

COLONOSCOPY INFORMATION FOR PATIENT

Dr. Ben Adkins
Pullman Family Medicine
915 NE Valley Road
Pullman, WA 99163
509-332-3548

Patient Name: _____

Date of Procedure: _____

Time to Arrive to Hospital: _____ (check in at the Admitting Desk)

Time of Procedure: _____

Location: Pullman Regional Hospital
Same Day Surgery Department
835 SE Bishop Blvd.
Pullman WA 99163 (509)-332-2541

Note: You will need to have a driver to take you home after the procedure because of the effects of the sedation.

COLON PREPARATION INSTRUCTIONS

The procedure takes from 45-60 minutes. The ease and safety of the examination depends upon how clean your large intestine is when the examination is performed. Please adhere to the following instructions:

Five days before your procedure:

It is preferable, but not crucial, to stop **aspirin products** unless you are high risk for heart disease. (Tylenol and NSAIDs are fine). Warfarin (Coumadin) should be stopped for 5 days, but may need to be replaced with Lovenox (discuss this with Dr. Adkins). Other medications should be continued as usual.

One day (24 hours) before your procedure:

1. You may eat a light breakfast and take your usual morning medications.
2. **After Breakfast the day before the examination** you may drink water or have **clear liquids** (soda pop, black coffee, tea, clear fruit juices, Gatorade, Jello, and soup broth are also okay) but no solid food or dairy products until after the procedure.
3. In the afternoon at 4:00 - 5:00 p.m., drink half of the **MoviPrep** (prescription osmotic laxative). Drink one glass every 15 minutes (1 Liter total). Bowel movements will begin in 1-2 hours for most people. During the evening, continue to drink clear liquids to avoid dehydration.

4. Drink the remainder (another 1 Liter) of the prep starting **4 hours before the scheduled procedure time**. (Alternative: Instead of splitting the prep, you may drink the entire 2 Liters the night before the procedure. This may be harder to tolerate for some people)

On the day of your colonoscopy:

Please arrive at Pullman Regional Hospital **60 minutes** before the procedure. Do not eat or drink anything the morning of your exam. (Sips of water are okay)

Continue your oral heart, blood pressure and asthma medications with a sip of water. Use all inhalers as prescribed. Long acting insulin (Lantus, insulin N, basal rate on insulin pump) should be continued normally. **DO NOT** take blood thinners such as aspirin or Coumadin or fast acting insulin (Humalog, Novalog, Regular insulin), or insulin-releasing medications (glipizide, glyburide, Amaryl, DiaBeta).

The colonoscopy usually lasts 20-40 minutes, and you will be sedated for this.

After the procedure:

The nurse will monitor you for about 30 minutes to make sure you are recovering normally. **An adult must drive you home from the hospital.** Since sedatives can have lingering effects for several hours, it would be unsafe to drive after receiving these medications.

If you have questions about these instructions please call: Pullman Regional Hospital Same Day Surgery Department **(509) 336-0287** or the hospital pharmacy at **(509) 336-0254 or 336-0224**, or Dr. Adkins' office at **(509) 332-3548**

Questions about Colonoscopy Screening

Why should we screen for colon cancer?

Colon cancer risk is 6% over a lifetime in people with no family history of colon cancer. The risk if you have a primary relative with colon cancer is 15-18% lifetime. The American Cancer Society recommends screening at age 50 because 25% of adults develop precancerous polyps at that age. Screening should begin earlier in those with a family history. Polyps progress to cancer after an average of 10 years.

How do I know if I am at risk?

Every person has some risk. Some factors that increase your risk include age, meat consumption, alcohol use, smoking, sedentary lifestyle, obesity, removal of the gallbladder, family history of colon cancer/polyps, and many others.

I have no symptoms- do I really need screening if I feel okay?

Constipation, weight loss, and blood in the stool might be symptoms of colon cancer. We recommend screening even if you feel fine, since symptoms may not develop until the cancer has become invasive.

What screening methods are available?

Any one of these methods is acceptable for average risk patients:

1. Stool tests for blood: Annual testing reduces colon cancer death rates by 33%, if every positive test is followed by a colonoscopy to remove polyps.
2. Stool tests for blood annually + flexible sigmoidoscopy every 5 years: This strategy looks at the lower 1/3 of the colon, and is estimated to reduce colon cancer deaths by 55-65%, if every polyp or positive stool test is followed by a colonoscopy to remove polyps.
3. Barium enema every 5-10 years: This strategy is thought to be more effective than flexible sigmoidoscopy, and less effective than colonoscopy, but precise estimates vary.
4. Colonoscopy every 10 years: This strategy is estimated to reduce colon cancer death rates by 75%-90%. In comparison, Pap smears are about 75% effective, mammograms are between 25-50% effective, and PSA testing has unknown effectiveness. Unfortunately, there are no proven effective methods to screen for most other cancers (lung, liver, pancreas, stomach, bladder, ovary, uterus, small intestine, esophagus, etc).

If you have higher risk because of family history of cancer or polyps, blood in the stool, or changing bowel habits, then colonoscopy is considered the only acceptable testing method.

What are the main risks of screening by colonoscopy?

1% of patients have reactions to the sedatives. These are usually minor, and include over sedation, nausea, vomiting, hiccups.

0.2% of patients have a perforation, or a tear in the colon wall. This risk is higher if you have an emergency procedure done, have an inadequate prep, are over the age of 75, have severe diverticulosis, or you have multiple large polyps removed. A perforation would require repair via open or laparoscopic surgery as soon as it is found, since it can lead to infection.

0.1% of patients have a bleeding complication that requires additional cautery or even a second colonoscopy. This is usually from removal of a large polyp.

Missed lesions: Colonoscopy is thought to be an effective method of screening. Colon polyps and cancers can be missed, especially if they are within the wall, behind a fold, or develop in the interval between colonoscopies. The overall effectiveness is between 75%-90% at preventing colon cancer deaths.

Anatomic barriers to full colonoscopy: In about 5% of people the very end of the colon cannot be reached because of the length or shape of the colon.

How is the procedure done?

The procedure is done at PRH in the Same Day Surgery Department. You will do a colon prep to clean out the intestinal tract (see separate instructions) the day before the procedure. During the colonoscopy you will be given intravenous sedatives to help you relax or sleep. A flexible fiber optic scope is inserted into the colon and used to examine each segment of the colon wall. The length of colonoscope is 1.5 meters (about 5 feet), and the total duration of the procedure is usually 20-40 minutes.

What follow-up will I need?

As soon as the procedure is finished, Dr. Adkins will discuss the findings with you. If biopsies were taken, the results should be available in about a week.

If the colonoscopy is normal, you should have repeat colon cancer screening in 10 years. If polyps are removed, followup will be recommended for 3-7 years, depending on the type of polyps.

How do I schedule the procedure?

Call our office at 332-3548 and Silvia will schedule the procedure for you. Colonoscopy times are Monday mornings and Friday mornings, and are usually available within 3-4 weeks.

If you have questions, please call Pullman Family Medicine 509-332-3548 for more information.