

Getting Ready for Your Colonoscopy

 **PRESBYTERIAN**

One and Done

Let's do this once and let's do it right!

Inside you will find:

- How to prepare for your colonoscopy
- Information about your colonoscopy
- Answers to commonly asked questions

About This Booklet

You've been scheduled for a colonoscopy. **Colonoscopy can find cancer and save lives.** This booklet will help you get ready. We know it can be challenging to get ready for a colonoscopy. We also know that you may have questions about the test. We created this booklet to help answer your questions.

This booklet was developed by talking to people who had a colonoscopy. Researchers asked these people to explain what was confusing or difficult about getting ready for the test. The researchers then used this feedback to create this booklet, and tested the booklet in a study to see if it could help people get ready for a colonoscopy. The study found that people who read the booklet were more likely to have a clean prep compared to those who did not get the booklet.*

About Getting Ready

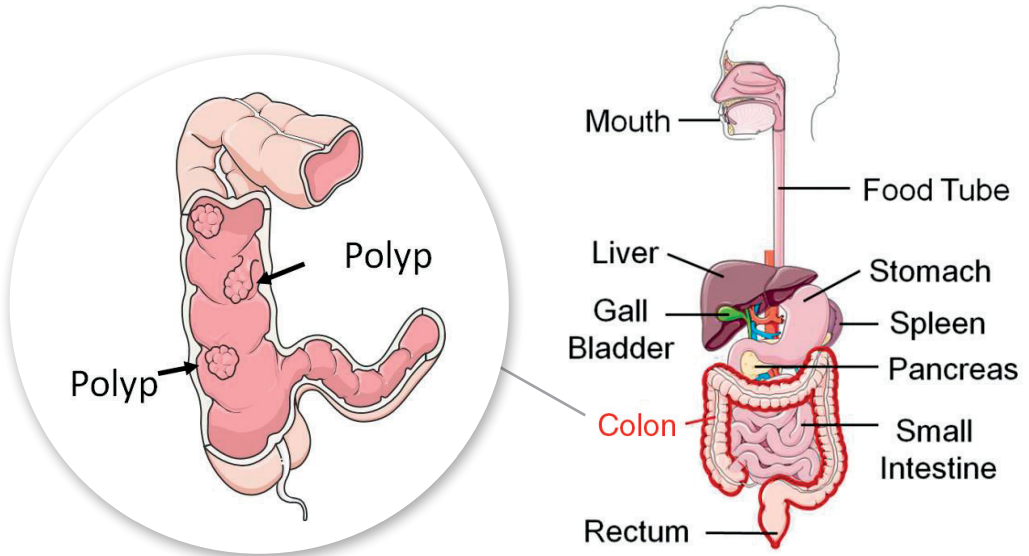
The MOST IMPORTANT thing you can do is to **empty out your colon by following the diet described in this booklet and taking the "bowel prep" medicine prescribed by your doctor.** We want to help you get ready. If you come in with your colon properly emptied out, then we can make this "One and Done." **"One and Done" means just that— let's do this once, let's do it right, and let's be done with it. Then we won't run the risk and inconvenience of asking you to come back and repeat the test.**

*Spiegel BM, Talley J, Alvarez E, Bolus R, Kurzbard N, Ho A, Kaneshiro M, Cohen H. Impact of a novel patient educational booklet on colonoscopy preparation quality: results of a randomized controlled trial. American Journal of Gastroenterology, 2011 (in press).

About Your Insides

Your digestive system—made up of your mouth, food tube, stomach, bowels, and other organs—helps you break down and absorb food. The last part of your bowels, the large intestine (or the colon), is a hollow tube that helps you absorb water and pass stool and other wastes from your body.

Your colon, like other parts of your body, can get cancer. There is no single cause for colon cancer, but nearly all colon cancers begin as non-cancerous polyps. A polyp is a small growth on the surface of your colon that can turn into cancer. Removing polyps may prevent you from getting colon cancer. If polyps have already become cancerous, catching them early increases your chance of surviving or being cured of colon cancer.



About Colon Cancer

One out of every 16 Americans will get colon cancer. Most people survive colon cancer if it is caught early, and only 5% of people survive colon cancer if it is caught late.

You may be at higher risk for colon cancer if:

- You are older than 45-50
- You have had polyps before
- Someone in your family has had polyps
- You have a family history of colon cancer or polyps

You may also be more likely to get colon polyps if you:

- Eat a lot of fatty foods
- Smoke
- Drink alcohol
- Do not exercise
- Weigh too much



Please talk to your doctor about how you can reduce your risk for colon cancer.

How Does a Colonoscopy Work?

The purpose of a colonoscopy is to look inside your colon for polyps, cancers, ulcers, and other conditions. It is important to get a colonoscopy to test for colon cancer once you are 45-50 years of age or older since the disease usually has no symptoms.

Just before the procedure starts, you will receive some medicine to make you sleepy. This medicine (a sedative) will help you avoid discomfort from the procedure. Most people do not remember having the procedure.

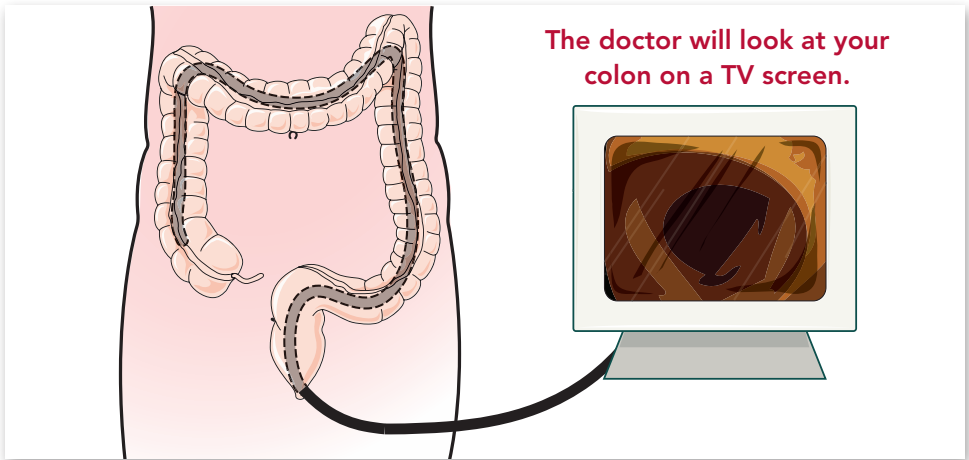
The doctor will begin the colonoscopy by examining your rectum to make sure you do not have stool left in your bowels. The doctor will then inflate your colon with a soft stream of air. This will help the doctor get a clear look in your colon. The doctor will then pass an endoscope through your anus and in your colon.



How Does a Colonoscopy Work?

The endoscope is a thin flexible tube that has a light and a camera at the tip. Images from the camera go to a TV monitor in the procedure room, allowing the doctor to see the inside of your colon on screen. The doctor will then look for polyps, cancer, or other abnormalities throughout your colon. Your doctor will also remove any polyps that are found. A colonoscopy usually takes around 20 - 30 minutes to complete.

Here is a picture of how it works. The scope bends as it passes through the colon. The headlight provides light so the doctor can see.



After the procedure, you will need to recover for about 30-60 minutes to let the sedative wear off. You may feel some gas during your recovery caused by the air used to inflate your colon. Most facilities will require someone to help you get home afterwards.

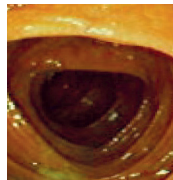
Why is it Important to Get Cleaned Inside?

Your doctor **must** be able to see in order to do the test right. If it is dirty on the inside, your doctor may not be able to see important things, like polyps or cancer, and may even have to do the test again. That would mean you would have to start over, and nobody wants that. So help us help you make this "one and done."

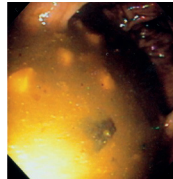
Imagine This

Think of it this way: a clean colon is like driving on a country road on a sunny day. A dirty colon is like driving in a snowstorm.

When your colon is clean, doing the colonoscopy is like driving on a country road on a sunny day. It is easy to see and to drive.



When your colon is dirty, doing the colonoscopy is like driving on a winter road in a snow storm. It is hard to see and hard to drive.



One Day Before Your Colonoscopy

What You Eat:

You must not eat any solid foods the day before your colonoscopy. You may only eat a clear liquid diet. Go to page 12 for things you can eat.

What You Drink:

You must drink only clear liquids for breakfast, lunch, and dinner. Be sure to drink at least 12 tall glasses (about 8-10 ounces each) of clear liquids throughout the day in addition to what you have to drink with your bowel prep.



What Is a "Clear Liquid?"

As you get ready for your colonoscopy, you must only drink clear liquids. A liquid is considered "clear" if you can read something through it. Use this simple test to figure out what you can drink, and what you cannot drink.



This is orange juice. Orange juice is not clear because you can't read the newspaper through it. **Don't drink this.**



This is pineapple juice. It's also not clear. **Don't drink this.**



This is apple juice. Apple juice is clear because you can read newspaper print through it. **You can drink this.**

What Drinks are OK?



Soda pop, ginger ale,
and club soda



Water and
mineral water



BLACK coffee
(No Cream or Milk)



CLEAR sports drink
with electrolytes



Apple Juice



Tea

What Drinks Are NOT OK?



No milkshakes



No coffee with cream



No pineapple juice



No orange juice



No milk or dairy drinks

What About Alcohol?

Although alcohol is a clear liquid, it can make you dehydrated. You should **NOT** drink alcohol while preparing for your test.

What Foods Are OK?



Flavored gelatin



CLEAR broth



Popsicles



Hard candy

What Foods Are NOT OK?

Page 12 specifies the types of foods you can have. Other than these exceptions, do not have any solid food while on a clear liquid diet.



No breads, grains, rice, or cereals



No milk or dairy products



No soups with chunks of food



No vegetables



No meat





No fruits

Is My Prep Working?

How do I know when my bowel prep is complete?

The stool coming out should look like the stuff you are eating and drinking – clear, **without many particles**. You know you're done when the stool coming out is **yellow, light, liquid, and clear** – like urine. Below is a guide to help.



				
Dark and murky	Brown and murky	Dark orange and semi-clear	Light orange and mostly clear	Yellow and clear, like urine
NOT OK	NOT OK	NOT OK	ALMOST THERE!	YOU'RE READY!

Frequently Asked Questions

Can I drive myself home after my colonoscopy?

NO. You will receive medicine to make you sleepy during the test. That means you cannot drive home. You must arrange for someone to drive you home after the test. You may also use public transportation (taxi or bus), but only if you have an adult who can escort you home.

How long will the test take?

The test itself takes about 10 - 30 minutes. But expect to spend more time at the doctors' since you'll need to prepare for and recover from your test. Expect to spend about 4 - 5 hours at your facility, although this may vary.

What are the side effects of the "bowel prep?"

You will have lots of diarrhea from the bowel prep. This will start anywhere from a few minutes to 3 hours after you start your prep. So plan to be home, and plan to be near a toilet. Most people have bloating and abdominal discomfort. This is normal. Do not be alarmed if you feel these symptoms. Many people have nausea. This is also normal. Some people do not like the taste or smell of the medicine. Please do not let this get in the way of taking the medicine as directed. Rarely, some people throw up while taking the prep. If this happens, stop taking the prep and call your doctor.

My prep hasn't started working yet. Is that OK?

People respond differently to the bowel prep – some people have diarrhea within minutes of taking the prep, while others have no response for an hour or more. If you have waited more than 3 hours without a response, then it may not be working well. Be sure you are drinking enough fluid, as instructed on page 8. If that doesn't work, take the second part of your prep and continue to drink fluids. It should work eventually. Call your doctor if the medicine is still not working at all despite drinking enough fluid and taking the medicine as prescribed.

What if I Have Other Questions?

If you are having any trouble preparing for your test, or have questions about this booklet, call your doctor. Remember: Let's Make this "One and Done" Together.

This booklet is for information only and you should consult with your physician to discuss treatment options and your specific condition.



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This booklet is based on a booklet developed by Brennan Spiegel, MD, MSHS; Jennifer Talley, MSPH; Kristina Cordasco, MD, MPH; Michael Chan, MD, MPH; Hartley Cohen, MD and Bradley Snyder.