



Having A Colonoscopy

Video

COVID Policy

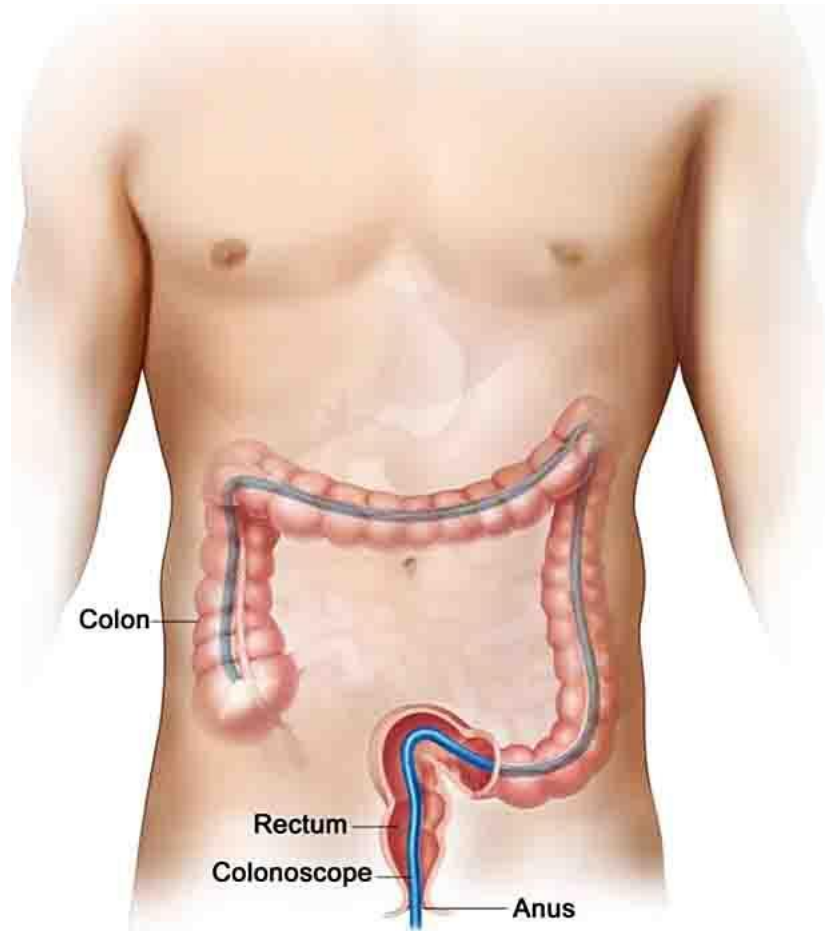
If you have a fever, unexplained cough, or respiratory symptoms or have been exposed to someone with symptoms or confirmed COVID-19 infection in the last four (4) weeks, CALL and reschedule your colonoscopy procedure. Do NOT do the prep and risk being turned away.

After careful assessment, your doctor has decided that a colonoscopy is necessary to evaluate your colon, or large intestine. Since your cooperation is essential for a successful examination, it is important that you know what is to be done and why. After reading this booklet, please ask your doctor if you have any additional questions or concerns.

What Is Colonoscopy?

Colonoscopy is a medical term that has two parts — "colono," which refers to the colon, and "scopy," which means "looking into."

Therefore, a colonoscopy is a test that lets your doctor look inside your colon. The instrument used to perform this test is the colonoscope: a long, flexible tube about the width of your index finger. Within the end of this tube is a miniaturized high-resolution video camera with a wide-angle lens. Performed under comfortable anesthesia, this "scope" is painlessly passed into the rectum and gently guided through the entire colon. More accurate at visualizing the inner lining of your colon than a CT scan or MRI, colonoscopy is a safe and highly effective diagnostic technique.



Who Should Have a Colonoscopy?

There are two reasons to perform a colonoscopy. The first is periodic SCREENING for colon polyps to prevent colon cancer. Screening is recommended for all adults over the age of 45. Average-risk individuals are advised to return every 10 years if the test is normal. Those with a personal or family history of colorectal cancer, colon polyps, or other chronic intestinal conditions, such as inflammatory bowel disease, are considered high-risk and are screened more often.

The second reason to have a colonoscopy is a DIAGNOSTIC study to help your doctor explain symptoms such as rectal bleeding, lower abdominal pain, or change in bowel habits.



Good News About the Prep

It's no secret that the worst part of having a colonoscopy has always been the preparation, or "prep." This examination requires a thorough colon cleansing so nothing blocks your doctor's view. Your colon must be completely free of all waste. This requires special dietary and laxative preparation the day before the test.

In the past, both poor taste and high prep volume have been a problem. But, there is good news! Finally, newer "prep" kits have been developed with a lower overall volume than "the gallon prep" of the past. Even better, for those who don't mind swallowing many pills, a new tasteless "pill prep" is also now available. There are special preps for those with chronic kidney disease. Detailed prep instructions will be provided. Please review these instructions well before your appointment.

Why Split the Prep?

You want this test to be accurate, which requires an excellent prep. To accomplish this, most colonoscopy preps are now split into two halves. The first half is taken the evening before your exam, and the other half the next morning, about 6 hours before your exam. This usually means getting up in the middle of the night to take the second half. Many patients question the need for a split prep. It's very inconvenient. Well, the first half does a good job of cleaning out the colon. However, while sleeping, your small intestine - which works 24 hours a day - dumps its contents into your right colon, preventing a clear view. The second half of the prep removes this material. It's like the first half cleans your colon, and the second half "polishes" it - giving your doctor the best possible view.

Can Diabetics Have A Colonoscopy??

We realize many patients with diabetes wonder about the safety of a colonoscopy prep. The bottom line is it can be done safely if you follow special instructions. We examine patients with diabetes every day in our center. Your colonoscopy prep will mean significant changes to what, and how much you eat, which can easily cause unpredictability of blood sugar. This will require a temporary adjustment in your diabetic medications. We will provide special instructions. The biggest fear is low blood sugar (hypoglycemia). You should monitor your blood sugar. We don't want you going low. We advise patients with diabetes to tolerate a slightly higher blood sugar for a day or two, which will not cause long-term harm. One day of glucose readings that are slightly higher or "permissive hyperglycemia" is way better than having a hypoglycemic event. If you have brittle diabetes or your diabetes is difficult to control, discuss the prep adjustments with your endocrinologist or PCP.

What About Your Medications?

You must provide an accurate list of all the medications you are currently taking so that we can advise of any temporary changes during your colonoscopy prep. Before your exam, most medications can be continued as usual. However, some medications can interfere with bowel preparation or the procedure's safety. Tell your doctor about any medications you are taking, particularly insulin or other diabetes medications, aspirin products, arthritis medications, blood thinners (such as warfarin, apixaban, rivaroxaban, heparin, etc.), and other drugs that interfere with clotting (such as clopidogrel (Plavix), ticagrelor, prasugrel, etc.). Over-the-counter medications and supplements should not be taken on the morning of the procedure. Tell your doctor about any medical conditions you have, such as heart, kidney, or lung disease. Also, be sure to mention any allergies you have to medications or latex. Follow your doctor's instructions carefully to ensure a successful procedure. If you are taking medication for high blood pressure, it is essential that you take your usual dose with a sip of water, including the morning of your procedure. If you are asthmatic, please bring all of your inhalers on test day. Anticoagulants or "blood thinners" are often held on an individual case-by-case basis. Aspirin does not need to be discontinued.

What To Wear

You will have to change into a patient gown before the examination. You should wear loose, comfortable, casual clothing that is easily removed. Avoid girdles, pantyhose, or tight-fitting garments. Please leave your jewelry, valuables, and high heels at home. DO bring your driver's license or other photo ID and be prepared to pay any required copay before the examination.

You Must Bring A Driver

As the sedation will make you drowsy for several hours, you cannot safely drive a car for the remainder of the day. Therefore, a family member or friend must accompany you to the office to drive you home. If possible, you should choose someone with whom the doctor can freely discuss your test results. We require that your companion arrive with you and remain in the office during the entire time of the test. Otherwise, the examination may be canceled. You must

arrive at least 60 minutes before your appointment and plan to stay approximately two hours. Free, convenient parking is available at our freestanding Three Rivers Endoscopy Center.

Your Permission

If you have any questions or concerns about this test, do not hesitate to ask your doctor about them. You will be asked to sign a written consent form, or "permit," before the test begins to signify that you completely understand what this test involves.

Pre-procedure Preparation

After the registration procedure, you will be taken to a private prep room, where you will be asked to remove your clothing and slip into a patient gown. A pulse oximeter probe will be placed on your fingertip, and EKG pads will be placed on your chest to monitor your breathing function and heart rate during the exam. A blood pressure arm cuff automatically measures your blood pressure every 5 minutes. A trained nurse will insert an IV catheter into a vein, which will be used to administer your sedation during the procedure.

Anesthesiologist

Before the exam, you will be seen by the Anesthesiologist, a board-certified physician trained in providing anesthesia safely. The Anesthesiologist will review your medical history and evaluate your health status to formulate a specific anesthetic plan that takes your physical condition into account. Most patients are administered MAC (Monitored Anesthesia Care) sedation, but the medications are tailored to each case.

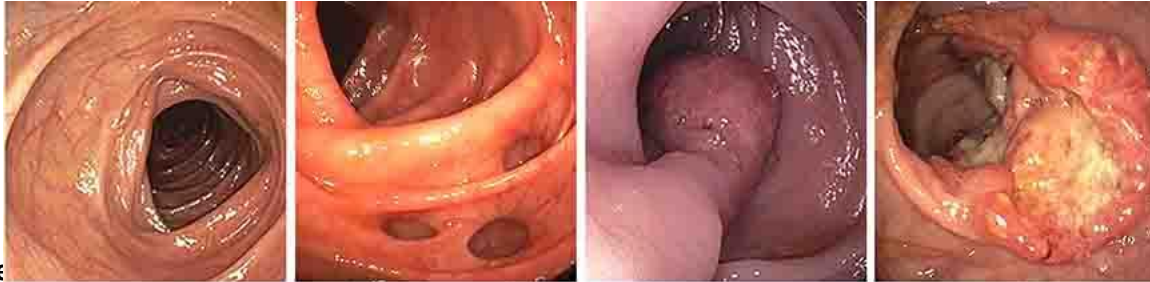
Endoscopy Room

In the Endoscopy Room, your identity will be reconfirmed, and you will be positioned comfortably on your left side. Oxygen is administered routinely. MAC anesthesia is slowly administered through the IV catheter. These medications will make you drowsy and relaxed, preventing discomfort during the examination. Under the supervision of the Anesthesiologist, a highly trained Certified Registered Nurse Anesthetist (CRNA) will be with you the entire time, monitoring your vital signs and level of anesthesia. Most patients fall into "twilight sleep" during colonoscopy and have no awareness or recollection of the procedure. Some patients fear loss of control during anesthesia. Rest assured that these medications will not prompt you to act or speak foolishly during the procedure.

Looking Inside

Your doctor will gently guide the colonoscope as he observes your colon on the video monitor, a process that takes approximately one-half hour. If your colonoscopy reveals any unusual condition, such as inflammation, an ulcer, a tumor, or a polyp, your doctor may photograph it. This photo provides a permanent record for your medical chart. To better evaluate any areas of suspected abnormality, your doctor may take a biopsy of the colon lining. To take a biopsy, the doctor passes small forceps through the center of the colonoscope and snips off a tiny tissue sample for laboratory analysis. Taking a biopsy is painless for the patient. (Be assured that the

decision to take a biopsy does not necessarily mean that your doctor suspects cancer. Biopsies of the digestive tract are often taken to look for other non-cancerous conditions.) There is no pain from a biopsy after the procedure; the site heals in a few days.



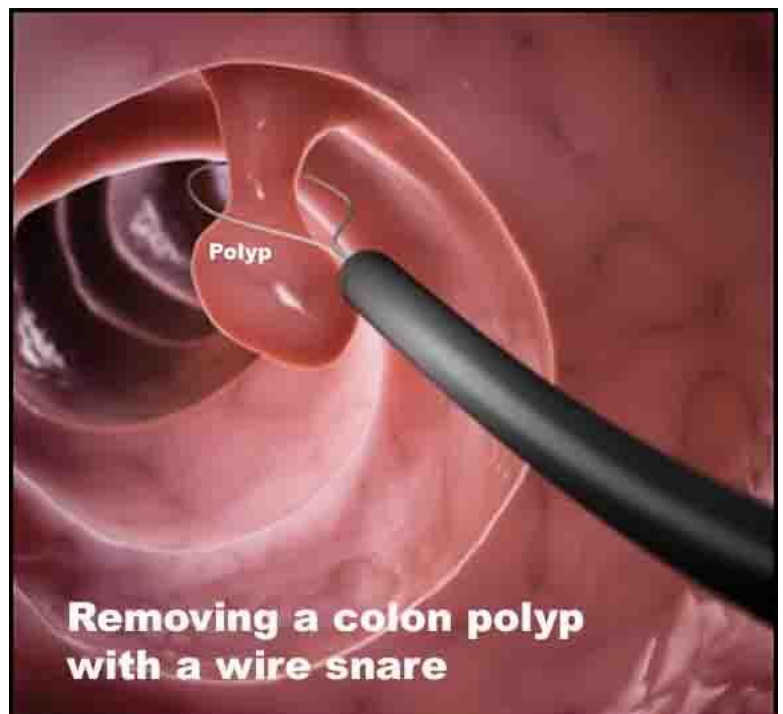
Pre The **Normal Colon** **Diverticulosis** **Colon Polyp** **Colon Cancer**

Sometimes, for no apparent reason, growths known as polyps may appear on the lining of the large intestine. Varying in size from pinheads to several inches in diameter, colon polyps do not usually produce any symptoms. They are quite common and affect both men and women equally. Initially, they are not cancer. However, if polyps are not discovered and allowed to grow, they may develop into cancer of the colon or rectum.

Colorectal cancer has become quite common and is now the second leading cause of cancer death in the United States. An American dies of Colorectal cancer every 10 minutes, with over 52,000 deaths per year. Only lung cancer is more deadly. Few know that colon cancer is now the leading cause of cancer deaths in nonsmokers. It is not widely known that colon cancer now kills more Americans than breast cancer or prostate cancer. Sadly, most of these individuals could have been saved by periodic screening colonoscopies.

Cancer Risk Increasing In Younger Individuals

Even more alarming is the fact that colorectal cancer is now affecting younger and younger individuals. Millennials (people born between 1981-1996) have twice the risk of colorectal cancer compared to those born in 1950. Those same individuals are more likely to be diagnosed with late-stage disease than older adults. That makes the odds of surviving colon cancer more challenging. This pattern has been noted across the country for several decades, and no one knows why. We see this in our gastroenterology practice. Because of this, the American Cancer Society now recommends



periodic screening colonoscopy exams for all adults over age 45 as one of the most effective ways to prevent colon cancer. Those with an immediate family history of colon cancer or polyps should start even earlier.

Removing a Colon Polyp

However, there is good news. Research has confirmed that the single best prevention for colon cancer is the early detection and removal of all colon polyps. Find and remove a colon polyp, and a potential colon cancer is prevented. It's that simple. Should a small polyp be discovered during your colonoscopy, it can usually be removed immediately... all during the same exam. The doctor removes the polyp by placing a wire loop, or "snare," around the polyp's base and slowly tightening the loop. As the polyp is severed, a mild computer-controlled electric current cauterizes the tissue to prevent bleeding. There is no pain or any sensation as the polyp is removed. The polyp is then retrieved and sent to a pathologist for examination. You may resume regular activity the next day since there is no incision.

After The Test

After an outpatient colonoscopy, a small tube may be inserted into the rectum temporarily to release any air infused into your colon during the examination. You will be taken by stretcher to a private cubicle in the Recovery Room. Your companion will be asked to sit with you while the effects of the sedation begin to wear off. Once you are more alert, the doctor will meet with you to discuss the findings and any necessary treatment. You will then be able to return home with your companion's assistance. You must go directly home; do not stop to eat along the way. A takeout meal is okay. Unless otherwise instructed, you may resume your usual medications. Because of the sedation's lingering effects, you should not drive, operate any machinery, drink alcohol, make any important business decisions, or engage in any vigorous physical activity for the remainder of the day. Until fully alert, be careful with social media.

What to Eat After Colonoscopy

Although you may resume a regular diet at home, you should eat lightly at first and then gradually increase your intake of foods as tolerated. Since air was placed in the colon during the examination, you may experience the discomfort of mild "gas pains" for several hours until the gas is expelled.

Your Results

Your Gastroenterologist will see you again in the Recovery Room to review the results of your colonoscopy. You will be given a copy of the report, which will also be forwarded to your PCP. If any specimens or polyps were extracted during the examination, the doctor will contact you and your physician when the laboratory results become available. Further treatment or tests, if necessary, will be discussed at that time.

How often you need a colonoscopy depends on multiple factors:

- (1) how clean was your colon, and whether your doctor was able to examine everything
- (2) how many pre-cancerous polyps you had that were removed
- (3) the size of the largest polyp
- (4) whether any polyps had serious features such as early cancer.

Based on these factors, your doctor will instruct you when to return for your next colonoscopy (i.e. 10 years, 5 years, 3 years, etc.).



Is This Test Dangerous?

While every medical procedure involves some risk, complications rarely occur in patients undergoing colonoscopy. With the advent of flexible fiberoptic instruments, this test has become an extremely safe and straightforward method of directly examining the lower digestive tract. When performed by a physician who is specially trained and experienced in the procedure, the benefits of colonoscopy far exceed the risks.

Your doctor is a Gastroenterologist

In addition to standard medical training, he has received special instruction in diseases of the digestive system. He has been thoroughly trained in the safe and proper operation of the colonoscope. The combination of his experience and expertise and your cooperation should make this test as safe and straightforward as possible. However, as with all medical procedures, complications can occur.

The principal risks are perforation of the colon (a tear through the bowel wall) or bleeding. Although perforation generally requires surgery, certain cases may be treated with antibiotics and intravenous fluids. Bleeding may occur at the site of either a biopsy or polyp removal. Typically minor in degree, such bleeding may stop on its own or be controlled by cauterization. Occasionally, surgery is necessary. Fortunately, both perforation of the colon and significant bleeding are quite rare.

Because bleeding may rarely occur up to two weeks after a colon polyp has been removed, you should not plan to travel to any remote areas without medical access during this period of healing.

Other possible risks include drug reactions and complications related to other diseases that you may have. Consequently, you should inform your doctor of all allergic tendencies and medical problems. Occasionally, the site of the sedative injection may become inflamed and tender for a short time, which is usually not serious. If inflammation occurs, applying warm compresses to

the area is generally helpful. If a problem persists, call us. Your doctor will be happy to discuss the above risks further, especially concerning your situation and need for a colonoscopy.

How Are The Instruments Sterilized?

We take your safety very seriously. Our facility has the latest Olympus OER-Pro ultrasonic chemical cleaner. This computer-controlled system ensures that all instruments are thoroughly cleaned and undergo high-level disinfection after each use. Only techniques known to kill all disease-causing bacteria and viruses, including the hepatitis and AIDS virus, are employed in this process. All techniques and sterilants are approved by the Food and Drug Administration (FDA), the American Society for Gastrointestinal Endoscopy (ASGE), the American Gastroenterological Association (AGA), the American College of Gastroenterology (ACG), and the Association for Professionals in Infection Control (APIC). Most accessories are sterile and disposable after each case. Our patients can be confident they are not risking infection during a scope examination. In all the thousands of cases we have performed in our facility since 1996, there has not been one case of transmission of infection. Our physicians and many staff members have their routine colonoscopies at our center.

How about insurance?

We are dedicated to providing the best possible care and service to our patients and regard their understanding of financial responsibility as an essential element of quality care and treatment. An extremely important factor that our patients need to be aware of is that when a sedated procedure is performed, there are usually THREE or FOUR SEPARATE FEES charged:

1. A PROFESSIONAL FEE from the doctor performing the procedure. Charges for the Center for Digestive Health and Nutrition will include services provided by the physician.
2. A FACILITY FEE from the surgical facility where the procedure was performed. Procedures may be performed at Heritage Valley Sewickley, Heritage Valley Kennedy, or Three Rivers Endoscopy Center. The facility fee includes fees for operating and recovery rooms, equipment, medications, nursing care, and standard supplies (as examples).
3. An ANESTHESIA FEE from the organization providing these services. Perioperative Anesthesia Consultants, Inc. provides these services for Three Rivers Endoscopy Center.
4. A PATHOLOGY FEE will be charged if a biopsy is taken during a procedure. The Center for Digestive Health and Nutrition, Heritage Valley Sewickley, or P4 Diagnostix usually provide these services.

Please contact our Billing Office for a Good Faith Estimate. Our notice regarding Patient Protections Against Surprise Billing is included on our website

A Valuable Tool

In summary, colonoscopy is a valuable tool for diagnosing and treating diseases of the large intestine. Through colonoscopy, the detection and removal of colon polyps, and thus the prevention of colon cancer, are made possible. Periodic colonoscopy is a valuable tool in monitoring patients with colitis, previous polyps, colon cancer, or a family history of colon polyps or colon cancer. Colonoscopy is a safe and worthwhile procedure that is exceptionally well tolerated. Do not hesitate to ask your doctor if you have questions about your need for a colonoscopy.

Robert Fusco MD
December 2024

WARNING: Individuals taking the semaglutide class of medications known as (GLP-1) receptor agonists may delay how their stomach empties. This may interfere with colonoscopy preparation AND increase the risk of aspiration under anesthesia for BOTH colonoscopy and upper endoscopy (EGD) exams.

ALL patients taking these medications once weekly MUST stop them temporarily for 1 week before their procedure appointment.

ALL patients taking these medications daily MUST stop them temporarily for 24 hours before their procedure appointment.

Failure to do so will result in the cancellation of the procedure, which will have to be rescheduled.



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The Center for Digestive Health & Nutrition is a private medical practice comprised of experienced Gastroenterologists, Nurse Practitioners, and staff members dedicated to preventing and treating digestive disorders. Our physicians have been serving the needs of those in Western Pennsylvania and surrounding areas since 1977, having cared for tens of thousands of individuals with digestive problems. Our mission is to deliver high-quality gastroenterology services efficiently and cost-consciously. We realize the very sensitive nature of GI illness and understand the necessity of providing our services in an environment that stresses patient privacy and confidentiality and where patient satisfaction is the goal. Appointments can be conveniently scheduled online via our website above. Learn more about digestive issues on Instagram @thedigestivetract

DISCLAIMER: The content provided on this website is for general informational purposes only. It is not intended as definitive medical advice, and self-diagnosis should not be based on online information. If you experience any symptoms or health concerns, it is crucial to consult a physician for a thorough examination and professional evaluation. Only a qualified healthcare provider can provide an accurate diagnosis and develop an appropriate treatment plan to rule out serious medical conditions.