



Mountain West Endoscopy Center
Patient Information Sheet – Colonoscopy

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You have been scheduled for an examination of the lower gastrointestinal tract (rectum, colon or large bowel). This is done by looking at the lining of the large bowel by a lighted tube put into your rectum. In order to exam the colon completely, you will have to follow a special colon preparation before the test. This will “clean” the bowel out.

The morning of the test you will be asked to lie down on the examination table. You will be given a sedative or anesthesia medicine to help you feel relaxed and comfortable. Once you are relaxed, the doctor will exam your colon with the endoscope. The examination usually takes 20 minutes to 1 hour. If anything unusual is seen in your colon, like a polyp or inflamed tissue, biopsies (small pinches of tissue) can be taken through the tube. These biopsies are not painful. The biopsies are then sent to the laboratory for examination by microscope. The endoscope is taken out after the exam is completed. Most patients are awake enough to leave within an hour. However, for safety reasons, you cannot drive or operate dangerous machinery, tools or appliances, until the following day, as the full effect of the medicine wears off slowly. Before you leave, a check-out sheet will be given to you explaining the results of the test.

Bleeding and puncture of the colon are possible complications of colonoscopy. However, such complications are uncommon, occurring only about 1 in 2500 times and would require surgery to repair.

Any questions you have about this examination or its possible complications should be discussed with the doctor before the exam begins.

7 DAYS PRIOR TO YOUR EXAM: Stop taking **Aspirin, Ginkgo Biloba or Plavix.** Tylenol is okay to take. If you have a heart condition, had a recent heart attack or cardiac stent placement, then you should discuss this with your Cardiologist or Primary Care Physician prior to stopping any anti-clotting agents. If you are taking blood thinners such as Coumadin, then you should discuss with your Cardiologist or Primary Care Physician how to manage your blood thinners, and, **IF** you should stop it before your procedure. However, if you have had a mechanical heart valve, history of a deep clot in your leg, or a pulmonary embolism, then you may need Lovenox or Heparin up to the day of your procedure. If you have diabetes, please follow our attached guidelines. **STOP** eating high fiber foods, fiber supplements and discontinue any **iron** supplements 5 days prior to your examination.

3 DAYS PRIOR TO YOUR EXAM:

Stop taking all anti-inflammatory medicines such as Ibuprofen, Advil, Naproxen, or Aleve. You can take Tylenol for pain.

Do you have an artificial heart valve, artificial joint replacement or history of previous endocarditis (heart infection)? Yes ___ No ___

Patient Signature: _____

Date: _____

Patient’s Date of Birth: ____/____/____

Please bring someone with you to drive you home, as you will be sedated/anesthetized for the exam. Taxi drivers are not allowed. You may not drive for 12 hours. The doctor will talk to you after the exam and will give you recommendations for diet, medication, follow up care, etc. Wear comfortable clothing; bring your glasses, hearing aids, insurance card(s) and completed information form. For your safety, no jewelry should be worn **anywhere on your body** the day of your procedure. No valuables should be brought to the center. We are not responsible for patient valuables. We will expect payment of co-pays, coinsurance and deductibles at the time of service. If your insurance requires a referral, you should contact your primary care physician to arrange for us to receive the referral prior to the procedure. Additional information can be found at our website www.mwgi.com.

You may receive FOUR separate bills for this procedure: 1-Physician, 2-Facility, 3-Pathology, 4-Anesthesia

Questions – Call _____