



Bozeman Clinic PLLP Colonoscopy Information Handout

Why should you have a colonoscopy:

Colonoscopy is an examination of the entire colon (large intestine), using a long, thin, flexible tube with a camera on the tip called a colonoscope. The procedure is done for a number of different purposes. The most common goal is an effort to prevent colon cancer. Without any screening, about one out of 20 people will develop colon cancer. The risk is even higher for people with a family history of colon cancer. Most, but not all, cancers begin with benign tumors, called colon polyps. Over time, polyps can grow and become cancer. Finding and removing colon polyps markedly reduces your risk of developing colon cancer. Likewise, if a colonoscopy is done, and no colon polyps are found, it is unlikely that you will have problems with colon cancer within the next five years. Other reasons for having a colonoscopy include searching for a cause for diarrhea, abdominal pain, blood in the stool, and anemia.

The procedure:

The preparation for the examination starts with diet modification and laxative, which is described in detail in the preparation instructions. Good visualization of the colon depends on an adequate colon cleansing. The actual examination usually takes approximately 30 minutes. Before the procedure, an IV will be started in order to give necessary medications. Heart and lung function monitors are used to enhance safety. You will lie in a comfortable position in a bed. To prevent cramping and pain during the procedure, you are sedated. Two specially trained clinical staff and the physician are present during the exam. The setting is calm and private. Because of the medications, you will probably remember little or none of the procedure. It is unlikely that you will find the examination to be unpleasant. Most people feel that the only unpleasant part of the entire process is the laxative, but as noted above, it is vital to the success of the procedure.

After the procedure:

It will take you about 30 minutes to wake up enough to leave the Bozeman Clinic. Most people are in and out of their procedure in about 1 1/2–2 hours. Because of the sedation, you will need to arrange a ride to pick you up after your procedure and drive you home. You will not be able to drive for the rest of the day. You will probably be able to resume most of your normal activities about six hours after the procedure. Mild bloating is normal. Discomfort can be relieved by walking or lying on your stomach. If polyps are removed, there is a small risk of bleeding for up to two weeks afterwards. For this reason, you should only have the procedure done if you will be within easy reach of an emergency room for the next 14 days. Examples of activities you need to avoid for two weeks after polyps are removed include international air travel, and backcountry recreation. It is fine to drive to areas with reasonable levels of emergency care.

Limitations of colonoscopy:

Colonoscopy is the most effective cancer preventative test we have, but it is not perfect. Having a colonoscopy can be expected to decrease your risk of dying from colon cancer by about 90% over the next 5 to 10 years. Unfortunately, cancer can still develop, although very rarely, in this interval after a colonoscopy. This occurs for two main reasons. First of all, polyps can be missed during the colonoscopy. In the best of circumstances, this seems to happen with about 10% of polyps. This problem is due to difficulty in seeing the entire colon because of the presence of sharp folds and corners, poor cleansing of the colon and limitations in the view of the camera. These factors can all create “blind spots”. The second cause for the appearance of cancers within several years of a colonoscopy is that some cancers simply seem to develop extremely rapidly. While not perfect, colonoscopy is still extremely worthwhile since it can be expected to prevent the vast majority of deaths that would otherwise occur from colon cancer. At this time, colonoscopy is the most effective screening tool for colon cancer.

Alternatives to colonoscopy:

Other screening tests for colon cancer include testing the stool for occult (invisible) blood and DNA, a limited scope exam without sedation called a flexible sigmoidoscopy, and barium enema x-ray. All of these have been shown to prevent some cases of colon cancer, but they are far less reliable than a colonoscopy. Furthermore, if they do detect a problem, in all cases, you will need a colonoscopy to confirm the result. While they are better than doing nothing, these alternative screening methods are clearly inferior to colonoscopy for protecting your health. CT and MRI scanning colon exams are available, but they are still in development. At this time, they are of uncertain benefit. In addition, these procedures may require the same preparation, and are often not covered by insurance. Furthermore, if polyps are found, follow-up colonoscopy will be required to remove them.

Risks of colonoscopy:

Like all invasive medical procedures, colonoscopy has a chance of causing complications. Fortunately, the odds of complication are very low. Two serious problems that are rarely encountered are perforation [poking a hole] of the colon and severe bleeding. These events can be life-threatening. Treating either of these complications might require surgery and blood transfusions. The risk of either of these events is much less than one percent. They occur somewhere between 1- 500 and 1- 1000 colonoscopies. Less common problems are severe medication reaction or heart attacks. Localized irritation of the vein (phlebitis) may occur at the site of medication injection. While these complications do rarely occur, it must be remembered that the risk of dying from colon cancer is far higher than the risk of suffering complication from the examination. Your safety is our foremost concern, and the entire process is designed to minimize your chances of injury.

Please contact us at 406-587-4242 if you would like to discuss this further. You will, of course, have an opportunity to speak to us immediately before the procedure.

Examples of medications / supplements to discontinue one [1] week prior to your procedure include:

ASPIRIN [any brand, all doses – including “baby aspirin” 81 mg, Bufferin, Bayer, Excedrin]		
Anisindione [Miradon]	Ginkgo	Ketorolac [Sprix, Toradol]
Apixaban [Eliquis]	Turmeric	Meclofenamate [Meclomen]
Celebrex [Celecoxib]		Mefenamic Acid [Ponstel]
Cilostazol [Pletal]		Meloxicam [Mobic]
Clopidogrel [Plavix]		Nabumetone [Relafin]
Dalteparin [Fragmin]		Naproxen [Aleve, Anaprox, Midol, Naprelan, Naprosyn]
Diclofenac [Arthrotec, Cataflam, Voltaren]		NSAIDs [non-steroidal anti-inflammatory drugs]
Difunisal [Dolobid]		Oxaprozin [Daypro]
Dipyradamole [Persantine]		Pentosan polysulfate [Elmiron]
Dipyradamole + aspirin [Aggrenox]		Piroxicam [Feldene]
Enoxaparin [Lovenox]		Pradaxa [Dabigatran Etexilate]
Enteric coated aspirin [Ecotrin]		Salsalate [Amigesic, Salflex, Disalcid]
Etodolac [Lodine]		Sulfipyrazone
Famotidine + Ibuprofen [Duexis]		Sulindac [Clinoril]
Fenoprofen [Nalfon]		Ticlopidine [Ticlid]
Flurbiprofen		Tinzaparin [Innohep]
Heparin injection		Tolmetin [Tolectin]
Ibuprofen [Advil, Motrin, Nuprin, Rufen]		Trilisate [Salicylate combination]
Indomethacin [Indocin]		Warfarin [Coumadin]
		Xarelto [Rivaroxaban]



Colonoscopy Prep Instructions - MiraLAX

Procedure Day: _____ Check-in Time: _____ am/pm

Difficulty w/ IV's? **IF NO:** Check in @Bozeman Clinic @scheduled time. **IF YES, THEN:** go to Bozeman Health Entrance #2 – Pt. Registration @ _____ am / pm. After IV placed, check-in@ Bozeman Clinic

Upon Receiving These Instructions:

Arrange a ride.
You must have a responsible driver present or the procedure will be rescheduled.

NO taxi or public transportation.

Driver: be in the clinic @ _____ am / pm
[approx. 1 hr and 45 min after check-in time]

On your procedure day you will not be able to work, drive, operate equipment, make important decisions, drink alcohol, or take sedatives for the remainder of the day.

Your doctor will give you instructions re: stopping diabetic and/or blood thinning agents, NSAIDs, omega 3 / fish oil, ginkgo, or turmeric as these may need to be altered prior to your procedure. [See more complete list of medications / supplements included in the colonoscopy handout.] Tylenol is OK!

Call your insurance company to check for coverage of procedure.

Purchase Prep Items:

8.3 oz bottle Miralax [generic ok]
4 Dulcolax / bisacodyl [5mg each] tablets
64 oz clear sport drink, any brand
[NO red or purple]

Approx. 1 Week before your procedure, a nurse will call and review these instructions, your medical history, and medications.

If you need to cancel or reschedule, please call our office as soon as possible so we may facilitate filling your appointment time. We appreciate your understanding.

3 Days Prior: _____

Begin a low fiber diet.

1. Avoid eating seeds, corn, popcorn, nuts, trail mix, whole wheat or seed bread, raw fruits and vegetables with skins and seeds. [*Canned or cooked fruits and vegetables without seed or skins are okay.]
2. Stop using fiber supplements such as Metamucil, Citrucel or Fibercon.
3. Drink plenty of water and other decaffeinated liquids daily [1 cup coffee or tea / day is okay].

*2 Days Prior: _____

***ONLY Follow this full liquid diet 2 days prior IF any one of the following is true:**

- you tend to be constipated
- take narcotic [opioid] medications
- have had a colonoscopy with a poor prep in the past.

Take 1 capful [17 grams] of MiraLAX mixed with water at breakfast, lunch, and dinner.

- Yogurt [without any pieces of fruit]
- Fruit juices
- Soda
- Broth or strained cream soups
- Nutritional supplements [Ensure, Premier Protein, etc.]
- Ice cream, fruit ices [without any pieces of fruit]

1 Day Before Procedure: _____

Begin Clear Liquid Diet.

NO SOLID FOOD UNTIL AFTER PROCEDURE.

NO dairy, artificial red or purple dye products.

DRINK 8-12 oz water or decaf fluid every hour before and after prep while awake.

Allowed: plain water, clear decaf sodas, sports drinks, broth, apple juice, herbal tea or decaf coffee [sugar ok, NO cream], gelatin without fruit, ice pops without fruit, strained lemonade.

Mix entire 8.3 oz bottle of Miralax with 64 oz sports drink and refrigerate.
[NO red or purple sports drink.]

4:00pm: take 4 bisacodyl tablets by mouth

7:00pm: drink first half [32 oz] of liquid laxative

Drink 8 oz every 15 minutes until first half [32 oz] is gone. There may be a delay before it starts to work.

If you become nauseated, stop drinking prep for 30 minutes and resume slowly. If you vomit, stop, and resume in one hour.

Metformin / Insulin instructions:

Antibiotic [if applicable]:

Procedure Day: _____

NO medications prior to procedure.
Drink remaining half [32 oz] of liquid laxative **5 hours before check-in time:** _____ am / pm and finish within two [2] hours.

After finishing the laxative, continue to drink clear fluids until **2 hours before check-in time:** _____ am / pm
*** NOTHING to eat or drink after this until your procedure is finished.**

Follow these instructions carefully. It is very important that your colon is empty. If there is stool inside your colon, your doctor may not be able to see polyps or other problems, and you may have to repeat the procedure.

Failure to comply with these instructions may result in your procedure being rescheduled.

Please bring: insurance card and photo ID

Bozeman Clinic Hours:
Mon.-Thurs.: 8 AM-6 PM
Friday: 8 AM-5 PM
Saturday: 8 AM-12 NOON

Call Bozeman Clinic for any prep questions you may have @ (406)587-4242 during business hours.

After hours, call (406)414-5000 and ask for Bozeman Clinic on-call doctor.