



PALM BEACH
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COLONOSCOPY

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Gastroenterology Consultants welcome the opportunity to provide you with the most up-to-date and personalized care available in the diagnosis and treatment of digestive system disorders.

Your doctor's decision to perform this procedure was based on his/her assessment of your particular problem. If you have any questions about your procedure, do not hesitate to discuss them with your doctor. Both of you share a common goal- your good health- and it can be achieved through mutual trust, respect and understanding.

COLONOSCOPY

A colonoscopy is the examination of the colon (or large intestine) by the insertion of a flexible light tipped tube (colonoscope) into the rectum and hence into the colon which allows for direct visualization of the lining of the colon. A colonoscopy is used to diagnose cancer, polyps, inflammation (for example, colitis), causes of bleeding and abnormal questionable x-ray(s) findings. 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 sample tissue ("a biopsy") for examination in the laboratory. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

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 (snare) through the colonoscope and sever the attachment of the polyp to the intestinal wall by 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 may contain cancer. Although the majority of polyps are benign (noncancerous), a small percentage may develop into cancer. Removal of colon polyps, therefore, is an important means of prevention and sometimes a cure of colon cancer, which is one of the leading forms of cancer in the United States.

WHAT TO EXPECT

A colonoscopy may take anywhere from 15 to 45 minutes. You should allow yourself 2 to 3 hours total time at the office/Surgery Center/Hospital. Preparation for the procedure by the nursing staff will take approximately a half-hour. You will be given a gown to wear. We recommend you wear loose fitting clothes the day of your procedure. You are discouraged from bringing valuables with you.

You will be positioned on your left side with your knees drawn up. Intravenous sedation will be given. When the procedure is completed, you will rest until the sedation wears off. Your pulse and blood pressure will be monitored during and after the colonoscopy. You may feel some pressure and fullness in the abdomen after the procedure because the air was introduced to examine your colon.

Your doctor will tell you the results of your colonoscopy. General findings are usually available when sedation wears off. Biopsy results take several days. You will be given instructions before you leave.

RISKS OF THE PROCEDURE

Colonoscopy and polypectomy are safe and associated with very low risks when performed by a physician who has been specially trained and is experienced in these endoscopic procedures. But there is some risk to everything we do from stepping out of the bathtub to driving a car to the doctor's office. Specifically, there is a very slight chance of having an allergic reaction or other reaction to the medication during the procedure. Another complication, which occurs in about 2% procedures, is perforation of the lining of the colon or a tear through the wall of the bowel, which may allow leakage of the intestinal fluid. This complication may require surgery, but is usually managed with antibiotics and IV fluids in most cases. Bleeding may also occur from the site of a biopsy or polyp removal. It is usually minor and stops on its own or can be controlled by cauterization through the colonoscope. Rarely, transfusions or surgery may be required. We would not be suggesting this procedure to you if we felt its risks were higher of not getting the desired information about your colon or carrying out the necessary treatment through the colonoscope. Every possible precaution will be taken to minimize the possibility of the examination.

PREPARATION FOR COLONOSCOPY

It is **EXTREMELY** important that you follow our instructions. Failure to follow these instructions could lead to an unsatisfactory exam, which might have to be repeated.

1. **If you are on medication for high blood pressure or a heart condition, please take your medication on the day of your procedure.** Throughout the preparation period you may continue taking all of your usual medications EXCEPT medicines containing iron or aspirin. These should be stopped one week prior to the examination. If you are on Coumadin or other blood thinners, please notify us immediately so that we adjust or stop this medication before your exam.
2. **Please arrange for someone to drive you home.** Even though you may not feel tired, your judgement and reflexes may not be normal. You **MUST** have someone to drive you home safely; they may bring you to the office, leave and return later.
3. Two days prior to procedure, stop eating fruits and vegetables.
4. At breakfast the day before your procedure, begin a diet composed entirely of clear liquids (NOTHING red or orange) and remain on this diet until after the examination. The diet may include:
 - Water
 - Tea or coffee with sugar, but without milk or cream
 - Jell-O, popsicles, hard candy (do not use red or orange Jell-O)
 - Clear broth, juices, Hi-C drinks
 - Clear non red or orange fruit juices (but no orange, prune or apricot)
 - 7-up or other non-cola's
 - Clear alcoholic drinks in moderation
5. Approximately 5 p.m. on the evening before the exam, begin to drink 8 oz of the 1 gallon of Golytely every 15 minutes until the gallon is finished. (Make sure you drink plenty of liquids the day before your procedure to prevent dehydration.)
6. At around 8p.m. take 4 Dulcolax® tablets.
7. Prior to going to bed that evening., use 1 Fleet® rectal enema .
8. The next morning (day of procedure) at least an hour before your appointment, use 1 Fleet® rectal enema.
9. No liquids past _____ am. You may have a sip of water with your heart or blood pressure medicine.
10. Arrive at the office/Surgery Center/Hospital on _____ at _____ a.m/p.m. Your procedure is scheduled for approximately _____ a.m./p.m.