# **Gastroenterology Appointment Information**

**Digestive Health Services** 

#### **Procedure Date:**

## **Gastroenterologist:**

You will receive a call from the Endoscopy Department the day before your procedure informing you of your arrival time.

#### PLEASE READ ALL OF THESE INSTRUCTIONS THE DAY YOU RECEIVE THEM

#### Enclosed you will find the following items:

- · Welcome Letter
- Procedure Information
- Procedure Instructions
- · Medical History Form
- Medication Reconciliation Form
- Prep Instructions

Southwest General – Endoscopy Department 18697 Bagley Road Middleburg Heights, OH 44130 Hours: Monday – Saturday, 7 a.m.–3:30 p.m.

Scheduling Line: 440-816-8086

\* If you must cancel or reschedule your appointment, please do so at least three business days prior to your appointment.

# **Welcome! Thank you for choosing Southwest General**

#### Following is important information about your procedure:

- You will receive a phone call from the Endoscopy Department the day before your procedure. During the call we will review information that will help us care for you once you are here. During the call, you will be given a time to arrive for your procedure.
- Bring your insurance card and photo ID with you.
- Please complete the attached Medical History Form, and bring it with you the day of your procedure.
- You will need someone to drive you home after the procedure.
- You can expect to be here for approximately 3 hours.
- A nurse will greet you and take you to the pre-operative area. You will change into a gown, and the nurse will conduct an assessment to obtain important medical information prior to the procedure.
- You also will meet with the physician, intra-operative nurse and anesthesia staff (if applicable) prior to the procedure. We want to take the best possible care of you, so if you have questions or concerns, please let us know at this time.
- After your procedure, you will be taken to the post-operative area for recovery.
- Upon your discharge, you will receive written instructions with the physician's phone number in order to reach him/her if you have questions once you are home PLEASE NOTE: You must have a driver to take you home as well as someone to stay with you for the first 24 hours after your procedure.

We want your stay to be a positive experience and look forward to providing care for you.

If you have any questions or concerns after reading this letter, please contact us at 440-816-8086.

Thank you again for choosing Southwest General's Endoscopy Department.



# **Colonoscopy Information**

## What is a Colonoscopy?

A colonoscopy is a procedure that lets the doctor see inside your colon, or large intestine, to look for early signs of colon cancer or other problems, such as abnormal growths called polyps. A long, thin, flexible tube with a tiny video camera and a light on the end, called a colonoscope, is inserted through your rectum after you have been given medicine to help you relax and feel comfortable. Pictures of the inside of your colon are shown on a monitor screen.

## **How Do I Prepare for a Colonoscopy?**

Written instructions about how to prepare for your colonoscopy prior to the procedure are incorporated into this packet. Read them carefully, and follow the directions. Tell your health care provider about any medical conditions you have, especially diabetes, heart problems or breathing problems. Report your allergies and medicines, including over-the-counter medicine like aspirin, vitamins, supplements, and herbal products. Your colon must be completely clean before your colonoscopy. Please make sure you carefully read, and follow the directions for the SuPrep preparation that are provided for you at the end of this packet. Plan to stay near bathroom facilities after you start the cleaning routine.

Also, you will be given special instructions about when to stop eating and drinking and what medicines you can or cannot take before the procedure. Please check with your prescribing doctor to make sure it is okay to stop your blood thinner, if applicable. Please contact the Endoscopy Department if he/she says it is **NOT** okay to stop. If you take insulin or oral medication for diabetes, please check with your primary care doctor for instructions on holding the medication prior to the procedure.

You will need to have a driver bring you and take you home from the procedure as well as stay in the building while you are having the procedure. You also will need someone to stay with you for 24 hours after the procedure. Because of the medicine you will be given, you won't be allowed to drive for 24 hours. It is important that you carefully follow all instructions prior to your procedure.

## **What Happens During the Colonoscopy?**

Plan to spend from 2-1/2 to 3 hours in the Endoscopy Department for the procedure. When you arrive, you will put on a hospital gown and an I.V. will be started to give you medication to relax you. You may not remember much, if anything, about the procedure because of this medicine. You will be asked to lie on your left side and the doctor will carefully and slowly insert the colonoscope into your rectum. Your blood pressure and other vital signs will be monitored during the procedure, which usually takes 30-60 minutes.

If your physician sees any polyps or other abnormal growths in your colon, he/she may remove them during the colonoscopy. Tissue samples also may be taken to test in the lab for certain diseases of the colon (this test is called a biopsy). When the doctor has finished with the procedure, he/she will slowly withdraw the colonoscope.

# What Can I Expect after a Colonoscopy?

After the procedure, you will be monitored until most of the effects of the medicine have worn off. You may have some mild cramping, bloating or gas, but it should go away within 24 hours or less. You also may experience bleeding, perforation, muscle lesions or reaction to the medication, which are risks of the procedure. Because of the medicine you receive during the colonoscopy, you won't be able to drive or perform any activities requiring mental alertness for about 24 hours after the procedure, so make sure someone is with you to drive you home. You will receive specific instructions about when you can eat, drink, and resume normal activities.

Your physician will discuss the results of your colonoscopy with you before you leave.

If you have severe abdominal pain, fever, bloody bowel movements, dizziness, weakness, or other unusual symptoms after the procedure, contact your health care provider immediately or call 911.

If you have any scheduling concerns, please call **440-816-8086**. If you must cancel or reschedule your appointment, please do so at least three business days prior to your appointment. If you have questions about preparation or the procedure, please call Surgery Scheduling at **440-816-8086** or the Endoscopy Department at **440-816-5345**.



# **Patient Medical History Form**

| Age: |    | Height:                | Weight: |  |
|------|----|------------------------|---------|--|
|      |    |                        |         |  |
|      |    |                        |         |  |
| Yes  | No | If yes, please explain |         |  |
|      |    |                        |         |  |
|      |    |                        |         |  |
|      |    |                        |         |  |
|      |    |                        |         |  |
|      | _  |                        |         |  |

| Have you had bronchitis or chronic cough in last 3 months?          |  |  |
|---------------------------------------------------------------------|--|--|
| Do you have asthma?                                                 |  |  |
| Have you had pneumonia in the past year?                            |  |  |
| Have you ever had tuberculosis or a lung infection?                 |  |  |
| Do you have emphysema? COPD?                                        |  |  |
| Do you have sleep apnea? Do you wear CPAP, BiPAP or NIPPV at night? |  |  |
| Do you have shortness of breath?                                    |  |  |
| Do you have any other lung problems?                                |  |  |
| Do you smoke? If "yes", how much?                                   |  |  |
| Have you had a recent chest X-ray?                                  |  |  |
| Have you ever had heart failure?                                    |  |  |
| Do you have a heart murmur?                                         |  |  |
| Do you have mitral valve prolapse or other heart valve problem?     |  |  |
| Do you have high blood pressure? How long?                          |  |  |
| Do you have low blood pressure?                                     |  |  |
| Have you ever had chest pain or angina?                             |  |  |
| Have you ever had a heart attack?                                   |  |  |
| Have you ever had a stress test or cardiac catheterization?         |  |  |
| Do you have an irregular or fast heartbeat?                         |  |  |
| When did you last have an EKG?                                      |  |  |
| Do you have heart stents? If yes,                                   |  |  |
| Cardiologist Year placed                                            |  |  |
| Do you have an internal defibrillator or pacemaker? If yes,         |  |  |
| Cardiologist Last Check                                             |  |  |
| Have you had bypass or valve surgery?                               |  |  |
| Have you had a back injury or back pain?                            |  |  |
| Have you had a neck injury or neck pain?                            |  |  |
| Do you have brittle bones? Osteoporosis?                            |  |  |
| Have you had seizures, convulsions or epilepsy?                     |  |  |
| Have you ever had a stroke or a TIA? Any permanent effects?         |  |  |
| Do you have spells of dizziness? Fainting spells?                   |  |  |



# **Patient Medical History Form**

|                                                                                                                                       | Yes                   | No       | If yes, please explain |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------|------------------------|------|--|
| Have you had muscle weakness?                                                                                                         |                       |          |                        |      |  |
| Have you had nerve injury or disease?                                                                                                 |                       |          |                        |      |  |
| Do you have a thyroid condition?                                                                                                      |                       |          |                        |      |  |
| Do you have diabetes or high blood sugar?                                                                                             |                       |          |                        |      |  |
| Do you have low blood sugar?                                                                                                          |                       |          |                        |      |  |
| Do you have a history of cancer?                                                                                                      |                       |          |                        |      |  |
| Have you been anemic?                                                                                                                 |                       |          |                        |      |  |
| Have you had bleeding or clotting problems?                                                                                           |                       |          |                        |      |  |
| Any other illnesses not mentioned here?                                                                                               |                       |          |                        |      |  |
| Do you drink alcohol? If "yes", how much?                                                                                             |                       |          |                        |      |  |
| Do you use recreational drugs?                                                                                                        |                       |          |                        |      |  |
| Have you had any unusual reaction to anesthesia?                                                                                      |                       |          |                        |      |  |
| Has any blood relative had an unusual reaction to anesthesia?                                                                         |                       |          |                        |      |  |
| Do you have dentures, loose teeth, caps, crowns or bridges? (cappropriate)                                                            | ircle                 |          |                        |      |  |
| Have you had a joint replacement?                                                                                                     |                       |          |                        |      |  |
| Do you wear glasses, contact lenses, hearing aid or have a physical prosthesis?                                                       |                       |          |                        |      |  |
| Do you have Advanced Directives (Living Will, Durable Power oney)? If "yes" please bring a copy with you the day of your productions. |                       |          |                        |      |  |
| Women: When was your last menstrual period? Is there a chance that you are pregnant?                                                  |                       |          |                        |      |  |
| Please list any previous surgeries:                                                                                                   | ·                     | •        | •                      | Year |  |
|                                                                                                                                       |                       |          |                        |      |  |
|                                                                                                                                       |                       |          |                        |      |  |
|                                                                                                                                       |                       |          |                        |      |  |
|                                                                                                                                       |                       |          |                        |      |  |
|                                                                                                                                       |                       |          |                        |      |  |
| Medical Doctor:                                                                                                                       |                       | Las      | t Visit:               | l    |  |
| I have answered the questions about my medical history to the Print Name:                                                             | best of my knowledg   | ge.      |                        |      |  |
| Signed:Relation to                                                                                                                    | Patient               | Date:    |                        |      |  |
| For repeat procedures, please re-verify the above information b                                                                       | y signing in one spac | e below. |                        |      |  |
| Signed: Relation to P                                                                                                                 | atient                |          | Date:                  |      |  |
| Signed: Relation to P                                                                                                                 | atient                |          | Date:                  |      |  |



# **Additional Information From Your Doctor**

### If you take any of the medications listed below, please follow these instructions carefully:

#### NSAIDS (Nonsteroidal Anti-Inflammatory Drugs)

These medications should be stopped **seven days** before your procedure.

Ibuprofen (Advil, Motrin, Midol, Nuprin); Naproxen (Alleve, Naprosyn, Anaprox, Pamprin); Diclofenac (Voltaren, Cataflan, Cambria, Zipsor); Sulindac (Clinoril); Indomethacin (Indocin); Meloxicam (Mobic); Piroxicam (Feldene); Mefenamic Acid (Ponstel); Celecoxib (Celebrex); Etoricoxib (Arcoxia); Diflunisal (Dolobid, Apo-Diflunisal); Flurbiprofen (Ansaid, Froben, Alti-Flubiprofen); Ketoprofen (Apo-keto, Nu-ketoprofen, PMS-ketoprofen); Etodolac (Ultradol, Apo-etodolac); Iron, including multivitamin with iron.

You MAY take Tylenol (acetaminophen) or Tylenol with Codeine.

#### Aspirin

If you are taking aspirin, you may continue to take it.

#### Narcotic Pain Medication

You MAY take prescribed narcotic pain medication up until the day of your procedure

### Coumadin (warfarin), Plavix (clopidrogrel), Pradaxa (dibigatron), Heparin, Lovenox, Ticlid or other anticoagulants

Please check with your prescribing physician about how to take these medications before and after your procedure. In general, Coumadin is stopped five days before the procedure and Plavix is stopped seven days before the procedure. Again, please check with your prescribing physician. If it is not okay to stop these medications, please call the Endoscopy Department at 440-816-5345.

#### What to drink:

- You must be able to see through the liquid. Nothing red or purple.
- Water, Gatorade or Powerade are the preferred clear liquids.
- Clear fruit juices with no pulp (apple, lemonade, white grape), tea or coffee (no cream or milk), soda pop (7-Up, Sprite, ginger ale), Kool-Aid, Jello (no added fruit or toppings, no red or green), popsicles, flavored ice slushes, hard candies, clear soup, broth or bouillon (low sodium).
- · Avoid milk and milk products. They ARE NOT clear liquids.
- Avoid alcoholic beverages.

## What to bring:

- Completed enclosed medical history forms, name and fax numbers of all doctors you want to receive a copy of your procedure report, photo ID and insurance cards.
- If you need an interpreter, one will be provided upon request. Please notify the Endoscopy Department at 440-816-5345 prior to your procedure.

#### What to wear:

- Wear comfortable, loose-fitting clothes that are easy to take on and off.
- · Wear flat shoes or tennis shoes.
- · Do not wear jewelry.
- · Do not bring valuables.



# **Colonoscopy SuPrep Bowel Prep Kit Process**

#### **Four Days Prior to Colonoscopy:**

Do not take any PERSANTINE, COUMADIN OR OTHER BLOOD THINNERS, IRON PRODUCTS, OR BULK-FORMING AGENTS (such as Fibercon, Metamucil, etc.)

#### **Two Days Prior to Colonoscopy:**

Fill your prescription for SuPrep Bowel Prep Kit at the Southwest Community Pharmacy, located in the Main Lobby of Southwest General, or at your independent pharmacy.

#### One Day Prior to the Colonoscopy:

Drink clear liquids for breakfast, lunch and dinner (no solid food). Clear liquids include:

- Water, Gatorade or Powerade are the preferred clear liquids. (no red, green or purple)
- Clear fruit juices with no pulp (apple, lemonade, white grape), tea or coffee (no cream or milk), soda pop (7-Up, Sprite, ginger ale), Kool-Aid, Jello (no added fruit or toppings, no red, green or purple), popsicles (no red, green or purple), hard candies, clear soup, broth or bouillon (low sodium).

#### **Evening Prep Dose:**

#### Between 4-6 p.m., follow steps 1-4 below

- Step 1 Pour one (1) 6-ounce bottle of SuPrep liquid into the mixing container.
- Step 2 Add cool drinking water to the 16-ounce line on the container and mix.
- Step 3 Drink ALL the liquid in the container. You can use a straw if you desire.
- Step 4 You must drink two (2) more 16-ounce containers of water over the next hour.

After evening prep, you may have clear liquids until the start of the morning prep.

#### **Day of Colonoscopy:**

#### **Morning Prep Dose:**

Four hours prior to exam: Complete second dose of SuPrep.

Follow Steps 1-4 above.

After morning prep, you should not eat or drink anything.

Do not take medication for diabetes, if applicable, the morning of your procedure. Take all other routine medications as directed with just enough water to swallow the medication.

You must have a driver to take you to and from the hospital because you will receive sedation for the procedure and will not be permitted to drive yourself.

