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Your Colonoscopy is scheduled for _____ at _____.

If your procedure is at **Fairfax Hospital** you must be at the Outpatient Registration Department (Blue entrance – Women’s and Children’s Center) 30 minutes before the Scheduled time of your procedure.

If your procedure is at the **Woodburn Endoscopy Center (WEC)** you must arrive 30 minutes before the scheduled time of the procedure. The **WEC** is located at 3301 Woodburn Rd. Suite 109, Annandale, VA. The Center is located on the first floor.

YOU MUST BRING A DRIVER WITH YOU THE DAY OF YOUR EXAM

If biopsies are taken you will be called with the results approximately 2 weeks after your exam. However, if you have not gotten you results, please call the office in 4 weeks, Monday through Friday between 1:30 and 4:00pm.

****YOU MUST NOTIFY OUR OFFICE IF YOU CHANGE YOUR INSURANCE COMPANY BEFORE THE DATE OF YOUR PROCEDURE****

There is a huge demand for colonoscopic procedures and we may have difficulty scheduling patients as early as they would like because of the limited number of time slots available at the hospital. In addition, this procedure reserves up to one hour of the doctor’s time. Every effort must be made to inform the office of cancellations at least one week in advance. Even with this notice it is very difficult to substitute another patient because of the requirements of the prep and disruption of their schedules. These procedures are scheduled with hospitals, often requiring insurance company pre-approval and therefore consume up to 30 minutes of our scheduler’s time to reschedule procedure dates. Procedure slots that are not utilized further impair our ability to schedule our patients in a timely manner. **Late cancellations should be for true emergencies only.**

You will be medicated for your procedure with either:

- Deep intravenous sedation (for this sedation you may need an anesthesia form)
- Conscious sedation

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Explanation of the procedure and instructions for preparation need to be read now and a week before your exam.

A colonoscopy has been recommended. A long flexible tube (colonoscope) is used to inspect your colon (large intestine) so that diseases, if present, may be identified. Sometimes the examination is carried out to locate and remove polyps. These are usually benign, but occasionally may have a focus of cancer on the surface. These can often be removed at the time of the exam. The only other means for their removal would be surgical intervention.

Proper preparation is **extremely important** for this examination. The colon must be clean and empty for the doctor to make an adequate exam. An inadequate preparation usually means that the exam must be stopped and rescheduled at a later date.

Because these items make it more difficult to clear out the colon, drugs, such as iron and bulking agents (Metamucil, Citrucel, Benefiber, etc.) should not be taken for one week prior to the exam.

Large amounts of fiber in the diet should be avoided (i.e. fresh fruits and vegetables, the skin of potatoes, brown bread) for three days prior to the exam.

Please – no corn or beans for three days prior to the procedure.

You will be on a **clear liquid diet** the day before the colonoscopy which may be continued until 4 hours before the procedure—nothing by mouth after that.

Medications: Remember to mark on your calendar the day you must stop taking certain medications.

- ❖ Avoid aspirin, and anti-inflammatory pills, such as ibuprofen or Aleve and vitamin E for 3 5 7 days prior to the exam.
- ❖ You may take Tylenol (acetaminophen)
- ❖ Please alert the doctor if you are taking **Plavix** or **Coumadin**.

Please alert the doctor if you have an artificial heart valve or previous bacterial endocarditis. If you have mitral valve prolapse or an artificial joint, current guidelines suggest pre-treatment with antibiotics is unnecessary.

If conscious sedation is elected, fentanyl and Versed are given intravenously to relax the patient and make the exam more comfortable. The patient may sleep, but will remain arousable. If you have had any unfavorable reaction to these drugs (especially nausea/vomiting) tell the doctor before the injection is given. The effects of the medication make driving and operating dangerous machinery or tools hazardous until the next day. Propofol is generally used if deep sedation is elected.

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The patient will lie on their left side for the exam. A lubricant is applied around the anus and the colonoscope is passed into the rectum. It is necessary to pass some air through the scope to aid in the exam. This may cause you to feel distended and full. The large intestine is quite tortuous. As the instrument passes around some of these turns, it may cause a transient cramping or a pressure sensation. This is usually relieved as the instrument is straightened. The sedatives help minimize any discomfort.

The exam generally lasts between 20 and 35 minutes. A nurse is present to help the doctor and to monitor the patient. After the exam you will rest for a while in a recovery area until the effects of the medications have subsided and until you have passed much of the air that was pumped in to aid in the exam.

Polyps are removed by either grabbing them with a small forceps or by placing a wire loop around the base of the polyp through which an electric current is passed to cauterize blood vessels while the polyp is removed. You will not feel this current. The polyp is retrieved and examined by a pathologist.

The frequency of complications with a colonoscopy is extremely small. The removal of large colon polyps represents the greatest potential for complications. The only other means of removing these pre-cancerous polyps would be abdominal surgery. Despite the complications that can rarely be seen with polypectomy, surgery represents a greater risk for complications than a colonoscopy with polyp removal, making the colonoscopy the procedure of choice in dealing with colon polyps.

Perforation of the colon occurs in approximately 1 in 2,000 exams. This would likely require a major surgical procedure on the same day to close the perforation. Bleeding from a polyp removal site or biopsy site is another potential complication. It is also unusual, occurring in 0.1% to 1% of patients undergoing polypectomy. Should significant bleeding occur, hospitalization may be necessary. Although most of this bleeding stops spontaneously, transfusions may be necessary before its cessation. If the bleeding does not stop, other measures, including repeat colonoscopy, angiography with therapeutic intervention, and even surgery may be necessary. **Some medications may increase the risk of bleeding following polyp removal and will need to be discontinued prior to the colonoscopy. Vitamin E, Multivitamins, Plavix and Aspirin should be stopped 5 days before the procedure. If you have had bypass surgery or a coronary artery stent, stop the Aspirin only 3 days before the colonoscopy. Anti-inflammatory medications such as Aleve, Advil, Motrin, Ibuprofen should be stopped 5 days before colonoscopy. If joint pain is a particularly bad problem you may continue anti-inflammatory medication until 3 days before colonoscopy. Coumadin should be stopped 4 days before colonoscopy.** If there is any question about medications you are taking, discuss it with your doctor well before the procedure.

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The alternatives to colonoscopy for identifying polyps, cancer or other abnormalities are barium enema x-ray or virtual colonoscopy. These other exams are less sensitive and do not permit biopsy, removal or treatment of lesions, so if any abnormalities are identified, colonoscopy will then be needed. They require similar bowel preparation and have similar discomfort levels. However, the very low complication rate with colonoscopy is even lower with these procedures.

You will be observed for 30 – 45 minutes after completion of the colonoscopy. There may be some crampy abdominal discomfort immediately following the exam, although this usually diminishes as you pass the excess air. It is also not unusual to see a small amount of blood in your stool following polyp removal or biopsy. If substantial pain develops after you leave the endoscopy unit, or if you begin to experience substantial blood loss per rectum, contact me at 703/560-3510 or go to a nearby emergency facility immediately.

Again, I emphasize that the vast majority of patients tolerate this procedure very well. The above information is provided only to increase your medical awareness and enable us to deliver the best medical service to you.

Some degree of apprehension is normal, but the endoscopy staff will try to make your exam as comfortable as possible. Most patients find that the exam is much less unpleasant than they anticipated. If you have any further questions, I will have an opportunity to talk with you before the procedure. You may also visit our website for the answer to many frequently asked questions (FAQ's) at www.novagidoc.com.