

# Colonoscopy Information Sheet

Name: \_\_\_\_\_

Check in on \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date) at time: \_\_\_\_\_ (AM/PM)

Call to pre-register at the facility within 24-48 hours prior to your procedure unless you are scheduled at the Surgery Center of Anchorage.

_____ Alaska Regional Hospital	<u>(907) 264-1232</u> 2801 Debarr Rd, Anchorage, AK 99508
_____ Providence Day Surgery	<u>(907) 212-6013</u> 3200 Providence Dr. Anchorage, AK 99508
_____ Surgery Center of Anchorage	<u>(907) 563-1800</u> 4001 Laurel St Suite 101, Anchorage, AK 99508
_____ South Anchorage Surgery Center	<u>(907) 929-8790</u> 1917 Abbott Rd, Anchorage, AK 99507

**Arrange For Ride.** Due to sedation, you will be unable to drive yourself home. **Please make the proper arrangements with an adult you know to drive you home and stay with you.** You may not ride in a taxi/ride share unescorted. Failure to make arrangements will result in the cancellation of your procedure.

## BLOOD THINNING MEDICATION INSTRUCTIONS:

**5 days before your procedure:** No COUMADIN, PLAVIX, EFFIENT, BRILINTA, & IRON SUPPLIMENTS

**2 days before your procedure:** No ELIQUIS, AGGRENOX, PRADAXA, XARELTO or RIVAROXABAN

- Hold GLP-1 agonists one week prior to surgery for patients who take the medication weekly.
- Hold GLP-1 agonists on the day of surgery for patients who take the drug daily.
- Consider delaying surgery if the patient is experiencing GI symptoms such as severe nausea/vomiting/retching, abdominal bloating or abdominal pain.

GLP-1 agonists include Ozempic (semaglutide) and Trulicity (dulaglutide). Others include Victoza, Byetta, Bydureon, Saxenda, Tanzeum, Adlyxin, Rybelsus, Wegovy and Mounjaro.

\*Please check with your prescribing doctor for full instructions\*

## INFORMATION REGARDING YOUR COLONOSCOPY

### Please read carefully

Colonoscopy is the direct visualization of the colon using a lighted fiber optic instrument. This instrument sends pictures back to a television screen. Colonoscopy is currently the best way to identify diseases in the colon. It also provides the opportunity to biopsy or remove lesions that are present.

### **What will happen?**

The preparation will be explained to you by the office staff. When you arrive on the day of the procedure an IV line will be placed so that sedative medications can be given. You will be sedated after you are wheeled into the procedure room by the nursing staff. You may not remember the procedure because of the medications. After the procedure, you will go to a recovery area. You must have someone there to sign you out and drive you home. Do not work, drive, cook or use heavy machinery the rest of the day.

### **What are the risks of this study?**

1. Perforation (place a tear or hole in the intestinal wall) – Studies indicate that this can occur in anywhere from 1/50 to 1/3000 procedures. It is more common if a polyp is removed using a cautery device. It is also more common in older patients or in patients with diverticulosis (pouches that hang off the colon), inflammation of the colon, or colon cancer. If this occurs, surgery is usually necessary to close the tear. In some cases, this can lead to a colostomy (bringing the colon out to the abdominal wall) or even death.
2. Bleeding – This is usually secondary to the removal of polyps. Larger polyps or polyps higher up in the colon are at the greatest risk. Bleeding can occur in up to 1% of patients who have a polyp removed and it is most common 5-10 days after the procedure. *If a polyp is removed, aspirin and other over the counter pain medications should not be used for 5 days after the procedure except for Tylenol.*
3. Oversedation – The medications used can lower respirations and blood pressure. You will be closely monitored and medications are available to reverse the effect of the sedation. There is always a risk of an allergic reaction.
4. Missed Diagnosis – Colonoscopy is the best test for detection of colon pathology, but due to folds in the colon and imperfections in the preparation, it is possible for a polyp and other lesions to be missed. This is especially true of smaller flat lesions. There were colon cancers that occurred despite colonoscopy in the National Polyp Study which was the largest study done on polyps and removal.

This represents the most common complications of colonoscopy. There have been many rarer complications listed in the medical literature in case reports. If you wish further information on gastrointestinal endoscopy you can go to [www.asge.org](http://www.asge.org) and go the patient information area.

\*\*Please note that there are separate fees for a colonoscopy procedure. There is a fee for the doctor's services, a fee for the facility, and anesthesiologist fee (if necessary) and finally there is a fee for the Pathologist if biopsies are taken.\*\*

