winona Health Surgery Department between 6am and 5pm at (507) 457-4440.

COLONOSCOPY

INFORMATION BOOKLET

(LOWER GASTROINTESTINAL ENDOSCOPY)

Date of Procedure: _____

Performed By: _____

PROCEDURE

A lower gastrointestinal (GI) endoscopy, also known as a colonoscopy, is an examination of the rectum and colon by use of a fiber optic scope. A fiber optic scope is a flexible tube that is attached to a light source. It is passed through the anus and rectum and is moved through the colon for direct observation of the colon lining. A colonoscopy is used to diagnose cancer, polyps, inflammation, causes of bleeding, and also to remove polyps. It is often times used when x-rays of the colon are abnormal.

POSSIBLE RISKS AND COMPLICATIONS

A bowel perforation, a hole in the bowel wall, or bleeding may occur. Complications could result in hospitalization, blood transfusions, or emergency surgery.

- Other risks include drug reactions such as lightheadedness, sedation reaction, or a drug allergy.
- Complications from unrelated diseases such as heart issues or stroke are unlikely, but may occur.
- Instrument failure during the procedure is very unlikely, but is a remote possibility.

SEVEN DAYS BEFORE YOUR PROCEDURE

Starting On:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday



MEDICATION RESTRICTIONS

Seven days before the procedure, stop taking **medications that can increase the risk of bleeding.**

- ❖ Aspirin -any dose over 81mg daily. *Most people may continue to take one low dose aspirin (81mg, however, if your daily dose of aspirin is greater than 81mg due to any heart conditions, history of stroke or clotting disorders, the adjusted dosage should be approved by your primary care provider.*
- ❖ Excedrin (which contains Aspirin)
- ❖ Alka-Seltzer
- ❖ Anti-inflammatory medications (NSAIDS)
 - Advil
 - Aleve
 - Celebrex
 - Diclofenac (voltaren)
 - Ibuprofen
 - Indomethacin
 - Motrin
 - Meloxicam (Mobic)
 - Naproxen
 - Relafen (Nabumetone)
 - Toradol (Ketorolac)

If you take any of the following Anticoagulation/Antiplatelet Medication (Blood Thinners):

*Patients who take Anticoagulation Medication **MUST** discuss discontinuation of these medications with your primary provider prior to your procedure. These are usually stopped several days before the procedure, discontinuing without your provider's knowledge is dangerous.*

- Aggrenox
- Arixtra (fondaparinux)
- Brilinta (tigagrelor)
- Coumadin/Jantoven/Warfarin
- Heparin
- Lovenox (enoxaparin)
- Plavix (clopidogrel)
- Pletal (cilostazol)
- Pradaxa (dabigatran etexilate)
- Ticlid
- Effient (prasugrel)
- Eliquis (apixaban)
- Xarelto (rivaroxaban)

*As directed by your primary provider,
YOU MUST STOP taking your
Anticoagulation/Antiplatelet Medication
on: _____*



Tylenol (Acetaminophen) is okay to take if needed.

THREE DAYS BEFORE YOUR PROCEDURE

Starting On:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

DIETARY RESTRICTIONS

Do NOT eat any fibrous foods that are difficult to digest:

- ❖ Nuts
- ❖ Seeds
- ❖ Corn
- ❖ Peas
- ❖ Beans
- ❖ Popcorn
- ❖ Fruit skins
- ❖ Vegetable skins
- ❖ Lettuce
- ❖ Oatmeal
- ❖ Granola



Acceptable foods you may eat:

- ❖ Meats
- ❖ Dairy Products
- ❖ Pastas
- ❖ Breads (without grains or nuts)
- ❖ Yogurt (without fruit skin or seeds)
- ❖ Eggs



Yes

- ❖ Fish
- ❖ Cooked and peeled fruits and vegetables such as carrots, mashed potatoes, bananas, avocados, or applesauce are also acceptable.

THE DAY BEFORE YOUR PROCEDURE

Starting On:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

*****You must ONLY DRINK CLEAR LIQUIDS *****

Be sure to **drink plenty of fluids** throughout the day to ensure you keep your body hydrated.

The following are considered **clear liquids**:

- ❖ Sodas: 7-Up/Sprite, Coke/Pepsi, Mt Dew
- ❖ Jell-O
- ❖ Gatorade/Powerade
- ❖ Popsicles
- ❖ Kool-Aid
- ❖ Juices: Apple, White Grape, White Cranberry (NOT orange juice)
- ❖ Chicken, Beef or Vegetable Broth
- ❖ Tea, Coffee (no cream or dairy)
- ❖ Water



DIETARY RESTRICTIONS

- ❖ **NO** solid food
- ❖ **NO** dairy products or cream
- ❖ **NO** applesauce
- ❖ Avoid sugar free items
- ❖ **NO RED** beverages, popsicles, or Jell-O
- ❖ **NO PURPLE** beverages, popsicles, or Jell-O

(The dyes in red and purple products turn the colon fluid to red and can be mistaken for blood.)

THE DAY BEFORE YOUR PROCEDURE CONT.

A pre-op nurse will call you the day before surgery to discuss:

- Time of arrival
- Medications to take the morning of surgery
- Instruction review
- Answers to your questions

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

For your convenience, or if you will be hard to reach, you may call us at (507) 457-4440 between the hours of **11am and 4pm** the business day *before* your procedure to obtain the time in which you will need to arrive.

DIABETIC PATIENTS

You will need to hold or modify your **evening dose** of diabetic medication the night before. It should be reduced in half unless indicated differently from your medical provider.

- ❖ Check your blood sugar several times the day before and the morning of the procedure.
- ❖ Clear liquids should be **with sugar and carbohydrates** to prevent low blood sugar. You should consume the same number of carbohydrates as you normally would.
- ❖ Do **NOT** take any diabetic medications, including insulin, the morning of your procedure.

The following items are considered clear liquids with carbohydrate examples:

- Regular soda or Gatorade: ½ cup = 13 grams of carbohydrates
- Juices: apple, white grape juice (nothing with pulp, like orange or grapefruit): ½ cup = 15 grams of carbohydrates
- Regular popsicles (no red): 1 single stick = 10 grams of carbohydrates
- Black coffee or tea with sugar or honey, No creamers = 5 grams of carbohydrates
- ½ cup regular Jell-O = 12 grams of carbohydrates

Meal Examples:

- Breakfast: 1 cup regular soda pop; 1 cup juice & 1 single stick regular popsicle or 1 cup Jell-O; 1 cup fat-free broth (beef or chicken)
- Snack: 1 cup juice or 1 cup regular pop
- Lunch: 1 cup of pop, 1 cup juice, 1 cup broth, single stick regular popsicle or 1 cup Jell-O
- Snack: 1 cup juice or 1 cup regular pop
- Supper: 1 cup pop, 1 cup juice, 1 cup broth, 1 single stick regular popsicle or 1 cup Jell-O
- Snack: 1 cup juice or 1 cup regular pop

BOWEL PREP ~ **OPTION 1** ~ GOLYTELY

THE DAY BEFORE YOUR PROCEDURE

STARTING ON:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Between 3-5pm the evening BEFORE your procedure: fill the gallon jug of Golytely to the fill line. Drink one 8oz glass about every 20 minutes until $\frac{3}{4}$ of the gallon is gone (approximately 12 glasses)

You may want to put an X on a glass below every time you finish drinking a glass to help you keep track of your progress.



Save the remaining quarter gallon for the following morning, the day of your procedure.

You can drink Golytely plain or mix Crystal Light, Gatorade powder (**NO RED OR PURPLE**) flavoring to each glass. You may drink it at room temperature, warm, or refrigerate.

It is not recommended to flavor the entire gallon, as you may want to change flavoring.

*You will need to stay close to the bathroom for the next two to four hours.

*You should expect watery, light colored stools after you are finished drinking the Golytely.

*You must **continue drinking clear liquids** up until the time you are instructed to do your morning bowel prep. *It is VERY important to stay hydrated.*

THE MORNING OF YOUR PROCEDURE

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

3 ½ - 4 Hours before your arrival time:

Start drinking the remaining Golytely, drinking all four 8oz glasses within 20-30 minutes. You can expect to have more liquid stools.

$\frac{1}{4}$ Gallon



3 Hours before arrival time:

*DO NOT drink anything more, except a sip of water with your directed medications just before leaving.

*DO NOT chew gum, have mints or hard candy after this time.

BOWEL PREP ~ **OPTION 2** ~ SUPREP

THE DAY BEFORE YOUR PROCEDURE

Starting On:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

First Dose: Begin Prep Step 1 between 3-5 pm the evening prior to the procedure.
Continue drinking your clear liquids.


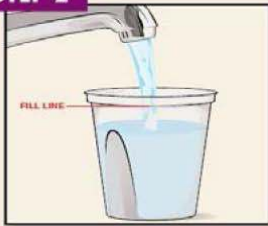


*** Please follow the instructions we have provided on this page and disregard the instructions included in the Bowel-Prep kit.

It is VERY important to stay hydrated.

SUPREP Bowel Prep Kit is a split-dose (2-day) regimen. Both 6-ounce bottles are required for a complete prep.

FIRST DOSE: Begin Step 1 between 3-5 PM the evening prior to the procedure.

You must complete Steps 1 through 4 using one (1) 6-ounce bottle before going to bed:

<p>STEP 1</p> 	<p>Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container.</p>	<p>STEP 2</p> 	<p>Add cool drinking water to the 16-ounce line on the container and mix.</p> <p>NOTE: Dilute the solution concentrate as directed prior to use.</p>
<p>STEP 3</p> 	<p>Drink ALL the liquid in the container.</p>	<p>STEP 4</p> <p>IMPORTANT</p> 	<p>You must drink two (2) more 16-ounce containers of water over the next 1 hour.</p>

SECOND DOSE: Repeat Step 1 thru Step 4, four hours prior to your arrival time.

For this dose, repeat Steps 1 through 4 shown above using the other 6-ounce bottle.

NOTE: You **must** finish drinking the final glass of water at least 3 hours prior to your arrival time.

THE MORNING OF YOUR PROCEDURE

Starting On:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Second Dose: Four (4) hours prior to your arrival time, repeat Step 1 through Step 4.

Starting three (3) hours prior to your arrival time, **DO NOT** drink/eat anything (this includes chewing gum, breath mints, and/or hard candy.)

Please Note: You may be instructed to take medications prior to your arrival with a sip of water.



- ❖ *It is **VERY** important to stay hydrated.*
- ❖ Try using a straw. This takes each swallow past many of the taste buds on your tongue.
- ❖ Suck on hard candy between glasses.
- ❖ Shake the container before you pour each glass.
- ❖ You may flavor the Golytely with Crystal Light. We suggest experimenting with the mixing of the lemon flavor packets to each glass until you reach the flavor you desire.

Do not use cherry, strawberry, or grape flavoring. **NO RED OR PURPLE.** It is **NOT** recommended to flavor the Suprep.

- ❖ Drink and then rinse your mouth with warm water
- ❖ Sip on soda or Gatorade between glasses.
- ❖ If you feel chilled, you may drink warm, clear liquids such as broth, coffee, or tea. (no creams or dairy)
- ❖ To protect your bottom, use baby wipes or Vaseline. A tepid sitz bath or warm water spray from a handheld sprayer will also give relief.

THE MORNING OF YOUR PROCEDURE

Please be aware that you will receive sedation and **you will need a responsible adult to drive you home** and stay with you for eight hours.

THIS IS NOT OPTIONAL

- ❖ Report to the Outpatient Registration area, using the Winona Clinic entrance.
- ❖ Expect to be at the hospital for at least 3 hours. There may be times when unexpected situations arise and you may have a longer wait. Your nurse will keep you informed.

DO NOT take diabetic medications.

- ❖ You may shower or bathe the day before or morning of your procedure. Avoid using perfumes, aftershave, or cologne.
- ❖ Do not return to work for the rest of the day.
- ❖ Dress comfortably, leave jewelry and valuables at home.
- ❖ If you have a pacemaker, defibrillator and/or a stent, have your card with the model and serial number available.
- ❖ If you use an inhaler or take insulin, please bring these with you the day of surgery.
- ❖ If you use a C-Pap machine, please bring it with you the day of surgery.

After Your Colonoscopy

What you might expect after going home:

- You may have some cramping, abdominal distention, or pain. This is normal, as gas passes out of your colon. If pain becomes severe or unbearable, you need to call or come back to the hospital immediately.
- You may experience rectal discomfort, or you may have some blood in your stool or on the toilet paper for a few days. This is due to irritation to the anus caused by the scope passing. If bleeding becomes severe you will need to call or come back.
- You may not have a normal bowel movement for several days after the colonoscopy. It takes the colon some time to become “normal” again after the bowel prep. If you have questions or concerns, the General Surgery Clinic phone is (507) 457-7768. If you feel your situation or complaint is emergent, please present to the emergency room or call 911.

Some Common Findings

Diverticulosis

“Diverticula” are pockets in the colon’s wall that develop throughout our lives. They are caused by not eating enough fiber. Having diverticula is called “diverticulosis.” The only treatment recommended for diverticulosis is fiber intake. If you have diverticulosis on your colonoscopy, you will be given an informational booklet that discusses the diagnosis, as well as provides instruction on fiber intake. Please read this booklet.

Polyps

If your doctor found a polyp, or several polyps, during your colonoscopy, they will be removed and sent to the lab to be looked at under a microscope by a pathologist. Someone will contact you with results in approximately 5-7 working days. During this call, you will also be advised on your next recommended colonoscopy. If you do not hear from us within 5-7 working days, please call the General Surgery Clinic at (507) 457-7768.

Possibilities of what may be found under the microscope include:

- It could be a “**hyperplastic**” polyp. This is just overgrown colon lining, it has no potential to become colon cancer and is completely benign.
- It could be an “**adenoma**” or an “adenomatous polyp.” These polyps can turn into cancer if left in your colon for many years. These polyps are why we do colonoscopies as we can prevent colon cancer by removing them.
- It could be a cancerous polyp. If “**cancer**” is found in a polyp, you may not necessarily need surgery. You will be contacted to come in and discuss having additional testing and/or surgery.

Family History:

- If you have had a single relative diagnosed with colon cancer or adenomatous polyps when they were 60 years old or older, the recommendation is to have a colonoscopy every 10 years starting at age 40.
- If you have had 2 or more relatives diagnosed with colon cancer or adenomatous polyps when they were younger than 60, the recommendation is to have a colonoscopy every 5 years.

Increased risk-people with a family history

- CRC or adenomatous polyps in any 1st degree relative < or equal to age 60 or 2 or more 1st degree relatives of any age: start at age 40 or 10 years before the youngest case in the immediate family (whichever comes earlier) and repeat every 5 years.
- CRC or adenomatous polyps in any 1st degree relative aged > 60 or in at least two 2nd degree relatives of any age: start at age 40 and repeat every 5 years.

Official recommendations on when you need your next colonoscopy:

- If you have a normal colonoscopy and no family history of colon cancer, you will be recommended for a routine screening colonoscopy every 10 years.
- If you have only “hyperplastic” polyps (not adenomatous polyps) you will be recommended for a routine screening colonoscopy every 10 years.
- If you have 1-2 small adenomatous polyps that are < 1 centimeter in size and removed completely, you will be recommended for a repeat colonoscopy within 5-10 years.
- If you have 3-10 adenomatous polyps, polyps larger than 1 centimeter, or any polyps with “dysplasia” seen under the microscope, you will be recommended to repeat colonoscopy in 3 years. “Dysplasia” means early pre-cancerous change and puts you at a slightly higher risk for colon cancer.
- In special situations, your doctor may decide to repeat your colonoscopy in 6 months to one year. For example, when the polyp is very large, possibly not completely removed, or looks suspicious for cancer under the microscope.

COLONOSCOPY INSURANCE INFORMATION

There are two types of insurance benefit classification for colonoscopies.

- Screening/No Symptoms:** Which many private insurances plans cover; however, you may have to pay part of the anesthetist, bowel prep kit, pathology, and facility.
- Diagnostic/Symptoms:** At times colonoscopies are done due to patients having issues and/or additional symptoms. In this case the deductible and co-insurance may apply. These two classifications may drive what benefit level your insurance coverage will be.

IMPORTANT NOTE

**During a screening colonoscopy, if an abnormality is detected,
the procedure will be coded as a diagnostic procedure.**

You will want to contact your insurance carrier to verify your insurance benefits. The following questions can assist you in your contact.

1. Do I have coverage for a screening (including family history) colonoscopy?
2. Do I have coverage for a diagnostic/issues colonoscopy?
3. Are there age limits? Or frequency limitations for the colonoscopy?
4. Can you please provide me with my deductible amount and how much I have met?
If the deductible has been met you will want to ask what your co-insurance percent will be.
Deductible:_____ Amount Met:_____ Co-insurance:_____
5. Can you please provide me with my Out-of-Pocket?
Out-of-Pocket:_____ Amount Met: _____

Verify Winona Health is in network. In many cases Winona Health is in network; however, there are some insurance companies we are not. If your insurance company has Winona Health as out-of-network you may see higher deductible, co-insurance & out-of-pocket costs.



Winona Health

winonahealth.org

507.454.3650