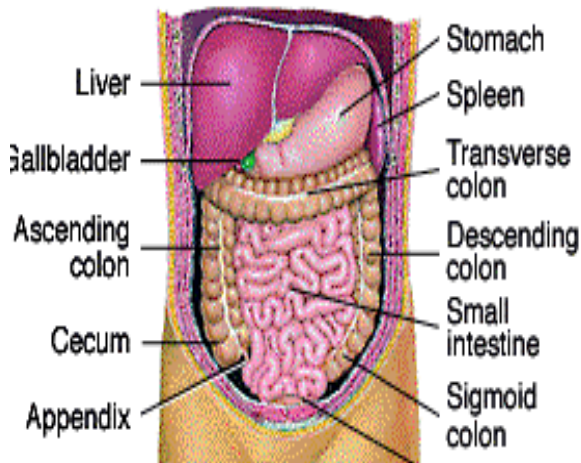


## *What is Colonoscopy*

**Colonoscopy is a procedure that uses a flexible tube to view the inside of your colon. It requires a preparation of the bowel to allow optimal visualization. It is generally performed under sedation to avoid significant discomfort. Your doctor may have recommended this procedure as part of a colon cancer screening program or in response to symptoms you have been experiencing.**



Your procedure has been scheduled for

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

You have an In Office pre-op appt. on \*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

You have a Hospital Pre-Op on \*

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ at \_\_\_\_\_

\* Bring a current list of your medications to this appointment

*William H. Gentry, MD FACS*



COMMITTED TO EXCELLENCE

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# COLONOSCOPY

WHAT YOU NEED TO  
KNOW



# Reasons for Colonoscopy

**Colonoscopy** is indicated for the screening of cancerous and pre-cancerous lesions, evaluation of signs or symptoms of lower GI disease and to treat certain diseases of the lower GI tract

**Screening:** Colon cancer is the second leading cause of cancer in the United States. Because treatment is more effective in early stages, screening is begun before the onset of any symptoms. In fact because most colon cancers arise from non cancerous polyps, early detection of these pre-cancerous lesions offers the most effective treatment of colon cancer—namely prevention.

**Diagnosis:** When colonoscopy is performed because of signs of disease or because of symptoms, it is referred to as a diagnostic colonoscopy. Important signs include the presence of blood in the stool or a low blood count on routine lab work referred to as anemia. When abnormal findings are encountered, biopsies can be obtained for pathologic diagnosis.

**Treatment:** The colonoscope can be used to remove polyps and even some early cancers, control bleeding and enlarge narrowed areas. These can usually be performed at the time of a diagnostic or screening colonoscopy.

## RISKS OF COLONOSCOPY

Just about every procedure or test in medicine has known and unknown risks. While colonoscopy is generally quite safe, complications have been known to occur. These may be related to the underlying disease process or to the procedure itself and may include bleeding, perforation, the inability to complete the procedure and missed pathology. While these potential risks are quite rare they do need to be considered in deciding to proceed with any procedure.

**Sedation:** The use of IV sedation allows this procedure to be accomplished with a minimal discomfort to you. Since it involves the use of medications with side effects that are dependent upon dose and individual sensitivity, special training in their use is required. The most significant side effects include cardiac arrhythmias, respiratory arrest, and nausea. Because of this your heart and respiratory function are closely monitored during the procedure.

## ALTERNATIVES TO COLONOSCOPY

While there are other ways to study the colon, none are equivalent in all aspects

**Flexible sigmoidoscopy** - this is an abbreviated form of colonoscopy and evaluates only the left side of the colon.

**Barium Enema** - this is an X-ray study that requires the same bowel preparation as colonoscopy but usually does not involve sedation. It is less sensitive at identifying diseases of the lining of the colon than colonoscopy and does not provide the ability to treat.

**Virtual Colonoscopy**—A newer although still investigational tool used for colon screening. It currently requires the same preparation of the colon as a colonoscopy. While it may eventually hold promise, it

currently is not as accurate as colonoscopy and still requires a colonoscopy if a polyp or cancer is identified.

## PREPARATION FOR COLONOSCOPY

**The day prior to your colonoscopy, your diet needs to be limited to Clear Liquids.Only.** You have been prescribed a bowel cleansing preparation. \* The preparation of the colon is necessary for a complete exam of the colon. Following this you should begin having several bowel movements which will eventually become clear to yellow.

You should then have nothing by mouth after midnight prior to the procedure.

**If you take Aspirin, this will need to be held for 1 week prior to the endoscopy. If you are taking Coumadin or Plavix, specific instructions will be given to you.**

\***Bowel Prep** -Bisacodyl 5mg take 4 tablets by mouth about noon the day prior to colonoscopy. After 4 hours, start Nu-lytely. Mix Nu-lytely 4 liters, but drink only 2 Liters. If you are not cleaned out, you may drink the remaining 2 Liters of the Nu-Lytely.

**NOTE:** If you have difficulty with constipation, it may be helpful to increase your fluid intake several days before the bowel prep and to begin taking a stool softener such as Colace 100mg twice a day with a large glass of water beginning about four or five days before starting your bowel prep.

Following your colonoscopy you can expect to pass a significant amount of gas. This is normal. If you should begin to develop nausea, vomiting, or increased abdominal pain, please call the office and I will be notified. In the event I am unavailable there will be a surgeon on call or you will be referred to the

### CLEAR LIQUID DIET

- \*Jello (avoid red Jellos) \*Popsicles
- \* Water \* Broth
- \* Fruit juice \* Clear colored Sodas
- \* Tea, Coffee - no milk added