

**Central Family & Sports Medicine**

407 East Russell, Bldg. C

Warrensburg, MO 64093

Phone (660)747-5114 Ext 7954

Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

You are scheduled for a colonoscopy/EGD to be performed by Dana Brewington at:

Western Missouri Medical Center

403 Burkarth Rd

Warrensburg, MO 64093

Phone: (660) 747-2500

Date of Pre-Op Phone Call: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Arrive at: \_\_\_\_\_ am Time of Procedure: \_\_\_\_\_ am

Reason: \_\_\_\_\_

PCP: \_\_\_\_\_



# Western Missouri MEDICAL CENTER

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Warrensburg, MO 64093  
(660) 747-5114

## Colonoscopy Information

### What is *Colorectal Cancer*?

- This is a cancer that occurs in the colon (large intestine) or rectum often referred to as Colon Cancer.

### Who can get it?

- Both men & women. The risk increases with age and is most often found in people 50 years of age or older.

### Am I at *High Risk*?

- If you or a close relative have had colorectal polyps or colorectal cancer.
- If you have inflammatory bowel disease, Crohn's or Ulcerative Colitis.
- People who are at high risk may need earlier or more frequent tests than others such as every 3 or 5 years depending on the situation.

A Colonoscopy can be lifesaving. It is recommended to start having screening colonoscopies at age or 45-50 for most people. Colon cancer usually starts from polyps in the colon or rectum. A polyp is a small growth that should not be there, and sometimes they can turn into cancer. Not all polyps are dangerous, but can still cause symptoms. Other polyps may be cancerous but cause no symptoms. If polyps are found during your procedure, the doctor will remove them (if possible) and send them for biopsy.

Dr. Brewington performs both Colonoscopies and Esophagogastroduodenoscopies at Western Missouri Medical Center in the Endoscopy Suite on Tuesday mornings.

## Where to start with preparing for your procedure

### Medications to STOP 7 days prior to your procedure

- Warfarin (Coumadin)
- Savaysa (Edoxaban)
- Arixtra (Fondaparinux)
- Heparin (Fragmin, Innotrep)
- Vascepa (icosapent)
- Eliquis (Apixaban)
- Aspirin
- Plavix (Clopidogrel)
- Pradaxa (Dabigatran)
- Xarelto (Rivaroxaban)
- Effient (Prasugrel)
- Lovenox (Enoxaparin)
- Vitamin E
- Fish Oil
- Lovaza (Omega 3's)
- Advil, Motrin (Ibuprofen)
- Aleve (Naproxen)
- Mobic (Meloxicam)
- Catafalm ( Diclofenac, Zorvolex)

(Unless instructed by doctor due to having had drug-eluting cardiac stents placed in the last 12 months or bare metal stents placed in the last 4-6 weeks. PLEASE LET YOUR DOCTOR KNOW IF YOU HAVE CARDIAC STENTS ):

If needed, Tylenol (Acetaminophen) is okay to take.

### Bowel Prep

To have the best experience possible and allow your medical team to completely view your colon, you will be asked to do a bowel prep. It is very important to **purchase your prep at least 5 days prior to your procedure (Thursday)**. Dr. Brewington prefers Suprep or SuTab, but sometimes insurance does not pay for all of it and it can be costly. If you need an alternative prep, please ask about other options. We want you to be ready Tuesday morning to start your prep, so it is important you have everything you need and understand everything you need to do. Take the provided clear liquid diet sheet and your bowel prep sheet with you to the store so you know what to purchase.

## Clear Liquid Diet

### TO BE STARTED ON THE Tuesday MORNING BEFORE YOUR SCOPE

Start this upon waking up Tuesday morning and continue **ENTIRE** day/evening. You will follow this diet as well as taking your prep today (see directions for prep). You can take your medications today, but do not take any medications **one hour prior to drinking the prep**, as they may not be absorbed properly.

#### WHAT YOU CAN'T HAVE:

- **RED OR PURPLE FOOD DYE!!** Residue in the colon can resemble blood.
- Milk, nectar, cream (dairy or non-dairy), meal replacements or solid food
- Alcohol
- Noodles or vegetables in soup
- Juice with pulp
- Anything you can't see through

#### WHAT YOU CAN HAVE: NO RED OR PURPLE DYE

- Water (plain, carbonated, or flavored)
- Apple, White Cranberry, White Grape Juice (NO pulp)
- Lemonade
- Clear broth or bullion (high protein)
- Coffee (sweetener or honey only—NO creamer)
- Tea (sweetener is okay)
- Gatorade, Powerade, Propel
- Carbonated soft drinks (Dark sodas are fine)
- Kool-Aid
- Gelatin or Jell-O (NO fruit topping)
- Popsicles
- Hard candy (lemon drops, peppermints)

Please be sure to drink as much as you can throughout the day to prevent dehydration while doing your prep. Dehydration can cause difficulty starting the IV prior to your procedure. This can also lead to fatigue.

## **SUTAB Prep Instructions for Tuesday Evening**

***Tuesday EVENING:*** The day prior to the Colonoscopy

At 3:30 pm Take 1 Ondansetron – This is the anti-nausea medication.

**Dose 1 – On the day prior to colonoscopy at 4pm:**

- **ONLY clear liquids may be consumed ALL day on Tuesday.**
- Early in the evening prior to colonoscopy, open one bottle of 12 tablets.
- 1. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. **DO NOT JUST TIP THE BOTTLE OF PILLS BACK AND SWALLOW**
- 2. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- 3. Approximately 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- If patients experience preparation-related symptoms (e.g. nausea, bloating, cramping), pause or slow the rate of drinking the additional water until symptoms diminish.

**Dose 2 – At 9:30pm:** Take 1 Ondansetron

**At 10pm:**

- Continue to consume only clear liquids.
- Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.
- Repeat Steps 2-3 as you did at 4 pm. No drinking 4 hours prior to your procedure.

**PROCEDURE DAY**  
(Wednesday Morning)

- **DO NOT** take any medications unless otherwise directed by your physician or anesthesia nurse during the pre-op phone call.
- Arrive **1 1/2 Hours** before your procedure and check in through the **ER ENTRANCE**. After you are checked in, you will be prepped for your procedure. Since you will be sedated during this procedure, an IV will be started..
- Expect to be in the hospital 3-4 hours total from check in to check out. The actual procedure typically takes less than a hour.

**POST-OP INSTRUCTIONS**

- Once your medical team feels you are ready to be discharged, you can be taken home by a responsible adult (18 & over) Have someone stay with you for the next 2-4 hours after arrive home.
- For the next 24 hours after procedure:
  - **DO NOT** drive a car or operate dangerous machinery
  - **DO NOT** sign any legal documents
  - **DO NOT** climb stairs alone
  - **DO NOT** consume Alcohol
- Call your doctor or go to the ER if you experience the following within 24 hours of your procedure:
  - Severe Abdominal pain, swelling or distention of the abdomen.
  - Bright red blood in stools, black tarry stools, or vomiting blood
  - Temp over 100 degrees
  - Widespread itching and/or hives
  - Breathing problems
  - Difficulty arousing from sleep
- If biopsies were taken today, do not take the following for the next 7 days unless instructed by your physician:
  - Asprin
  - Advil, Motrin (Ibuprofen)
  - Aleve (Naproxen)
  - Mobic (Meloxicam)
- Instead you can take Tylenol or Celebrex. You may also resume all other medications unless otherwise directed by physician.
- **DO NOT** take any additional narcotic medications, other prescription pain medications, or sedating medications for the next 12 hours unless directed by your physician.

## • POST-OP INSTRUCTIONS CONTINUED

- If you have any redness or swelling at the IV site, place a warm washcloth over the area for 15-20 minutes three times a day until redness subsides. If symptoms continue for 2-3 days contact our office.
- Rest today. Resume normal activity tomorrow.
- You may experience some bloating and discomfort in your abdomen from excess gas. This is expected. Place a warm compress to the abdomen or getting up and walking may help. Bending your knees while lying down on your left side may help relieve discomfort.
- You may resume your normal diet today unless otherwise instructed by your physician.

## FOLLOW-UP

You will be instructed, the day of your procedure, whether to follow up in the office in 1 week or if you will receive a phone call with results

## Frequently asked questions?

### **What about eating, drinking or smoking before my anesthesia?**

Generally, you should not eat or drink anything after midnight before your surgery. You may be given permission by your anesthesia team to drink clear liquids up to 4 hours before your anesthesia. If you smoke, the sooner you quit before surgery the better but at least avoid smoking after midnight the night before your anesthesia.

### **Why do I have to not eat for so long?**

Anesthesia has set standards to reduce the risk of compromising your airway during surgery. If there is food contents in your stomach, that could greatly increase the possibility of you throwing up food contents that could then get in your airway and into your lungs.

### **Why do I have to be there so early?**

We do have a process for registration, getting you settled into your room and changed. The nurse will need to assess your vital signs, and health history with last time you took your medications. You will need to have an intravenous line started. We also need time for anesthesia to see you and the doctor to see you prior to being ready to go back to surgery.

### **Why do I have to remove my jewelry and piercings?**

Any kind of jewelry or metal can increase your risk for burns during surgery. If the surgeon needs to use cautery to stop bleeding, there is potential for it to arc to metal. It is also a good idea not to take extra objects back in surgery as they could get lost or come loose.

### **Why do I need to remove nail polish and makeup?**

We will need to be able to assess your oxygen levels and to check your circulation through your nail beds which is easier to do without nail polish in the way. Makeup can also change your skin tone and make it hard for us to assess your skin tone and circulation.

### **Why do I need to take my underwear off?**

Sometimes it is just in the way of the surgery site. It is also possible for patients to lose control of their bladder when relaxed during surgery. We do also try to have you urinate just prior to going to the operating room to decrease the possibility. On longer cases, they may need to put a urinary catheter in place.

### **Why do I need a driver?**

You will be given some sort of sedation type medication, it is not safe to drive under the influence of the medications that you will be given and should not drive for 24 hours after surgery and if taking any narcotics medications.

### **Will I be asleep?**

Anesthesia will discuss your anesthesia options when they talk to you before surgery. There are different levels of anesthesia that can be given and they will individualize your anesthesia to keep you as safe and unaware as possible.