

Procedures Performed At
Mid Coast Digestive Health Center
121 Medical Center Drive **Suite 3600**
Brunswick, ME 04011

IMPORTANT NOTE TO OUR PATIENTS

Our office has a 3 cancellation policy. If you should cancel, reschedule or not show for a procedure or office visit for a third time we will ask that you seek another gastroenterology provider. Due to the high demand and difficulty scheduling and coordinating our services we do have to enforce this policy in order to provide quality care to the community.

Thank you for your understanding.

Important Information Regarding Your Health Insurance

You have been scheduled for a Colonoscopy. Not all insurance policies will cover this procedure. Unless you are absolutely certain that your insurance policy will provide coverage, we ask that you contact your insurance company directly to be sure that the procedure will be covered.

It has been our experience that coverage may vary. Coverage depends on how your particular policy is written. For example, this may include the reason for the procedure (i.e. Preventative or Diagnostic) and whether or not prior authorization is needed from your insurance company. There may also be applicable deductible and/or co-insurance.

We cannot stress enough the importance of assuring that the cost of the colonoscopy will be covered by your insurance company prior to having the procedure done. In the event that this service is not covered, you are responsible for payment.

We understand the timing of the Colonoscopy preparation will be inconvenient. However it is our goal to provide the highest quality procedure. Meticulous colon cleansing will help us accomplish this goal.

**COLONOSCOPY/FLEXIBLE SIGMOIDOSCOPY
MID COAST DIGESTIVE HEALTH CENTER**

Marie Sharkey, M.D.

Donald Schneider, M.D.

ON THE DAY OF YOUR PROCEDURE REPORT TO:

Mid Coast Digestive Health Center, Suite 3600

This is located on the 3rd floor of the Medical Office Building which is **attached** to Mid Coast Hospital. Park in the parking lot on your left at 121 Medical Center Drive and follow the signage to Mid Coast Digestive Health Center.

ARRIVAL DATE/TIME: _____

2 WEEKS PRIOR TO PROCEDURE

1. If you have **heart valve replacements, heart stents (placed in the last year)**, take **Insulin** or **Anticoagulants (blood thinners, such as Coumadin, Plavix, Aspirin and NSAIDS)** or use **home oxygen**. **CALL** Brunswick Gastroenterology Associates at 725-1355 **You may need special instructions.**
2. You should **NOT** stop taking prescription medications unless instructed to do so.

1 WEEK PRIOR TO PROCEDURE

1. **Avoid Aspirin** and all Aspirin containing products for 7 days prior to your procedure. **Avoid NSAID's** (nonsteroidal anti-inflammatory drugs **i.e.:** **Motrin, Advil, Aleve**)
You may take Tylenol.
AVOID iron and iron preparations, Fish oil and Vitamin E (including Pepto Bismol) for 4 days prior to your procedure.
2. **Please call 373-6192 to pre-register up to 1 week prior to your procedure** from 8 am-7 pm Monday-Friday. You may need to leave a message; This is only meant to save you from waiting on the day of your procedure.
3. **PURCHASE Nulytely or Golytely.** - You will be given a prescription.
PURCHASE two 5 mg Bisacodyl tablets - You will be given a prescription.
4. **COMPLETE** the GI Endoscopy–Multidisciplinary form (the last 2 pages of this packet). **BRING THIS FORM WITH YOU TO THE HOSPITAL THE DAY OF YOUR PROCEDURE.**
5. **4 days before the procedure – Avoid** foods high in fiber: anything with seeds, nuts, and berries - including whole wheat breads or crackers with seeds, **raw** vegetables or vegetables with skin or strings.

THE DAY BEFORE YOUR PROCEDURE

You must NOT have any solid foods, milk products or juice with pulp.

YOU MUST HAVE CLEAR LIQUIDS ONLY

Clear liquids include: Apple juice, White Grape juice, Cranberry juice (no red dye), Broth, Jell-o (please avoid Red Jell-o), Gatorade, Popsicles, Coffee, Tea, Soda, and water.

You should be drinking at least one (1) glass of a clear liquid every hour.

Take your prescription medications, except those mentioned prior, at your usual time with clear liquids or water.

AT 12 NOON - Take **TWO Bisacodyl 5 mg tablets**
Follow the instructions on the bottle for mixing the Nulytely/Golytely
(i.e. add water to fill line.)

AT 4 pm Start drinking the Nulytely or Golytely.
Take **half** of the Nulytely/Golytely, by drinking a 4oz to 8oz glass
(Size of the glass is your choice) every 10-15 minutes.

You may drink all the clear liquids you desire for the rest of the evening.
However, please drink at least 1 glass every hour.

THE DAY OF YOUR PROCEDURE

5 HOURS BEFORE LEAVING FOR YOUR PROCEDURE

Start drinking the remainder of Nulytely or Golytely,
by drinking a 4oz to 8oz glass every 10-15 minutes

You may continue clear liquids only until three hours before leaving for your procedure.

Again there are no solid foods, milk, milk products or juice with pulp allowed until after your procedure is done.

DO NOT DRIVE AFTER YOUR PROCEDURE.

You will receive IV sedation medication which will make it dangerous to drive or work for the rest of the day. If you do not have someone to drive you, please call 725-1355 to reschedule. Be sure your driver is available within 20-30 minutes notice to pick you up. Please keep in mind that the medication may make you sleepy for the rest of the day. It is recommended that you do not use your stove/oven or make any major decisions (i.e. contract signings, house closings etc.) for the rest of the day.

If you have reading glasses, please bring them with you but leave your jewelry at home.

PLEASE PLAN TO SPEND 1 ½ TO 2 HOURS AT THE HOSPITAL

NO ASPRIN AND NSAIDs GUIDE

This guide is a list of medications that contain aspirin and NSAIDs. Aspirin and NSAIDs may increase bleeding, therefore DO NOT TAKE any of the products listed for 1 week prior to your procedure. Many products contain aspirin, but you may not be aware of this based on their names. Aspirin is Acetylsalicylic Acid, and is in any medication called Salicylamide or Salicylate. Please read all your medication labels carefully.

Beneath is not a complete list. Check all labels and consult with your pharmacist or call the office if you have any medication questions.

Addaprin	Bufferin	Meloxicam
Advil	Celebrex	Midol
Alka Seltzer	Congespirin	Motrin
Acuprin	Darvon Compound	Panasal
Aleve	Dayquil	Percodan
Anacin	Dimetapp Sinus	Soma
Anacin Arthritis Pain	Ecotrin	Supac
Aspricaf	Empirin	Talwin
Ascriptin	Encaprin	Vanquish
Aspergum	Excedrin	Vioxx
Bayer Aspirin	Fiorinal	
Bayer Children's Cold Tablets	Genpril	
4-Way Cold Tablets	Ibuprofen	

You may take Tylenol

COMMON QUESTIONS

WHAT IS A COLONOSCOPY?

It is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube or scope that is about the thickness of your finger into the anus and advancing it slowly into the rectum and colon.

WHAT PREPARATION IS REQUIRED?

The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. In general, preparation consists of either consumption of a special cleansing solution and a day or two of clear liquids. Follow your doctor's instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

WHAT ABOUT MY CURRENT MEDICATIONS?

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. It is therefore best to inform your physician of your medications several days prior to the examination. Aspirin products, arthritis medications, anticoagulants (blood thinners), insulin and iron products are examples of medications whose use should be discussed with your physician prior to examination.

WHAT CAN BE EXPECTED DURING A COLONOSCOPY?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure. Your doctor may give you medication through a vein to help relax and better tolerate any discomfort from the procedure. You will be lying on your side while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn the lining is again carefully examined. The procedure usually takes 15 to 60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary.

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 Pathology Laboratory for analysis. If a colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscopy by injecting certain medications or by coagulation (sealing of blood vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produces 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. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

WHAT HAPPENS AFTER A COLONOSCOPY?

After colonoscopy, your physician will explain the results with 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. If localized symptoms worsen or if you have concerns call the physician who performed the colonoscopy.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding. Bleeding can occur several days after polypectomy.