



Mountain West Gastroenterology, P.C.
St. George Office

368 East Riverside Drive, Suite A

St. George, Utah 84790

Office 435-673-1149 Fax 435-673-1182

Gastroenterology – Liver Diseases – Diagnostic and Therapeutic Endoscopy

James W. Bown, MD

Lee J. Hixson, MD

Roger L. Siddoway, MD

PATIENT INFORMATION SHEET
COLONOSCOPY

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 examine the colon completely, you will have to follow a special, colon preparation before the test. This will “clean” the bowel out. It is important **not to eat solid food once the preparation has begun**, until after the test. **Stop clear liquids three hours prior** to the procedure.

The morning of the test you will have your blood pressure and pulse checked. Then you will be asked to lie down on the examination table. A small IV catheter will be put into a vein in your arm or hand so that medicine to relax you can be given. The medicines that are usually given are Fentanyl (a narcotic) and/or Versed (a sedative). Once you are relaxed, the doctor will examine your colon with the colonoscope. The examination, usually takes 20 minutes to 1 hour. If abnormalities are seen, 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.

Possible complications from the test include abdominal pain or cramping, mild bleeding from the rectum and soreness, or redness and/or bruising at the IV site. In addition, more serious complication can occur. These include, but are limited to, heart or breathing problems which occur in 0.2% of exams, perforation (making a hole in) or tears of the colon occurring in 0.12% of exams, bleeding which occurs in 0.09% of exams, and death, which are rare, occurring in less than 0.006% of exams. If a polyp is removed, the risk of perforation is 0.3% of exams, and bleeding in 1.7% of exams. If any of these complications occur, hospitalization, transfusions, or surgery may be necessary.

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

The risk of bleeding complications is increased if you are taking aspirin and *Plavix*. If you have had a heart stent placed, it is recommended that you remain on *Plavix*, but stop the aspirin 7 days prior to your exam if your cardiologist agrees.

Patient Signature: _____ Date _____, 2010

Please bring someone with you **to drive you home**, as you will be sedated for the exam. The doctor will talk to you after the exam and will give you recommendation for diet, medication, follow up care, etc. Wear comfortable clothes, bring your glasses, hearing aids, insurance card(s) and completed forms. We will expect payment of co-pays, coinsurance and deductible at the time of service. If you have any questions please call (435) 673-1149 or visit our website www.mwgi.com.

You may receive **THREE** separate bills for this procedure 1- Physician 2- Facility 3- Pathology.