

Colonoscopy



Archbold Gastroenterology

Description

During a colonoscopy, your doctor examines your large intestine and rectum using a long, flexible tube equipped with a small camera and a bright light source. Your physician will be able to identify growths (ex.: polyps), lesions, strictures and other abnormalities of your colon wall. In most cases polyps can be removed during the procedure, tissue sample can be collected (and send to pathology) and bleeding can be treated.

Screening colonoscopies

According to the American Cancer Society, in the United States, colorectal cancer is the third-leading cause of cancer-related deaths in men and the fourth leading cause in women. If you are at average risk for colon cancer, your first screening colonoscopy is recommended when you reach 45 years of age. If you have a family history of colon cancer or certain genetic conditions, your doctor may consider ordering the procedure sooner.

Preparation

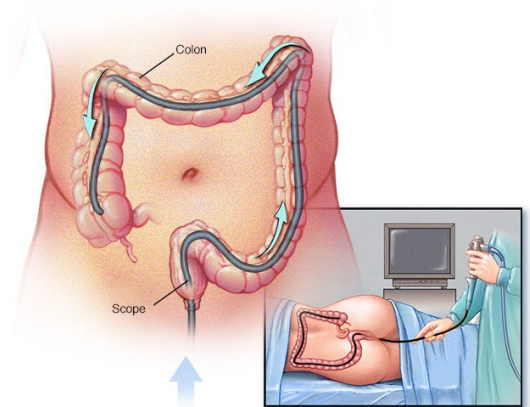
- Read your colon prep instruction 7 days prior to your test and follow them carefully.
- Pick up your laxative several days before your colonoscopy and follow your diet instructions.
- Please make sure to follow your provider's instruction regarding your medication.
- Always bring a current list of all your medication
- Bring your identification and insurance card
- Leave all your valuables at home
- **Arrange for an adult to drive you home and look after you for 24 hours.**

Procedure and discharge

After check-in, our nurses will take you to the pre-op area as soon as a bay becomes available. You will be seen by your gastroenterologist and anesthesiologist. Our nurses will cover you with warm blankets, ask you questions regarding your health history and start your IV. When your intra-op team is ready for you, you will be taken to the procedure room. Your anesthetist will give you sedation prior to procedure start. The great majority of patients sleep through the entire test.

After the procedure you will wake up in the recovery room. You will likely feel sleepy and may be slightly unsteady. You may have a sensation of fullness and a mild gas pains. You may have to expel the gas we introduced during the procedure. Post-procedure nausea is possible but unlikely. Your gastroenterologist will go over findings with you and your family. Your nurse will give you discharge instructions including signs and symptoms of infection, bleeding and other emergencies.

When you are ready for discharge, your care taker will pull the car into the discharge area and your nurse will take you out in a wheelchair. After departure, you will likely be able to resume your regular diet. You may resume regular activities the day after your test.



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

Diet instruction prior to your colonoscopy

These instructions are for a **STANDARD** colon cleanse. If your doctor gave you instructions for an **EXTENDED PREP**, you receive additional instructions.

Diet starting 3 Days before your test

<p>WHAT NOT TO EAT STARTING 3 DAYS BEFORE </p> <p>Stop eating high fiber foods like popcorn, beans, nuts, seeds, whole grain- or multi-grain breads or cereals, raw vegetables or fruits.</p> 	<p>WHAT TO EAT STARTING 3 DAYS BEFORE YOUR COLONOSCOPY (low fiber foods like white bread, mashed potatoes, etc.) </p>  <p>These foods are ok to eat days & 2 days before your test</p>
---	--

Diet 1 Day before your test (**NO SOLID FOOD**)

<p>WHAT NOT TO EAT 1 DAY BEFORE YOUR TEST & ON THE DAY OF YOUR TEST</p> <p>Do not eat any solid food, cloudy drinks or milk or red or purple fluids.</p>  <p>No bread, fruit, veggies, or eggs</p> <p>No meat of any kind</p> <p>No cloudy juices</p> <p>No Cereal, cream or mi</p> <p>No red or purple drinks or popsicles</p>	<p>WHAT TO EAT 1 DAY BEFORE YOUR TEST & ON THE DAY OF YOUR TEST</p>  <p>Clear broth and clear tea are ok</p> <p>Hard candy, honey and sugar are ok</p> <p>Popsicles and jello are ok</p> <p>Clear juices are ok</p> <p>Clear sodas and water are ok. Drink plenty of fluids to clean your colon and stay hydrated!</p>
---	---

How to take the laxative your doctor ordered: *click on the name of your laxative*

NEVER FOLLOW THE DIET INSTRUCTIONS OF YOUR PREP PACKAGING!

[Golytely](#)

[Sutabs](#)

[Extended prep](#)

[Suprep](#)

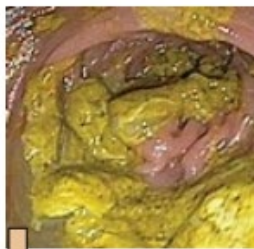
[Miralax prep](#)

Why is the colon prep important?

Poor PREP!



Your doctor cannot see the wall of your colon! What is hiding underneath?



Just like driving in heavy fog



Great Prep!



Your doctor will be able to see polyps, ulcers or other abnormalities!



Just like driving on a sunny day



Procedure and discharge

After check-in, our nurses will take you to the pre-op area as soon as a bay becomes available. You will be seen by your gastroenterologist and anesthesiologist. Our nurses will cover you with warm blankets, ask you questions regarding your health history and start your IV. When your intra-op team is ready for you, you will be taken to the procedure room. Your anesthesiologist will give you sedation prior to procedure start. The great majority of patients sleep through the entire test.

After the procedure you will wake up in the recovery room. You will likely feel sleepy and may be slightly unsteady. You may have a sensation of fullness and a mild gas pains. You may have to expel the gas we introduced during the procedure. Post-procedure nausea is possible but unlikely. Your gastroenterologist will go over findings with you and your family. Your nurse will give you discharge instructions including signs and symptoms of infection, bleeding and other emergencies.

When you are ready for discharge, your care taker will pull the car into the discharge area and your nurse will take you out in a wheelchair. After departure, you will likely be able to resume your regular diet. You may resume regular activities after your test.