

COLONOSCOPY AND POLYPECTOMY

What you need to know before your procedure

Please report to the registration desk in the Endoscopy Unit, Level 0 of St. Joseph's Hospital – Grosvenor Entrance 2 on Grosvenor Street.

On: _____

Arrive at: _____

Doctor: _____

- 1) Sedation will be used so please arrange for a family member or friend to accompany you home. **YOUR DRIVER MUST REMAIN IN HOSPITAL DURING YOUR STAY. IF YOU DO NOT HAVE SOMEONE TO ACCOMPANY YOU YOUR TEST WILL HAVE TO BE CANCELLED.** You may be ready for discharge 1-3 hours after arrival. You must not drive or operate machinery for at least 12 hours after sedation.
- 2) If you require assistance with personal care, please arrange for someone to be with you.

*Please bring a list of ALL medications *Please leave all jewelry at home

*Please do not wear any perfumes/colognes

Your Medications

- Stop iron pills 7 days prior to the procedure
- If you are taking PLAVIX (clopidogrel) or TICLID (ticlopidine) contact your family physician or the specialist who placed you on the medication at least one week before your appointment to discuss whether it is SAFE for you to stop these medications in preparation for your procedure. If SAFE stop these medications one week prior to your procedure. If it is not SAFE for you to stop the medications contact the physician who is doing the procedure.
- If you are taking anticoagulants (blood thinning medication eg. Coumadin/warfarin fragmin (Dalteparin), Pradax (Dabigatran), low molecular weight heparin), contact your doctor who is doing your procedure at least one week before your appointment to discuss the dosages and arrangements to come in early for a blood test the day of the procedure if necessary.
- If you are taking Insulin or other medication for diabetes, discuss with your family doctor the dosages to be taken the day of your procedure.
- All medications other than those mentioned above can be taken as usual.

Prior to the day of your appointment, notify the doctor who will be doing your procedure if you have a Pacemaker, Implanted Cardiac Defibrillator or other Implanted Electronic Devices.

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How to get ready

Purchase from your pharmacy: 3 envelopes/sachets of Pico Salax (PURG-ODAN)*Follow these instructions, not package insert

DAY PRIOR TO PROCEDURE

- You may only have clear fluids the day prior to your procedure and continue until two hours before your procedure. Drink as much clear fluid as you can tolerate. Mix each envelope/sachet with 6 oz of cold water. Solution may heat up. Wait for it to cool, and then drink. Cramps and diarrhea are expected so stay close to a toilet.

Take 1st envelope/sachet @ 3:00 PM

Take 2nd envelope/sachet @ 7:00 PM

DAY OF PROCEDURE

- Take 3rd envelope/sachet @ 5:00 AM or 6:00 AM
- Continue to DRINK AS MUCH CLEAR FLUID AS YOU CAN UP TO TWO HOURS BEFORE YOUR PROCEDURE AND THEN STOP DRINKING. This helps the cleansing effect and helps to avoid dehydration. ie. juice, black tea/coffee, consommé, Jell-O, popsicles, Kool-Aid, soft drinks and water. Gatorade is recommended.
- NO MILK, ORANGE JUICE OR RED coloured liquids.
- No food with seeds one week prior

If you have problems tolerating the bowel prep, notify the doctor's office for further instructions.

If you have a history of kidney disease or congestive heart failure, please contact your doctor for further instructions.

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What is a colonoscopy?

A colonoscopy is the insertion of a long flexible tube, about the thickness of a finger. It is inserted into the rectum and into the large bowel (colon) and allows the doctor to carefully examine the lining of the colon. Abnormalities suspected by x-ray can be confirmed and studied in detail. Abnormalities which are too small to be seen on x-ray may be identified.

If the doctor feels that it is necessary, he can pass an instrument through the colonoscope and take a small piece of tissue (a biopsy) for examination in the laboratory. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What is a polypectomy?

During the colonoscopy, 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 necessary, he will pass a wire loop (snare) through the scope and remove the polyp from the bowel wall by means of an electric current. 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 contain an area of cancer in them or may develop into cancer. Removal of colonic polyps, therefore, is an important means of prevention and cure of colon cancer.

What should you expect during the procedure?

Your doctor will give you medication through a vein to make you relaxed and sleepy. While you are lying in a comfortable position, the colonoscope will be inserted into the rectum and gradually advanced through the colon. The lining of the colon will be examined. The colonoscope will then slowly be withdrawn while the colon is again carefully examined. There may be some discomfort during colonoscopy, however, the procedure is usually well-tolerated. Many patients even fall asleep during the examination.

What happens after the colonoscopy?

You will be kept in the endoscopy unit until most of the effects of the medication have worn off. You may feel bloated as a result of the introduction of air into the colon during the examination.

You will be able to resume your usual diet after the colonoscopy unless instructed otherwise. If a polyp has been removed, your doctor may wish your diet to be limited for a while before returning to your regular diet.

Why is a colonoscopy necessary?

Colonoscopy is a valuable tool for the diagnosis and treatment of many diseases of the large bowel. Abnormalities suspected by X-ray can be confirmed and studied in detail. The cause of symptoms such as rectal bleeding or change of bowel habits may be found by colonoscopy. It is also useful for diagnosis and follow-up of patients with inflammatory bowel disease.

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Colonoscopy's greatest impact is probably in its contribution to the control of colon cancer by polyp removal. Before colonoscopy became available, major abdominal surgery was the only way to remove colonic polyps to see if they were cancerous. Most polyps can now be removed easily and safely without surgery.

Periodic colonoscopy is a valuable test for follow-up of patients with previous polyps or colon cancer, and as a screening tool for people at risk of colon cancer.

Colonoscopy is a safe and extremely worthwhile procedure which is very well-tolerated. The decision to perform this procedure was based upon assessment of your particular problem. If you have any questions about your need for colonoscopy, do not hesitate to speak to your doctor.

Are there any complications from colonoscopy and polypectomy?

Colonoscopy and polypectomy are safe and associated with very low risk when performed by physicians who have been specially trained and are experienced in such procedures.

One possible complication is perforation in which a tear through the wall of the bowel may allow leakage of intestinal fluids. This complication usually requires surgery but in some cases may be managed with antibiotics and intravenous fluids.

Bleeding may occur from the site of a biopsy or polyp removal. It is usually minor and will stop on its own. It can be controlled by cauterization (application of electrical current) through the colonoscope. In very rare cases, transfusions or surgery may be required.

Localized irritation of the vein may occur at the site of medication injection. A tender lump may develop and remain for several weeks to several months but will eventually go away.

Other potential risks include drug reactions and complications from unrelated diseases such as heart attack or stroke. Death is extremely rare but remains a remote possibility.

If you experience problems please contact the office of your physician through the hospital switchboard at 519-646-6000.

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