

## INSTRUCTIONS FOR COLONOSCOPY

### USING COLYTE/NULYTELY/TRILYTE – SPLIT DOSE

**Important – Please read this instruction sheet completely**

Your prescription for NuLYTELY, Colyte, or TriLyte Laxative has been sent electronically to your pharmacy.

1. The day prior to the examination, mix Colyte /NuLYTELY/TriLyte with one gallon of tap water and refrigerate. Do not add flavoring to the Colyte/NuLYTELY/TriLyte other than the flavoring packet that comes with the prescription.
2. Stay on clear liquids the day before the procedure, such as: plain jello (no red jello), apple juice, bouillon, tea or coffee. Do not eat solid foods. No milk products.
3. At \_\_\_\_\_ **PM**, you should start to drink the Colyte/NuLYTELY/TriLyte; an 8 ounce glass every 20 minutes until **HALF** has been completed. Refrigerate the other half.
4. At \_\_\_\_\_ **AM**, on the morning of the procedure, repeat step 3 above until all of the prep has been consumed.
5. Please note that you **MUST** finish drinking the final glass of clear liquid at least 4 hours **PRIOR** to the start of the procedure. **DO NOT DRINK ANYTHING AFTER \_\_\_\_\_ AM!**
6. **You are to have nothing to eat or drink (including gum and breath mints) after 12 midnight except for the balance of your prep and some water with medications (please read Important Notices below).**

### IMPORTANT NOTICES

Please be sure that a member of your family or a friend accompanies you to and from the office to drive you home. This is necessary because of the sedation you will be given for the examination. You are not permitted to drive at any time following the procedure. You may resume driving the following day. You must have arrangements to have a friend or family member take you home after the examination. Taxis are not acceptable.

**Please take your heart and/or blood pressure medications with a sip of water 4 hours prior to the procedure. Please read page 2 of this letter regarding discontinuation of blood thinners.**

**Do not take oral diabetes medication the morning of your procedure. If you are a diabetic taking insulin, you are instructed to contact the prescribing physician for necessary insulin dosage adjustments.**

**IF YOU MUST CANCEL YOUR COLONOSCOPY, PLEASE INFORM THE OFFICE NO LATER THAN 48 HOURS PRIOR TO THE PROCEDURE.**

# PRE-PROCEDURAL INSTRUCTIONS

## MEDICATION RESTRICTIONS

1. If you take anticoagulants or “blood thinners”, please speak with your cardiologist or family physician before stopping these medications.

Anticoagulants:

Aggrenox - 5 days	Plavix - 7 days	Ticlid - 7 days
Coumadin - 5 days	Pletal - 3 days	Trental - 7 days
Effient - 7 days	Pradaxa - 1-2 days	Xarelto - 1-2 days
Lovenox - 24 hours		

2. If you take aspirin or aspirin-containing medications for heart problems, circulation problems or are unsure, please contact your cardiologist or family physician on whether or not these medications should be held.

If you **DO NOT** have heart or circulation problems, stop aspirin and all aspirin-containing medications **FIVE (5) days before your procedure.**

Aspirin-containing medications:

Ascripton	Ecotrin	Fiorinal	Percodan
Bayer	Empirin	Lortab ASA	Soma Compound
Bufferin	Enteric-coated aspirin	Momentum	St. Joseph Aspirin
Darvon Compound 65	Excedrin	Norgesic Forte P-A-C	Wygesic

3. Stop ALL NON-ASPIRIN AND NON-STEROIDAL PAIN RELIEVERS THREE (3) DAYS before your procedure.

Non-aspirin containing medications:

Advil	Daypro	Ketoralac	Relafen
Aleve	Diclofenac	Lodine	Sulindac
Anaprox	Dolobid	Meloxicam	Trilisate
Ansaid	Feldene	Mobic	Vicoprofen
Arthrotec	Flurbiprofen	Motrin	Voltaren
Catafalm	Ibuprofen	Naprosyn	
Clinoril	Indocin	Naproxen	

4. There are NO RESTRICTIONS on the following pain medications:

Acetaminophen (Tylenol) containing products (Tylenol, Darvocet, etc.), as well as:

Avinza	Fioricet	Neurontin	Ultracet
Baclofen	Flexeril	Oxy IR	Ultram
Bextra	Kadian	Oxycontin	Valium
Celebrex	Lorcet	Pamelor	Vicoden
Darvocet	Lortab	Panadol	Zanaflex
Duragesic Patches	Methadone	Percocet	Zonegram
Elavil	MS Contin	Percogesic	
Excedrin-Aspirin Free	MSIR	Trileptal	

**If you have any questions, please call our office about your medications.**

**PLEASE DO NOT CALL THE ENDOSCOPY CENTER WITH MEDICATION QUESTIONS.**

**What is a colonoscopy?** Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) for abnormalities by inserting a flexible tube that is about the thickness of your 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. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. Follow your doctor's instructions carefully. If you do not, the procedure may have to be canceled and repeated later.

**What can be expected during a colonoscopy?** Colonoscopy is usually well tolerated. There is often a feeling of pressure, bloating or cramping at times during the procedure. Your doctor may give you medication through a vein to help you relax and better tolerate 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 15-60 minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if other examinations are necessary.

**What if the colonoscopy shows something abnormal?** If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, biopsies are taken for many reasons and do not necessarily mean that cancer is present.

**What are polyps and why are they removed?** Polyps are abnormal growths from the lining of the colon which vary in size from a tiny dot to several inches. The majority of polyps are benign (noncancerous), but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer. Tiny polyps may be totally destroyed by fulguration (burning), but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon which could require emergency surgery.

**What happens after a colonoscopy?** After a colonoscopy, your physician will explain the results to you. If you have been given medications during the procedure, someone must accompany you home from the procedure 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). Generally, you should be able to eat after leaving the colonoscopy, but your doctor may restrict your diet and activities, especially after polypectomy.

**What are the possible complications of a colonoscopy?** Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. One possible complication is a perforation or tear through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Bleeding can occur several days after a polypectomy. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. 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. Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills or rectal bleeding of more than one-half cup.

**How accurate is colonoscopy?** Colonoscopy is an accurate method to detect colon cancer and polyps but is not perfect. There may be up to a 10% miss rate for detecting polyps or other growths. It is also important to know that a colonoscopy screening program can reduce, but not eliminate, the risk of developing colon cancer.