

# Colonoscopy

Lloydminster Specialist Clinic  
780 – 874 – 1106

<http://lloydminstersurgeons.com>

You need to be at the Lloydminster Hospital on \_\_\_\_\_ at \_\_\_\_\_.  
The procedure will be performed after the nurse has prepped you.

*You will require a ride home. You are NOT allowed to drive for 24 hours afterwards. No Taxi's unless somebody accompanies you.*

\*\*\* CONFIRMATION OF YOUR APPT MUST BE MADE 2 WEEKS PRIOR WITH THE  
LLOYD HOSPITAL 306 - 820 - 6292 OR YOUR SCOPE MAY BE CANCELLED \*\*\*

## PREPARATION:

### *The Week Before:*

- ✓ Patients on blood thinners are to stop taking them as per anesthesia decision at PAC.

### *Five Days Before:*

- ✓ No nuts, seeds, corn, tomatoes, eggs, cereals, beans, dried fruits or red meat.

### *The Whole Day Before:*

- ✓ **NO SOLID FOOD whatsoever.** Have a clear fluid diet only - this is flavoured water. This includes water, broth, pop, tea & coffee, Jell-O, PowerAde, Gatorade or popsicles. Please avoid blue, red, or purple fluids. NO dairy products.
- ✓ Use **COLYTE** or **PEGLYTE**, you must start drinking it at 12 midday. **Drink half between 12 noon to 2 PM, and the other half between 8 PM to 10 PM.** You can continue with your clear fluid diet even after starting the bowel prep.
- ✓ You must not have anything to eat or drink from **MIDNIGHT** until after your scope.

You can get the prep at any pharmacy without a prescription. If you do not take the prep, it will result in cancellation of your procedure because your colon will have stool in it and the doctor will not be able to do the procedure.

\*\*\* IF YOUR STOOL IS NOT CLEAR, PLEASE INFORM THE NURSE AS YOU MAY REQUIRE AN ENEMA\*\*\*

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## ***What happens during the procedure?***

It takes approximately 4 hours for prep, procedure and recovery. You will begin IV medications that will help you relax (sedation). You will lie on a table, on your left side; in the knee to chest position. As the scope is passed through the colon, air will be used to gently open the walls of the colon so the colon can be examined adequately. You may feel bloating and some cramping from the air. If there are any abnormalities a biopsy will be taken and sent to the lab.

## ***What happens after the procedure?***

After the scope is removed you will be taken to a recovery room to rest until you are alert and ready to be taken home. You should plan to rest after you get home as well. No driving, working, use of heavy machinery, or signing of legal documents allowed for 24 hours. It is normal to have intestinal gas and mild cramps for a few hours after the exam. Some patients may experience diarrhea.

***Other Information:*** Appointment changes may occur due to unpredictable or emergency cases. Bring all your medications with you. If you are diabetic, please bring your insulin. Do not bring valuables, jewelry, or large sums of money.

## **Risks and Complications:**

**Common risks and complications** include:

Mild pain and discomfort in the abdomen for one to five days after the procedure. This usually settles with walking, and moving around to get rid of the trapped air.

Nausea and vomiting.

Faintness or dizziness, especially when you start to move around.

Headache.

Pain, redness or bruising at the sedation injection site (usually in the hand or arm).

Muscle aches and pains.

Allergy to medications given at time of the procedure.

**Uncommon risks and complications** include:

About 1 person in every 1,000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.

About 1 person in every 100 will experience a significant bleed from the bowel where a polyp was removed. Further endoscopy, a blood transfusion or an operation may be necessary.

Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.

Missed polyps, growths or bowel disease.

Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.

Change of anaesthetic from a sedation anaesthetic to a general anaesthetic.

'Dead arm' type feeling in any nerve due to positioning with the procedure - usually temporary.

An existing medical condition that you may already have getting worse.

**Rare risks and complications** include:

Bacteraemia (infection in the blood). This will need antibiotics.

Stroke resulting in brain damage.

Anaphylaxis (severe allergy) to medication given at the time of procedure.

**Death as a result of complications to this procedure is rare.**