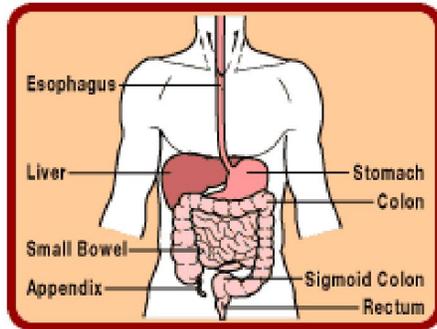

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COLONOSCOPY

Colonoscopy is a procedure that enables your surgeon to examine the lining of the rectum and colon. It is usually done in the hospital or an endoscopic procedure room. A soft, bendable tube about the thickness of the index finger (colonoscope) is gently inserted into the anus and advanced into the rectum and the colon.

It is usually done as part of a routine screening for cancer, in patients with known polyps or previous polyp removal, before or after some surgeries, to evaluate diarrhea, bleeding, or colitis.



WHAT PREPARATION IS REQUIRED?

The rectum and colon must be completely emptied of stool for the procedure to be performed. In general, preparation consists of consumption of a strong laxative the day before the procedure. (See back page). Follow the instructions carefully. If you do not complete the preparation, it may be unsafe to perform the colonoscopy and the procedure may have to be rescheduled. If you are unable to take the preparation, contact your surgeon.

Most medications can be continued as usual. Drugs such as aspirin, non-steroidal anti-inflammatory, blood thinners and insulin are examples of

medications whose use should be discussed with your surgeon prior to the examination. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also



Video Colonoscopy

require antibiotics prior to colonoscopy as well.

WHAT CAN BE EXPECTED DURING COLONOSCOPY?

The procedure is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. Your surgeon will give you medication through a vein to help you relax and better tolerate any discomfort that you may experience. You will be lying on your side or your back while the colonoscope is advanced through the large intestine. The lining of the colon is examined carefully while going in and while the instrument is withdrawn. The procedure usually lasts for 15 to 60 minutes. In rare instances the entire colon cannot be visualized and your surgeon could request a barium enema.

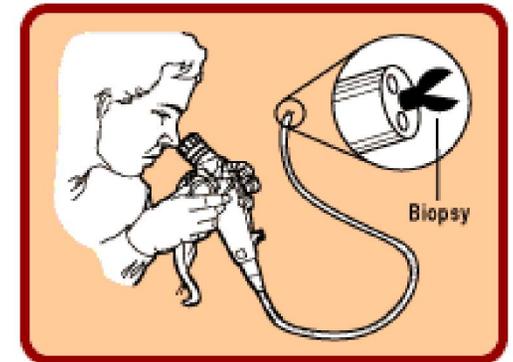
What if the colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a

sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, the biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What are polyps and why are they removed?

Polyps are abnormal growths from the lining of the colon, which vary in size from a tiny dot to several inches. The majority of polyps are benign



(noncancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

How are polyps removed?

Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy.

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What happens after a colonoscopy?

After colonoscopy, Dr. Pleatman will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure, your judgment and reflexes may be impaired by the sedation for the rest of the day, making it unsafe for you to drive or operate any machinery.

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy, but your doctor may restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying hot packs or hot moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact Dr. Pleatman if you notice any of the following

symptoms: severe abdominal pain. fever and chills, or rectal bleeding of more than one-half cup. Bleeding can occur several days after polypectomy.

Preparation Instructions:

Purchase one bottle of Miralax 238 gm, 4 tablets of Bisacodyl 5 mg (Dulcolax), and 64 ounces of Gatorade (not red, orange, or purple). Both medications are available over-the-counter.

One Day Prior to Examination

1. You may have a regular breakfast. After breakfast you may only have clear liquids such as water, clear soups, broth, Jello, Kool Aid, coffee, tea, carbonated beverages, fruit juices without fibrous material or pulp. **DO NOT** eat or drink milk or milk products, orange juice, red Jello or red Kool Aid . No alcohol.
2. At noon, take 2 Dulcolax tablets along with a glass of water.
3. At 3:00 PM take 2 more Dulcolax tablets along with a glass of water.
4. At 6:00 PM or earlier, mix a 238 gm bottle of Miralax with 64 ounces of Gatorade, and drink one 8 ounce glass every 15-20 minutes until finished.
5. Try to drink the solution over a 2 hour period. If you become nauseated, slow down and take a break, then restart as soon as possible.
6. Have nothing to eat or drink after midnight.

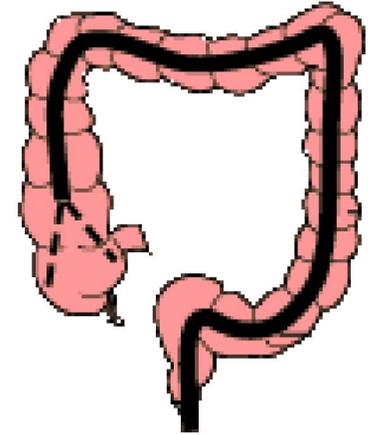
Day of Examination

You will be receiving sedation for the procedure, so you will not be able to drive yourself home. Make sure to bring somebody with you who can drive you home. This is very important! If you do not have a driver, the procedure may have to be cancelled!

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Colonoscopy



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