



Preparing for your colonoscopy

Please watch the **Preparing for Your Colonoscopy** video at winonahealth.org/prep.

Please review this booklet before: _____

Prescription sent to: _____

Questions?
Call 507.457.7767 or 507.457.7768.

Winona Health

Thank you for choosing Winona Health!

Thank you for your trust in Winona Health. We are happy to be of service to you. Our goal is to give you the best care possible. This booklet contains a variety of information to help you prepare. If this is your first colonoscopy, don't worry! Most people are surprised at how comfortable they are throughout the entire procedure. (Some people call it the best nap they ever had!)

Questions?

If you have questions about your procedure, or preparing for your procedure, please call the Colonoscopy Coordinator at 507.457.7768.

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

Questions after 5 p.m.?

Please call Winona Health at 507.454.3650 and ask the operator to have a surgery nurse call you back.

Need to cancel?

If you need to cancel your procedure due to a change in your physical health (i.e. productive cough), or if you need to cancel for any other reason, please call the Winona Health Pre-Op Department between 6 a.m. and 5 p.m. at 507.457.4440 or the General Surgery Department between 8 a.m. and 5 p.m. at 507.457.7768.

Colonoscopy

(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 using an endoscopic camera. It is passed through the anus and rectum into the colon for direct observation of the colon lining. A colonoscopy is used to diagnose cancer, polyps, inflammation, causes of bleeding, in addition to other diagnoses. During your colonoscopy, the proceduralist may also remove polyps. It may also be used when X-rays of the colon are abnormal.

Possible Risks & Complications

Colonoscopies are safe, common procedures, but all procedures have risks. A bowel perforation, a hole in the bowel wall, bleeding, or localized infection may occur. There are also risks to the heart and lungs. These risks, although small, are present. Complications could result in hospitalization, blood transfusions or emergency surgery.

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



7 days before your procedure

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Medication restrictions

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

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

Please Note: Tylenol (acetaminophen) is okay if needed.

If you take any of the following anticoagulation medications (blood thinners), you will receive a reminder as to when to stop taking them.

- 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)

NOTE: As directed by your primary provider, **you must STOP** taking your anticoagulation/antiplatelet medication on:

_____.

3 days before your procedure

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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

- Nuts
- Seeds
- Corn
- Peas
- Beans
- Popcorn
- Fruit skins
- Vegetable skins
- Lettuce
- Oatmeal
- Granola
- Breads with visible grains

You may eat:

- Meats
- Dairy products
- Pastas
- Breads (without seeds or visible grains)
- Yogurt
- Eggs
- Fish
- Cooked, peeled fruits and vegetables such as carrots, mashed potatoes, bananas, avocados, or applesauce



1 day before your procedure

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do **NOT** eat any solid foods.

- **NO** dairy products or cream
- **NO** applesauce
- **AVOID** sugar-free items

DRINK CLEAR LIQUIDS ONLY.

Be sure to drink plenty of fluids throughout the day to 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
(NO orange juice)
- Chicken, beef or vegetable broth
- Tea, coffee **(no cream or dairy)**
- Water
- **NO RED-IN-COLOR OR PURPLE-IN-COLOR** beverages, Popsicles or Jell-O
(The dyes in red and purple products turn the colon fluid red and can be mistaken for blood.)

Pre-surgery call

The day before your surgery, a pre-op nurse will call you to discuss:

- Arrival time
- Medications to take the morning of surgery
- Instruction review
- Answers to your questions

Patients who have diabetes

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 your procedure.
- Drink clear liquids **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 carbohydrates:

- Regular 7-Up or Sprite: 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 pop; 1 cup juice and 1 single stick regular Popsicle;
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

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Between 3 and 5 p.m. the evening BEFORE your procedure:

Fill the gallon jug of Golytely to the fill line following the instructions for use. Drink one 8-oz. glass about every 20 minutes until 3/4 of the gallon is gone (approximately 12 glasses).

Use the numbers below to mark off each glass after you drink it. See helpful tips on page 10.



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

You can drink Golytely plain or mix flavor packets or Gatorade powder (no red or purple) flavoring to each glass. You may drink it at room temperature, warm, or refrigerated. Do not flavor the entire gallon as you may want to change flavoring.

- You'll need to stay close to the bathroom for the next 2 to 4 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

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

3½ to 4 hours before your arrival time:

Start drinking the remaining Golytely, finishing it all within 20 to 30 minutes. You can expect to have more liquid stools.



3 hours before your arrival time:

- Do NOT drink anything more, except a sip of water with only 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

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

FIRST DOSE: Begin Prep step 1 between 3 and 5 p.m. the evening before your procedure. Continue drinking your clear liquids.

NOTE: Please follow the instructions provided on this page. Disregard the instructions included in the bowel-prep kit. It is very important to stay hydrated.

See helpful tips on page 10.

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:

STEP 1 Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container.

STEP 2 Add cool drinking water to the 16-ounce line on the container and mix. **NOTE:** Dilute the solution concentrate as directed prior to use.

STEP 3 Drink **ALL** the liquid in the container.

STEP 4 **IMPORTANT** You **must** drink two (2) more 16-ounce containers of water over the next 1 hour.

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

Beginning:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

SECOND DOSE: 4 hours prior to your arrival time, repeat steps 1 through 4. Starting 3 hours prior to your arrival time, **DO NOT drink/eat** anything (this includes chewing gum, breath mints, or hard candy).

NOTE: If you have been instructed to take medications prior to your arrival, take with a sip of water.



Helpful tips

- 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 flavor packets. We suggest experimenting with mixing the lemon flavor packets to each glass until you reach the flavor you like.
DO NOT use cherry, strawberry, or grape flavoring. **No red-in-color or purple-in-color.** We don't recommend flavoring the Suprep.
- Drink and then rinse your mouth with warm water.
- Sip soda or Gatorade between glasses.
- If you feel chilled, you may drink warm clear liquids such as broth, coffee, or tea. No creamer 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 8 hours. This is a requirement. If you do not have a responsible adult to drive you home and stay with you, your procedure may be cancelled.

- Use the Winona Clinic entrance and come to the Outpatient Registration area.
- Expect to be at the hospital for at least 3 hours. There may be times when an unexpected situation arises and you may have a longer wait. Your nurse will keep you informed.
- **DO NOT** take diabetic medications the morning of your colonoscopy.
- You may shower or bathe the day before or morning of your procedure. Avoid using perfumes, aftershave or cologne.
- 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 them with you.

After your colonoscopy

What to expect after going home:

- Do not return to work for the rest of the day. This is a great day to relax.
- 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, 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, call or come back. If it does not stop in 1 week, please call for an appointment.
- 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, please call the General Surgery Clinic at 507.457.7768. If you feel you need immediate care, please come to the Emergency Department or call 911.

Some common findings during your procedure

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 diverticulosis is found during your colonoscopy, we will give you an informational booklet that discusses the diagnosis, as well as instruction on fiber intake. Please read it!

Polyps

If your doctor found a polyp, or several polyps, during your colonoscopy, they were 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 to 7 working days. During this call, we will also advise you about your next recommended colonoscopy. If you do not hear from us within 5 to 7 working days, please call the General Surgery Clinic at 507.457.7768.

More on page 12.



Some common findings continued

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 – 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. But, when necessary, you will be contacted to come in and discuss having additional testing and surgery.

Increased risk-people with a family history:

- **Colorectal cancer in any first degree relative younger or equal to age 60, or two or more first 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.
- **Colorectal cancer in any first degree relative ages over 60 or in at least two second 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, we recommend a routine screening colonoscopy every 10 years.
- If you have only “hyperplastic” polyps (not adenomatous polyps), we recommend a routine screening colonoscopy every 10 years.
- If you have 1 or 2 small adenomatous polyps that are less than 1 centimeter in size and removed completely, we recommend a repeat colonoscopy within 5 to 10 years.
- If you have 3 to 10 adenomatous polyps, polyps larger than 1 centimeter, or any polyps with “dysplasia” seen under the microscope, we recommend a repeat colonoscopy in 3 to 5 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 1 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 insurance plans cover; however, you may have to pay part of the cost of anesthesia, bowl prep kit, pathology and facility.
- **Diagnostic/Symptoms:** At times, colonoscopies are done due to a patient experiencing issues and/or additional symptoms. In this case, the deductible and co-insurance may apply. These two classifications may drive what your insurance will cover.

IMPORTANT NOTE

During a screening colonoscopy, if an abnormality is detected, the procedure will be billed to insurance as a diagnostic procedure.

Please contact your insurance carrier to verify your insurance benefits. The following questions can assist you when contacting them.

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 your 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 estimate?

Out-of-Pocket: _____ Amount met: _____

Please verify that Winona Health is in network for your coverage. In many cases Winona Health is in network; however, there are some insurance companies where we are not. If your insurance company has Winona Health as out-of-network, you may see higher deductible, co-insurance and out-of-pocket costs.



Winona Health

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