

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.

KIMBERLY A. MATZIE, M.D.

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 fiber optics to visualize the entire colon (also known as the large intestine) for colon cancer screening and possibly the last part of the small intestine. 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. If your procedure is a follow up from a previous colonoscopy the preparation will be mailed to you by the surgery scheduler. 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 our website, [www.fairfaxcolorectal.com](http://www.fairfaxcolorectal.com). WE recommend you read the directions for the preparation at least one week ahead of time as there may be changes to your diet and medication that need to be made a week in advance. Follow the directions for the preparation strictly in order to ensure an adequate clean out of the colon.

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 from the hospital. Even if you want to take cab home you MUST have someone with you that will be responsible for you. This is a center policy and we will not allow you to go through the procedure without a responsible person to accompany you home. This person must be prepared to stay in the facility the duration of your procedure. 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. If one does occur it will be treated appropriately. This could require hospitalization, medication, additional procedure, blood transfusion or surgery. (Center 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 referring physician. If they do not receive one let us know and we will be happy to send them one.

After a routine colonoscopy, 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**

### **Insurance Coverage for Colonoscopy –Determining What You Might Owe**

All insurance carriers have rules about your financial responsibility for a colonoscopy based on whether it is considered a “**screening**” or “**diagnostic**” procedure, and based on whether the physician finds anything during the procedure.

A “**screening colonoscopy**” is a procedure performed on a patient with no current symptoms. Screening colonoscopies are considered either low/average risk or high risk depending on personal or family history of polyps or colon cancer. Some insurance companies pay 100% of all screening colonoscopies, regardless of risk. Others will only pay 100% of the low/average risk screening colonoscopies.

A “**diagnostic colonoscopy**” is a colonoscopy that is performed in order to explain a patient’s current signs or symptoms, either as observed in the office or reported to the physician.

All colonoscopies are done to check for colon cancer or polyps. If the physician finds/removes a polyp or performs a biopsy during your procedure, it may impact your financial responsibility, based on your insurance companies rules. We are contractually and legally required to report any and all of our findings, as well as the initial reason for scheduling your procedure. We can not, therefore, schedule your colonoscopy as a “screening” simply to help you avoid paying deductibles, co-pays or co-insurance, nor can we fail to report any findings made during your colonoscopy. To do so is considered fraudulent and could subject us to fines, penalties and loss of our contract(s).

We ask each patient to be responsible for knowing their carriers’ rules and to understand and respect our responsibility to code and report honestly. We thank you for your understanding as we strive to provide you with the best care possible.

### **ADDITIONAL INFORMATION**

[www.fascrs.org](http://www.fascrs.org)

[www.aca.org](http://www.aca.org)

[www.fairfaxcolorectal.com](http://www.fairfaxcolorectal.com)