



Mountain West Gastroenterology

Patient Information Sheet – Colonoscopy

<input type="checkbox"/> Oscar A. Batista, M.D.	<input type="checkbox"/> Edward J. Frech, M.D.	<input type="checkbox"/> Randall J. Ryser, M.D.
<input type="checkbox"/> Mark E. Boschert, M.D.	<input type="checkbox"/> Gordon E. Harmston, M.D.	<input type="checkbox"/> Michael J. Sossenheimer, M.D.
<input type="checkbox"/> Christopher C. Canale, M.D.	<input type="checkbox"/> Clarke A. Hilbig, M.D.	<input type="checkbox"/> I. Raymond Thomason, M.D.
<input type="checkbox"/> Brett W. Doxey, M.D.	<input type="checkbox"/> Robert G. Jones, M.D.	
<input type="checkbox"/> Peter C. Fenton, M.D.	<input type="checkbox"/> D. Rayburn Moore, M.D.	

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 examine 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 LEGALLY drive or operate dangerous HEAVY machinery, tools or appliances, until the following day, as the full effect of the medicine may wear off slowly. Before you leave, a check-out sheet will be given to you explaining the results of the test.

Bleeding, incomplete exams, infections, missed lesions, and puncture of the colon are possible complications of colonoscopy. However, major complications are uncommon, occurring about 1 in 2500 times and could 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: If you have a heart condition, had a recent heart attack, stroke, or cardiac stent placement, are taking **Aspirin and/or Plavix**, you should discuss this with your Cardiologist and/or Primary Care Physician prior to stopping any of these anti-clotting agents. If you are taking blood thinners such as **Coumadin**, then you should discuss with your Cardiologist, Neurologist 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 evening before 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:
If possible 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: ____/____/____

You must bring someone with you to drive you home, as you will be sedated/anesthetized for the exam. Using taxi drivers, busses, and trains is 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 _____