



200 West Pearl Street, Findlay, OH 45840

COLONOSCOPY

A Colonoscopy is a procedure to directly view the inside lining of the colon. It may be performed for multiple indications. Indications include routine screening, looking for evidence of polyps, search for a source of bleeding, search for a cause of diarrhea, to rule out a carcinoma, and multiple other less common indications. The procedure is the most accurate way to look at the inside lining of the colon. During the procedure, it is possible to take small pinches of tissue (biopsies) to look microscopically for inflammation or to determine what type of tissue is in a polyp. Polyps may also be completely removed using electrocautery. (An electrical current is applied to help coagulate blood vessels and also to remove the polyp.) Colonoscopy is most commonly performed as an outpatient.

PREPARATION: There are multiple possible preparations for a colonoscopy. This may include simply clear liquids for several days and multiple enemas, drinking a large volume of a solution which simply flushes through the colon, taking of an oral laxative called Fleet Phospho-Soda followed by several glasses of water, or a standard barium enema preparation which would include several oral stimulant agents plus multiple enemas the day of the procedure. Various medical conditions or previous intolerance to these preparations will help determine which is best for you. You will be given instructions for your preparation prior to the procedure.

Certain medications will need to be held prior to a colonoscopy.

- Aspirin should be held for at least one week since it acts as a blood thinner and we might be doing biopsies or removing polyps.
- Arthritis medications – most commonly in the class of nonsteroidal anti-inflammatory drugs (Ibuprofen, Naprosyn, Indocin, Clinoril, Aleve, Celebrex, etc.) also inhibit the function of the platelets (small elements that help the blood clot), but do so for a much shorter time. These medications should be held for about three days prior to the procedure. Tylenol does not affect the platelets and may be taken at standard doses.
- Coumadin (Warfarin) will also need to be held if there is any possibility that we might need to do biopsies or remove polyps.

Be sure to inform the secretary or nurse if you are on any of these medications.

DAY OF PROCEDURE: The procedures are done at several different facilities in Findlay. You will be instructed where to come. You should bring all of your medications with you on the day of the procedure. Upon your arrival, you will be checked in by one of the nursing staff. They will take a history and vital signs and start an intravenous access site. This will give us a route to give you your medication prior to the procedure. They will also have you change into a hospital gown in preparation for the procedure. After an explanation of the procedure, you will be given a consent form to proceed with the procedure. You will be given time to read this consent form. It will also be gone over by the physician or his associate prior to the procedure. There will be a brief exam of the heart and lungs, as well as vital signs.

PLEASE SEE OTHER SIDE

You will then be placed on your left side and will be given one or perhaps several medications depending upon your age, previous medication history, allergies, etc. The purpose of this medication is to relax you during the procedure and to control any discomfort you might have. This is called conscientious sedation – it is not a general anesthesia. You will be able to roll around when asked to do so, can actually watch the procedure on the TV screen as it is being done, and can ask questions if you wish. Due to the medication, you may or may not remember doing so. During this time, the physician will be looking at your colon, doing biopsies or removing polyps.

RISKS OF THE PROCEDURE: The risks to the procedure are several. Some are more common than others, but all are extremely rare. There is a very low risk of perforation (getting a hole in the bowel) or bleeding – especially if biopsies or polyps are removed. The risk of bleeding is also very low. Whenever medications are given in the vein, there is always a slight risk of medication reaction or a problem with breathing related to the sedation. The personnel involved in the procedure have been trained to handle these problems. There are other very rare problems, such as burns, reactions at IV sites, infections, etc., but as noted, these are extremely rare.

AFTER THE PROCEDURE: Following the procedure, you will be taken to a recovery room in the endoscopy area. There your vital signs and blood oxygen will be monitored, as they were during the procedure. You will be positioned in a manner that allows you to more easily pass the air that was used so that we could see the inside lining of your colon. We do try to suction air as we withdraw the colonoscope, but cannot remove it all. You will need to pass the remainder. This is expected and actually necessary. (The nurse probably will not let you leave until she is assured you can get rid of the air that we placed in the colon.) **SINCE YOU HAVE BEEN SEDATED, YOU WILL NOT BE ABLE TO DRIVE YOURSELF HOME. YOU WILL NEED TO HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME.** Since you have been sedated and your reflexes will not be normal, you probably should plan not to drive until the following morning.

Any polyps or tissue which have been removed will be looked at under the microscope by the pathologist. It may take two to three working days for the report to be generated and then another day or so for it to reach our office. **WE WILL CALL YOU WITH PATHOLOGY RESULTS. IF YOU HAVE NOT HEARD FROM US WITHIN ONE WEEK, CALL THE OFFICE TO BE CERTAIN WE HAVE RECEIVED A REPORT AND THAT IT HAS NOT BEEN MISFILED, ETC. WE WILL ALWAYS CALL YOU WHETHER THE REPORT IS NORMAL OR ABNORMAL.**

You will be given a sheet with specific discharge instructions for you. This will include whether we removed any tissue, abnormal findings, any special recommendations for diet following the procedure, and any recommendations regarding future procedures for screening or recommended follow-up.

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