

Frequently Asked Questions About Colonoscopy

1. Why can't I eat any food the day before the exam?

The clear liquid diet for the 30 hours before the exam is an essential part of the preparation of the colon to make sure that the colon lining can be well seen. Anything that you eat in that period before the exam tends to increase the risk of a poor prep and an exam that will need to be rescheduled and repeated.

TIPS FOR SUCCESS:

-Hydrate well- that means drink something on the list of clear liquids you were given or sent when the test was scheduled (something with calories--not just water) every hour while awake (not all night) because that

-fakes out your stomach so you are not hungry

-avoids any sick/headachy feeling that people get when they haven't eaten

-protects your kidneys

-helps the prep

2. Why do the instructions have me stop nuts, seeds, and less digestible vegetables such as Quinoa 1 week before the exam?

Nuts and seeds are less digestible than other foods and tend to be harder to flush out with the prep. They are also small and tend to block the suction of the colonoscope and can make the test longer and more difficult for your gastroenterologist and often less effective, meaning that some areas can't be seen well. That may cause your doctor to order a repeat exam or an exam earlier than is generally needed. But if you forget to stop these foods 1 week early- call the office to check with your doctor before cancelling or not showing up for the exam.

3. Why do I need to drink part of the prep 5 hours before the test even if this is the middle of the night? Why can't the prep be taken all-at-once the night before the exam?

It is vital for your gastroenterologist to be able to see the colon lining well. The first part of the prep does a fairly good job clearing solid stool from the colon, but overnight a lot of secretions pass from the small intestine down into the colon and can obscure the view. Even though it seems very hard to have to drink part of the prep 5 hours before the exam, it is very important and is part of having a high quality exam.

4. Why do I need to drink so much liquid laxative?

The liquid preps that we generally use have been studied extensively for their effectiveness at clearing the colon of stool. Surprisingly, the safest preps for people with any heart or kidney disease are those with larger volumes- 2-4 liters taken twice. They include Golytely, Colyte, Nulytely and PEG 3350 solutions. Your gastroenterologist or nurse practitioner will help you decide which prep is best for you.

5. I have heard that there are pill alternatives and smaller volume preps- why can't I use these?

The pill prep is many pills (32 pills) and contains a laxative called sodium phosphate which can cause problems with your kidneys. Other small volume preps are generally not used because they are less effective or may have health consequences especially in older people or those with heart or kidney problems.

6. What if I get sick or vomit while drinking the prep?

Stop drinking for 20 or 30 minutes and then start again more slowly. Try drinking 3 or 4 oz at a time with a short break in between. If you continue to have vomiting, call the office to speak to the physician on-call.

7. What if I take the laxative and I don't start to have diarrhea?

Some people who tend toward constipation have more trouble with the prep. Usually the laxative starts to work within 3 or 4 hours. If you don't have loose and frequent stools, try a Dulcolax suppository (generic name is Bisacodyl and is available at most drugstores). Insert the suppository in the rectum and you can repeat in 1 hour. If you continue to have problems, call the office to speak to the physician on-call.

8. Why can't I eat or drink on the day of the colonoscopy?

You will be given sedating medication to help you relax and be comfortable during the exam. If food is in your stomach, there is a risk that it will come up your esophagus when you are sleepy. This causes a risk of food or liquid entering your lungs and could cause pneumonia or other life-threatening breathing problems.

9. How long is the test and why do I have to arrive an hour early?

The test itself usually takes 20-30 minutes but you will usually be at the endoscopy center for about 2 hours. When you arrive you will review your history, medication and allergies with the nurse and meet and give consent to the anesthesiologist. You will get an intravenous (IV) line placed and have monitoring equipment attached. After the test you need to wake up fully from anesthesia and be monitored for 30 minutes before it is safe for you to leave the endoscopy center.

10. Why can't I drive myself home after the colonoscopy? Why do I need an adult to accompany me if I use a bus or taxi service?

The sedative you receive for comfort during the exam may make you sleepy or forgetful or affect your reflexes after the exam. You may be uncomfortable after the test and will be tired. Remember, you will have had a night of little sleep before the test. For your safety you should not drive, drink alcohol or operate heavy machinery and an accompanying adult is necessary to make sure you get home safely. If you do not have transportation with an adult, the test will not be done with sedation and will need to be rescheduled.

11. When will I know my results?

After the colonoscopy, your gastroenterologist will speak to you briefly in the recovery area. He or she will tell you what was found and you will receive a written brief report and pictures, if you wish. If biopsies are taken or polyps are removed, the tissue is examined by a pathologist and the final information may not be available for a week. You will be called or receive a letter from our office staff with final results and can always make an appointment in the office to discuss the findings further with your gastroenterologist, PA or nurse practitioner.