

**Pullman Family Medicine**  
915 NE Valley Rd Pullman, WA 99163  
(509) 332-3548 Fax: (509) 332-5253

March 9, 2022  
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PATIENT NAME: Joe Cougar DOB: 07/15/2000

## COLONOSCOPY INFORMATION FOR PATIENT

**Dr. Ben Adkins**  
**Pullman Family Medicine**  
**915 NE Valley Road**  
**Pullman, WA 99163**  
**509-332-3548**

**Joe Cougar**

Date of Procedure: \_\_\_\_\_

**A representative from PRH Same Day will contact you to set-up your procedure time and will provide your check-in details. You will check in at the Admitting Desk at PRH.**

Location: Pullman Regional Hospital  
Same Day Surgery Department  
835 SE Bishop Blvd.  
Pullman WA 99163 (509)-332-2541

You will receive a phone call from Pullman Regional Hospital Same Day Surgery 3-5 days prior to your scheduled colonoscopy. They will ask you some questions about your health and can answer any questions you have about the procedure.

**Note: You must have a driver to take you home after the procedure. You cannot safely drive yourself home.**

### **Five days before your procedure:**

Change your diet: Minimize vegetables: no salads, broccoli, corn, squash, etc. The prep is less effective on vegetables so we can't see the colon effectively if you eat those before the procedure.

Most medications can be continued. Blood thinners (warfarin, Xarelto, Eliquis, Pradaxa) should be stopped for 5 days (discuss this with Dr. Adkins). Make sure you have picked up the bowel prep kit from your pharmacy. There are a variety of preps, including some that use pills or smaller volume over-the-counter medications such as magnesium citrate. The standard, least expensive prep is called PEG and is a liquid. Alternative preps not be covered so contact your insurance or pharmacist to see if they will cover brand name preps.

### **Two days before your procedure (Saturday):**

If you are prone to constipation, take two tablets of bisacodyl (Dulcolax) 5 mg each.

### **One day (24 hours) before your procedure (Sunday):**

1. You may eat a light breakfast and take your usual morning medications except blood thinners.

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2. **After breakfast the day before the procedure** you may drink water or have **clear liquids until midnight**. This includes black coffee, tea, clear fruit juices, Gatorade, Jello, and soup broth. No solid food or dairy products until after the procedure. Stop drinking clear liquids 6 hours prior to your procedure to allow the stomach to empty completely.
3. In the afternoon at 4:00 - 5:00 p.m., drink half of your bowel prep (**PEG**, or **MoviPrep** or **Suprep** are some names.) For whichever prep you have, drink one glass every 15 minutes until gone. Bowel movements will begin in 1-2 hours for most people. During the evening, continue to drink clear liquids to avoid dehydration.
4. The morning of the procedure, drink the remainder of the prep (1 liter of MoviPrep, or 16 ounces of Suprep) starting **4 hours before the scheduled procedure time**. After the prep is done, sips of water are fine, but no coffee or food.

**On the day of your colonoscopy:**

Please arrive at Pullman Regional Hospital **60 minutes** before the procedure. Do not eat or drink anything except sips of water the morning of your exam.

**Continue** your heart, blood pressure and asthma medications with a sip of water. Use all inhalers as prescribed. Long-acting insulin (Lantus, insulin N, basal rate on insulin pump) should be continued normally. **DO NOT** take blood thinners such as Warfarin (Coumadin) or fast-acting insulin (Humalog, Novalog, Regular insulin), or insulin-releasing medications (Glipizide, Glyburide, Amaryl, DiaBeta).

The colonoscopy usually lasts 20-40 minutes, and you will be sedated for this. This is known as "conscious sedation" or "procedural sedation" and is safer than general anesthesia.

**After the procedure:**

The nurse will monitor you to make sure you are recovering normally, and most people are ready to leave within 20 minutes. **An adult must drive you home from the hospital.** Since sedatives can have lingering effects for several hours, it would be unsafe to drive after receiving these medications. It is recommended that you do not return to work after the procedure.

If you have questions about these instructions please call: Pullman Regional Hospital Same Day Surgery Department (509) 336-7569 or Dr. Adkins' office at (509) 332-3548.

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## **Questions about Colonoscopy Screening**

### **Why should we screen for colon cancer?**

Colon cancer risk is 6% over a lifetime in people with no family history of colon cancer. The risk if you have a primary relative with colon cancer is 15-18% lifetime. The American Cancer Society recommends screening starting at age 45 because 25% of adults develop precancerous polyps at that age.

Screening should begin earlier in those with a family history. Polyps typically progress to cancer after 5-10 years.

### **How do I know if I am at risk?**

Every person has some risk. Some factors that increase your risk include age, meat consumption, alcohol use, smoking, diabetes, sedentary lifestyle, obesity, removal of the gallbladder, family history of colon cancer/polyps, and many others.

### **I have no symptoms- do I really need screening if I feel okay?**

Constipation, weight loss, and blood in the stool might be symptoms of colon cancer. We recommend screening even if you feel fine, since symptoms may not develop until the cancer has become invasive.

### **What screening methods are available?**

Any one of these methods is acceptable for average risk patients:

1. Stool tests for blood: Annual testing reduces colon cancer death rates by 33%, if every positive test is followed by a colonoscopy to remove polyps.
2. Stool tests for the mutation associated with polyps and cancer (Cologuard). This will find 25% of polyps, and 92% of colon cancers compared to colonoscopy. If it is positive then a colonoscopy would be needed.
3. Colonoscopy every 10 years: This strategy is estimated to reduce colon cancer death rates by 75-90%. In comparison, Pap smears are about 75% effective, mammograms are between 15-25% effective. Unfortunately, there are no proven effective methods to screen for most other cancers (lung, liver, pancreas, stomach, bladder, ovary, uterus, small intestine, esophagus, etc).

If you have higher risk because of family history of cancer or polyps, blood in the stool, or changing bowel habits, then colonoscopy is considered the only acceptable testing method.

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**What are the main risks of a screening colonoscopy?**

1% of patients have side effects from sedatives. These are usually minor, and include oversedation, feeling forgetful later that day, nausea, vomiting, and hiccups.

0.2% of patients have a perforation, or a tear in the colon wall. This risk is higher if you have an emergency procedure done, have an inadequate prep, are over the age of 75, have severe diverticulosis, or you have multiple large polyps removed. A perforation would require repair via open or laparoscopic surgery as soon as it is found, since it can lead to infection. A perforation rarely requires a colostomy during healing.

0.1% of patients have a bleeding complication that requires additional cautery or even a second colonoscopy. This is usually from removal of a large polyp.

Missed lesions: Colonoscopy is generally an effective method of screening but colon polyps and cancers can be missed, especially if they are within the wall, behind a fold, or develop in the interval between colonoscopies. The overall effectiveness is between 75-90% at preventing colon cancer deaths.

Anatomic barriers to full colonoscopy: In about 2% of people the very end of the colon cannot be reached because of the length or shape of the colon.

Rare risks: Aspiration of stomach acid or saliva causing pneumonia, injury to the spleen or liver, and fever after removing polyps.

**How is the procedure done?**

The procedure is done at PRH in the Same Day Surgery Department. You will do a colon prep to clean out the intestinal tract (see separate instructions) the day before the procedure. During the colonoscopy you will be given intravenous sedatives to help you relax or sleep. A flexible fiberoptic scope is inserted into the colon and used to examine each segment of the colon wall. The length of colonoscope is 1.5 meters (about 5 feet), and the total duration of the procedure is usually 20-40 minutes.

**What follow-up will I need?**

As soon as the procedure is finished Dr. Adkins will discuss the findings with you. If biopsies were taken, the results should be available in about a week.

If the colonoscopy is normal you should have a repeat colon cancer screening in 10 years. If polyps are removed, follow-up will be recommended for 3-7 years depending on the type of polyps.

If you have questions, please call Pullman Family Medicine 509-332-3548 for more information.