

WHAT YOU SHOULD KNOW ABOUT A COLONOSCOPY

Colonoscopy is a safe, effective way of examining the lining (mucosa) of the colon and rectum. The colonoscopy is performed using a colonoscope which is a long, flexible tube connected to a video camera. It allows the doctor to look for abnormalities and perform biopsies. It is also possible to remove polyps (polypectomy). Colonoscopy is done on an outpatient basis with minimal discomfort and inconvenience.

WHO SHOULD HAVE COLONOSCOPY?

Most colonoscopies are done to screen for colorectal cancer. This exam is also recommended if you have a change in your bowel habit or bleeding which may indicate a problem in the colon or rectum. Sometimes the procedure is also done if you have an imaging or stool test that suggests you may have a polyp or abnormality with your colon or rectum.

COLONOSCOPY IS NECESSARY TO:

- Check unexplained abdominal symptoms (pain, bloating)
- Check inflammatory bowel disease (Ulcerative colitis, Crohn's disease)
- Verify abnormal findings on a barium enema x-ray
- Examine patients who test positive for blood (Hemoccult test) in the stool
- Monitor patients with a past history of colon or rectal polyps or cancer
- Screen those with a family history of colon or rectal polyps or cancer

WHAT CAN BE EXPECTED DURING COLONOSCOPY?

The day before the procedure, the colon must be completely cleaned of all feces. The preparation is detailed on a separate instruction sheet. During the procedure, you will receive medication through a vein to relax you and help you tolerate any discomfort you may experience. You will be lying on your side while the colonoscope is inserted through the anus and advanced through the entire colon. The exam usually takes about 30 minutes. The procedure is well tolerated and rarely causes much pain. Some can experience a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. After the exam, you may feel bloating which will improve with the expulsion of gas. You can resume a regular diet later in the day. You may return to work the next day.

WHAT IF AN ABNORMALITY IS FOUND?

The doctor will remove polyps, do biopsies, or take photos of abnormalities as necessary. Polyps, for example are generally removed. They can be removed by burning (fulgurating) or by a wire loop (snare). Repeat colonoscopy may be required to remove the polyps if they are numerous or very large. If an area requires more detailed evaluation, a biopsy is obtained and submitted to the pathologist for analysis. This is done by placing a special instrument through the colonoscope to sample the lining of the colon. Both removing the polyp and sampling the lining are painless. Our office will call you when we have the pathology results which can take 1-2 weeks.

WHAT ARE THE POTENTIAL COMPLICATIONS OF COLONOSCOPY?

Colonoscopy is usually safe, but there is a small risk of:

- Bleeding 0.7%
- Perforation (making a hole in the colon) 0.3%
- Phlebitis (inflammation of the IV site)
- Reaction to the sedative

WHAT ARE THE BENEFITS OF COLONOSCOPY?

Colonoscopy detects and permits removal of most polyps without abdominal surgery. Colonoscopy is far more accurate than other screening methods for detecting polyps and may prevent colon cancer by enabling the removal of precancerous lesions.

KEEP IN MIND

If a polyp was removed, you should avoid aspirin containing medications for 2 days to prevent bleeding. You must have someone pick you up after the exam because you will have received sedation.

EXPECTED SYMPTOMS AFTER COLONOSCOPY

1. A mild to moderate amount of abdominal cramping
2. A mild to moderate amount of abdominal distention or bloating
3. Occasional intermittent nausea for the first 24 hours
4. Some rectal bleeding (less than half a cup daily) for up to a week after the procedure
5. Lightheadedness and/or sleepiness for the first 4-5 hours after the procedure (from the sedation medication)
6. Generalized malaise or feeling tired for 24 to 48 hours after the procedure

ABNORMAL SYMPTOMS AFTER COLONOSCOPY

1. Persistent and severe abdominal pain or cramping
2. A "rigid" abdomen
3. Severe abdominal distention
4. Inability to pass gas
5. Temperature greater than 101.5 degrees
6. Persistent nausea and vomiting
7. Rectal bleeding of more than half cup daily
8. Moderate amounts of bleeding or passage of clots that do not subside 5 to 7 days after the procedure.

If any of these ABNORMAL symptoms occur, please call the office. Even if it is after office hours, your call will immediately be forwarded to the doctor on call.

MEDICATIONS TO STOP BEFORE YOUR PROCEDURE

If you are taking medications that thin your blood or affect your risk of anesthesia you need to stop this before the procedure. Below is a list of medications.

*****If you have any questions about your situation, please contact our office.**

Medication <i>Generic name (brand name)</i>	Duration to hold prior to your procedure
Coumadin (Warfarin)	5 days
Rivaroxaban (Xarelto)	2 days
Apixaban (Eliquis)	2 days
Clopidogrel (Plavix)	5 days
Aspirin	7 days
Enoxaparin (Lovenox)	24 hrs
Semaglutide (Ozempic, Wegovy, Rybelsus)	2 weeks
Tirzepatide (Mounjaro, Zepbound)	2 weeks
Albiglutide (Tanzeum)	2 weeks
Lixisenatide (Adlyxin)	2 weeks
Exenatide (Byetta, Bydureon-Bcise)	2 weeks
Dulaglutide (Trulicity)	2 weeks
Liraglutide (Saxenda, Victoza)	2 weeks
Edoxaban (Savaysa)	2 days
Dabigatran (Pradaxa)	2 days
Prasugrel (Effient)	5 days
Ticagrelor (Brilinta)	5 days