

FAIRFAX COLON & RECTAL SURGERY, P.C.

DONALD B. COLVIN, M.D., F.A.S.C.R.S.

PAUL E. SAVOCA, M.D., F.A.S.C.R.S.

LYNDA S. DOUGHERTY, M.D., F.A.S.C.R.S.

DANIEL P. OTCHY, M.D., F.A.S.C.R.S.

LAWRENCE E. STERN, M.D., F.A.S.C.R.S.

JOSEPH C. MULLER, M.D., F.A.C.S.

COLORECTAL/ANORECTAL SURGERY, COLONOSCOPY, ANORECTAL PHYSIOLOGY

INFORMATION FOR PATIENTS PREPARING FOR COLONOSCOPY

COLONOSCOPY

A procedure on a clean, prepared colon using a flexible scope with a video camera to visualize the entire colon (also known as the large intestine) and possibly the last part of the small intestine. This is done to examine the inner lining of the bowel to discover growths such as colon cancers or polyps or to evaluate for other sources of bleeding. It also allows for treatment such as removal of polyps, biopsies of unusual areas or control of bleeding.

LENGTH OF THE PROCEDURE

The procedure usually lasts from 20-30 minutes but can take longer if polyps are present, if the colon is excessively long or twisted, or if excessive scar tissue exists. The extent of time required from check-in to check-out is approximately 2 hours.

AWARENESS DURING PROCEDURE

The procedure is usually done with anesthesia either moderate “conscious” sedation (“twilight”) where you may fall asleep but are easily aroused or a deeper sedation with IV anesthesia with an anesthesiologist present. Which anesthesia given depends on a variety of issues including medical history and past experience with anesthesia. You may experience some cramping or “gassiness” during the procedure or after.

PREPARATION

You should receive instructions for preparing your colon in the office when discussing the procedure with your physician. There are a variety of bowel preparations available. The one recommended by your surgeon will depend on variety of factors, including patient preference. This can be discussed with the surgeon at the time of your initial visit. Copies of the various bowel preparations used are available on this website.

- No food or drink should be taken after midnight.
- If your procedure is before 12:00 noon then you can not have anything to eat or drink after midnight.
- If your procedure is after 12:00 noon you may have sips of water up until 6 hours before your procedure.

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You should also avoid blood thinning medication starting a week BEFORE the procedure and should continue a week after the procedure if biopsies or polyp removal have occurred. Most medications can be taken even the morning of the procedure with a sip of water except for blood thinning medications. You should always check with your primary care physician first before altering any medication. Medications that should be avoided include aspirin, ibuprofen, Motrin, Advil, Celebrex, Coumadin, Plavix, and other medications in similar drug classes as well as vitamins and herbal supplements.

AFTER THE PROCEDURE

You cannot drive home after the procedure due to the IV sedation and should not drive that day. You must make arrangements to have someone there to take you home after the procedure. Even if you want to take cab home you MUST have someone with you that will be responsible for you. This is a hospital and surgery center policy and they will not allow you to go through the procedure without a responsible person to accompany you home.

You can expect to be able to return to work the following day. You should avoid going out of town after the procedure for several days due to delayed symptoms that can occur after a rare complication.

COMPLICATIONS

Complications uncommonly occur. These will be discussed with you by your surgeon during the office visit prior to the procedure. If a complication does occur it will be treated and managed by your surgeon. This could require hospitalization, medication, additional procedures, blood transfusion or surgery. (The post colonoscopy discharge instruction sheets will advise you on events to look out for once you return home.)

ALTERNATIVES

Alternatives to Colonoscopy include sigmoidoscopy (looks at lower colon), Barium enema (radiology study) and 3-D virtual colonoscopy (CT scan study-not yet endorsed by the American College of Surgeons) which are typically discussed in the office with your physician. Video Capsule endoscopy is a study for the small intestine not for the colon.

RESULTS AND FOLLOW-UP

Visual results will be given immediately both verbally and written. Results will be discussed with you and to whom you direct. You may not remember clearly after the anesthesia so it is helpful to be able to discuss results with family members waiting for you. Pathology results will be available after 10 days and you are usually contacted by our office. If you have not heard about the results after 10 days, then contact the office for your results. A report should be sent to your

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referring physician. If they do not receive one let us know and we will be happy to send them one.

After a routine colonoscopy, an office follow-up is not usually necessary. If you would like a follow-up appointment or other issues are involved, then schedule a follow-up office appointment.

Your next recommended colonoscopy is usually based on family history, findings at the time of colonoscopy, pathology results or other risk factors.

INSURANCE

Colonoscopies are almost always covered by insurance companies. The procedure will be pre-certified by our office if your insurance company requires pre-certification. You may still be responsible for a deductible or co-payment. Certain insurance companies have restrictions on specific anesthetic agents that may be used for your procedure. It is always safest for you to check with your insurance company to eliminate doubts and unexpected charges.

ADDITIONAL INFORMATION

www.fascrs.org

www.aca.org

Feel free to call the office for additional information or with any questions.