

**Thank you for choosing**



***Winona Health***

Our goal is to properly prepare you for this procedure and  
to provide a safe, thorough colonoscopy.

We want to make your experience as positive as possible.

This booklet contains a variety of information to help you prepare for your procedure.  
Please review it carefully.

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If you have questions about your procedure, please call the  
**Colonoscopy Coordinator at 507-474-5637.**



Also you may refer to the Video on our website:  
[www.winonahealth.org](http://www.winonahealth.org)

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 feel you need to CANCEL** your procedure due to change in your physical health such as a cold, fever with a productive cough, or if you have other concerns, please call the Winona Health Colonoscopy Coordinator.

**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 has thin threads of glass within it 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 also often times used when x-rays of the colon are abnormal.

**RISKS**

- A bowel perforation, a hole in the bowel wall, or bleeding may occur as well. There are risks to the heart and lungs when a colonoscopy is performed. 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.

## SEVEN DAYS BEFORE YOUR PROCEDURE

Starting on:

**Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

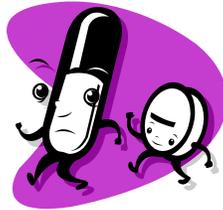
### MEDICATION RESTRICTIONS

Stop taking **medications that can increase the risk of bleeding** for the procedure seven days before your procedure. *You may continue to take one baby aspirin (81 mg).*

*If you have had a heart attack or stroke, you should discuss this with your primary provider.*



- ❖ Aspirin (anything over 81 mg daily)
- ❖ Excedrin (which contains Aspirin)
- ❖ Alka-Seltzer
- ❖ Anti-inflammatory medications (NSAIDS)
  - Advil
  - Aleve
  - Celebrex
  - Diclofenac
  - Ibuprofen
  - Indomethacin
  - Motrin
  - Meloxicam
  - Naproxen
  - Relafen (Nabumetone)
  - Toradol (Ketorolac)



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

- ❖ Aggrenox
- ❖ Coumadin/Jantoven/Warfarin
- ❖ Heparin
- ❖ Lovenox
- ❖ Plavix
- ❖ Pletal
- ❖ Pradaxa
- ❖ Ticlid

*As directed by your primary provider,*  
**YOU MUST**  *taking your Anticoagulation*  
*Medication on:* \_\_\_\_\_

*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, but discontinuing without your provider's knowledge is dangerous.*

**Tylenol (Acetaminophen) is okay to take if needed.**

## THREE DAYS BEFORE YOUR PROCEDURE

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



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**Acceptable** foods you may eat:

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



**Yes**

Cooked and peeled fruits and vegetables such as carrots, mashed potatoes, or applesauce are also acceptable.

# THE DAY BEFORE YOUR PROCEDURE

On:

**Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

## DIETARY RESTRICTIONS

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

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

- ❖ **NO** solid food.
- ❖ **NO** dairy products or cream.
- ❖ Avoid sugar free items
- ❖ **NO RED** beverages, popsicles, or Jello
- ❖ **NO PURPLE** beverages, popsicles, or Jello

The following are considered **clear liquids**:

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



## THE DAY BEFORE YOUR PROCEDURE CONT.

For your convenience,  
**YOU** will need to call for you arrival time, the business day prior.

*If your procedure is scheduled for Monday, call the Friday before.*



**Your Arrival Time:** \_\_\_\_\_

The phone number to **call is 507-457-4440** between the hours of **9:30 AM and 4 PM** the business day before your procedure to obtain the time in which you will need to arrive.

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### 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.

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### BOWEL PREP

Begin drinking your bowel prep as directed around 3-5 pm.

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

Continue drinking clear liquid to keep your body hydrated throughout the entire day, up until you begin drinking your morning dose of bowel prep.

# BOWEL PREP ~ **OPTION 1** ~ GOLYTELY

## THE DAY BEFORE YOUR PROCEDURE

Sunday Monday Tuesday Wednesday Thursday Friday Saturday



**Between 3 and 5 PM:** Fill the gallon jug of Golytely with water as directed, mix well. Drink one 8-ounce glass about every 20 minutes until three-fourths of the gallon is gone. (approximately 12 glasses).

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

*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.*

$\frac{3}{4}$  Gallon



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

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## THE MORNING OF YOUR PROCEDURE

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Finish the remaining Golytely, drinking four (4) eight-ounce glasses within 20 minutes, **Three (3) hours before your arrival time.** You can expect to have more liquid stools.

$\frac{1}{4}$  Gallon



Do not drink anything more, except a sip of water with your directed medications just before leaving.

# BOWEL PREP ~ **OPTION 2** ~ SUPREP

## THE DAY BEFORE YOUR PROCEDURE

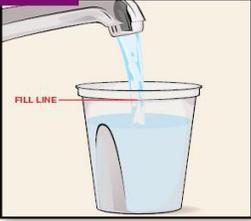
Sunday Monday Tuesday Wednesday Thursday Friday Saturday

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

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

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## THE MORNING OF YOUR PROCEDURE

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

**Second Dose:** Repeat Step 1 thru Step 4, four hours prior to your arrival time.  
Do not drink anything more,  
except a sip of water with your directed **medications just before leaving.**

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



## 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 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**. 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/dairy)
- ❖ If you feel too full, take a 30-minute break and start again.
- ❖ 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

On:

**Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

### DIETARY RESTRICTIONS

Continue to drink clear liquids up until you start drinking your bowel prep in the morning.

*It is **VERY** important to stay hydrated.*



Stop drinking liquids three hours prior to your arrival time.

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### BOWEL PREP

Between three to four hours prior to your arrival time, finish drinking your bowel prep as directed.

Once finished with your bowel prep, you must **not** have anything more to drink.  
*(Clear liquids, hard candy, or gum)*

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### MEDICATION INSTRUCTIONS

Medications **TO TAKE** just before leaving for your appointment with a small sip of water:



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**DO NOT** take your diabetic medications the morning of your procedure.



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



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- ❖ You may shower or bathe the day before or morning of your procedure. Avoid using perfumes, after shave, 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.



- ❖ 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.**
- ❖ Do not return to work for the rest of the day.

## After Your Colonoscopy

### **Some things to look for later in the day when you go 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. 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.
- Clinic phone number 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 had diverticulosis on your colonoscopy, you have been 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 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 business days. During this call, you will also be advised on your next recommended colonoscopy. If you do not hear from us within 5 business days, please call the General Surgery Clinic at 507-457-7768.

Possibilities of what may be found under the microscope include:



- 1) It could be a “**hyperplastic**” polyp. This is just overgrown colon lining, it has no potential to become colon cancer and is completely benign.
- 2) 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.
- 3) It could be a cancerous polyp. If “**cancer**” is found in a polyp, you may not necessarily need surgery. But, most of the time, you will be contacted to come in and discuss having additional testing and surgery.

*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.

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.