

Understanding Colonoscopy

Patient Information and Consent

PLEASE READ AND SIGN AND DATE THIS FORM, WITH A WITNESS, BEFORE ARRIVING FOR YOUR PROCEDURE. IF YOU HAVE FURTHER QUESTIONS, TELL THE NURSE WHEN YOU ARRIVE. DO NOT SIGN THIS SHEET WITHOUT READING IT AND UNDERSTANDING IT.

This information sheet includes answers to questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the physician who referred you for the colonoscopy, one of the nurses or with the specialist who will perform the colonoscopy, before the examination begins.

What is a colonoscopy?

Colonoscopy is a procedure that enables a specialist to examine the lining of the colon (large bowel) by inserting a flexible tube (that is about the thickness of a 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. You will receive detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. In general, preparation consists of either drinking a large volume of a special cleansing solution or several days of clear liquids, laxatives, and enemas prior to the examination. Follow these instructions carefully. If you do not, the procedure may have to be repeated with a different bowel prep. It is important to drink generous amounts of clear fluids up until 3 hours before, and for 6-12 hours after the procedure. BOWEL CLEANSING IS CRITICAL TO THE SAFETY AND EFFICACY OF COLONOSCOPY. A poor bowel prep may result in increased risk for perforation, increased severity of complications if perforation occurs, increased risk for missing polyps or even cancer, and an increased likelihood that the test will need to be repeated much sooner than otherwise.

What about my current medications?

Most medications may be continued as usual, but some medications can interfere with the preparation or with the examination. It is therefore best to ensure that your family physician sends us an up-to-date list of your current medications, as well as any allergies to medications, well before the examination:

- Aspirin and arthritis pills (also called NSAID's or anti-inflammatories) can and should be taken up until the day of the procedure. If you can do without NSAID's on the day of the procedure, then do so.
- Anticoagulants (blood thinners) such as Plavix (clopidogrel), Brilinta (ticagrelor), Effient (prasugrel), Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban), Coumadin (warfarin), and insulin or other injections for diabetes are medications that indicate that your colonoscopy requires special instructions, from your family doctor or our office, and must be individualized.
- Iron and Metamucil should be stopped a week before your appointment.
- BLOOD PRESSURE PILLS, AND ALL REGULAR IMPORTANT MEDICATIONS, must be taken on the day of the procedure, with a sip of water.
- Even if you require antibiotics before dental work, to protect your heart or valves, recent expert guidelines suggest that antibiotics are not required before colonoscopy.

What can be expected during colonoscopy?

Colonoscopy is well-tolerated, especially with sedation. If you were not sedated, there can be a feeling of pressure, bloating, or cramping at times during the procedure, but we have a highly-trained specialist (anesthesiologist) who will give you medication (one or more anesthetic agents) through a vein to make you sleepy, and will monitor your respirations, heart rate and blood pressure. It is not a general anesthetic, but often patients will have little or no memory of the procedure. It is rare to experience any discomfort from the procedure. You will be lying on your side or on your back 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 30 minutes. In some cases, passage of the

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colonoscopy through the entire colon to its junction with the small intestine cannot be achieved. Dr Lalor will decide if the limited examination is sufficient or if other examinations are necessary.

What if the colonoscopy shows something abnormal?

If Dr Lalor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscopy 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 colonoscopy by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are usually removed. None of these additional procedures produce pain, either during or after the test. Remember, 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 (they look like small mushrooms or fleshy lumps) on the lining of the colon which vary in size from a tiny dot to several centimeters. The majority of polyps are benign (non-cancerous), but the physician cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, polyps are removed and sent for tissue analysis. Removal of colon polyps, at the benign stage, is the most reliable means of preventing colorectal cancer (malignancy).

How are polyps removed?

Tiny polyps may be biopsied off, or totally destroyed by fulguration (burning), but polyps larger than 3 to 5 mms are removed by a technique called snare polypectomy, with or without use of electrical cauterization. Dr Lalor passes a wire loop (snare) through the colonoscopy and cuts the attachment of the polyp from the intestinal wall. You should feel no pain during the polypectomy. There is a very small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, or a perforation (a hole in the bowel wall). These complications could require emergency surgery.

What happens after a colonoscopy?

After colonoscopy, Dr Lalor will explain the results to you and your ride, and you will receive a written preliminary report. If you have been given medications during the procedure, someone must accompany you home 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). Persistent pain is very uncommon after colonoscopy and should cause you to seek medical attention. Generally, you should be able to eat normally after leaving the endoscopy department, but your physician may restrict your diet and activities.

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 rare (approximately 1 time in 500 -1000 procedures) complication is a perforation or tear through the bowel wall that will usually require surgery. During the surgery the hole will be closed. A temporary drainage bag (called colostomy) may be necessary. Bleeding may occur from the site of biopsy or polypectomy, or from the colon or surrounding organs, including the spleen. This bleeding is usually minor and stops on its own, or can be controlled through a second colonoscopy. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used. 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. Heart and lung problems during and after colonoscopy are rare. They include low oxygen, lower blood pressure and altered pulse rate. All these parameters are closely monitored during and after the procedure.

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Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact Dr Lalor's office, or go to the nearest emergency department if you notice any of the following symptoms: any significant and/or new abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Bleeding can occur up to 10 -14 days after polypectomy, especially if blood thinners, aspirin, or anti-inflammatory agents are started after polypectomy. Check with Dr Lalor when you should start these drugs again.

How accurate is colonoscopy?

Colonoscopy is the "gold standard" for detection of polyps and cancer. It is the most accurate test, and allows biopsy or removal of growths, unlike any other colon test. Colonoscopy is thought to detect more than 80% of polyps and more than 95% of colon cancers. However, the test is not perfect, and there is a small chance that significant disease, and even cancer on rare occasions, can be missed. Bowel cleansing is critical.

If symptoms of concern persist or recur, you must speak with your family physician.

Because education and information are important parts of comprehensive medical care, and help to relieve anxiety, you have been provided with this information to prepare you for this procedure. If you have questions about your need for colonoscopy or alternative tests, do not hesitate to speak to your family physician or the physician who referred you. If you have questions that have not been answered, please discuss them with the physician who referred you for the colonoscopy, or with one of the nurses, or Dr Lalor, before the examination begins.

Consent

I have read the above colonoscopy information, and understood it adequately. I understand the colonoscopy procedure and the risks associated with the procedure, and the administration of anesthetic drugs, including the risks of perforation, bleeding, infection, subsequent surgery, missed diagnosis of polyp or cancer, and reactions to the medications used. I have had adequate opportunity to ask any and all questions about this procedure.

I authorize DR LALOR to perform the procedure on myself.

Patient (or guardian) Signature: _____ Date: _____

Witness Signature: _____ Date: _____