

Patient: _____ Appointment Date: _____

Appointment time is provided the business day prior to your procedure

The appointment time on myHealth patient portal may not be correct as schedules are adjusted frequently

_____ Digestive Health Institute of Montana: 320 Sunnyview Lane, Kalispell

*North of the Imaging Center

_____ KRMCC Check in at Same Day Surgery, Patient Registration: 310 Sunnyview Lane (752-1780)

*West end of the main hospital

_____ Northern Rockies Medical Center: 802 2nd St SE, Cutbank (873-2251)

Dr. Cobell Dr. Generoso Dr. Harrison Dr. Jaffe

IMPORTANT

- Pick up your prescription bowel prep from your pharmacy. Follow the instructions in this packet, not those provided on the container.
- No nuts, seeds, popcorn, foods with small seeds, tomatoes and fibrous foods like lettuce and celery for 7 days prior to procedure. If you forget, please drink plenty of fluids in the meantime to flush your bowels.
- Arrange for a driver who can wait in the waiting room during your procedure to bring you home afterward. If you do not have a driver, your appointment will be cancelled. Due to the sedating medications you are given, you cannot work or drive the remainder of the day.

SPECIAL INSTRUCTIONS

- Take your regular prescribed medication(s) unless otherwise advised.
- **If taking a prescription blood thinner, STOP _____ days prior to the exam.** If no specific instructions were given please contact our office for further instructions. You do not need to hold aspirin.
- Please STOP taking any iron supplements and fish oil supplements 7 days prior.
- If you are diabetic, please make sure you have a copy of the "KRH Pre-Surgical Diabetic Patient Instructions" sheet. If you did not receive one, please call 752-7441 for instructions.
- If you use home oxygen, a CPAP or inhalers, please bring these with you the day of your procedure.

OTHER HELPFUL TIPS

- To make the bowel prep solution easier to tolerate: Try drinking it with a straw. Try adding Crystal Light or Kool-Aid powder, or drinking it chilled. Try ginger-ale or sucking on a lemon slice or hard candy after each glass.
- If you experience nausea or vomiting with the prep, take a 30-minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.
- Once you have started drinking your bowel prep, stay near a toilet! You will have diarrhea, which can be quite sudden. This is normal.
- You may have bowel cramps until the stool has flushed from your colon. This may take 2-4 hours and sometimes much longer.
- Anal skin irritation or hemorrhoid inflammation may occur. If this happens, use over-the-counter remedies, such as hydrocortisone cream, baby wipes, Vaseline, or TUCKS pads. Avoid products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Do not use suppositories.
- Please leave your valuables at home, but bring your photo ID and insurance card(s).
- Visit **DigestiveHealthMT.com**. The Patient Information section has helpful videos/details.

NULYTELY PREP

Generic Name: (PEG) polyethylene glycol 3350, sodium chloride, sodium bicarbonate and potassium chloride for oral solution. This prescription was faxed to your preferred pharmacy: _____

1 day before your colonoscopy

- Endoscopy staff will call you to give you your arrival time for your procedure.
- Drink at least 8 glasses of clear liquids throughout the day to avoid dehydration. Your first choice should be liquids containing electrolytes. **NO RED OR PURPLE LIQUIDS & NO ALCOHOL.**
 - All clear fruit juices without pulp (apple, white grape or white cranberry juice)
 - Crystal Light, Italian Ice, Propel, PowerAde, Gatorade
 - Lemonade or limeade without pulp
 - Water – plain, mineral, coconut or smart water
 - Clear, fat-free broth (bouillon or consommé)
 - Clear sodas, clear energy drinks
 - Smooth Jell-O (no fruit bits, not red or purple)
 - Tea or coffee without milk or cream. (You may use: sugar or artificial sweetener)
 - Popsicle (no bits of fruit or pulp, not red or purple)
- Eat breakfast/lunch from the provided menu below:

Breakfast options	Eggs (any type) Waffles, pancakes, French toast with syrup (no nuts) White breads, toast, rolls, biscuits, plain muffin, crackers, English muffins, seedless jams Smooth nut butter, margarine
Lunch options	White refined bread/roll Mayonnaise and mustard Plain sandwich with: skinless/canned chicken breast, turkey, fish, canned tuna, or egg salad Chicken noodle soup Apple sauce, canned peaches, mashed potatoes, cooked carrots Vanilla wafers, Ritz crackers, pretzels

- 12:00 (NOON) Fill container with water and place in fridge
- **NO SOLID FOOD AFTER 2:00pm, but continue drinking clear liquids**
- **At 6PM, begin first dose of bowel prep**
Drink 1 (8oz) glass of Nulytely every 15 minutes until the first half of the container is gone

Morning of your colonoscopy

- Take your regularly prescribed morning medications (unless otherwise instructed) either 1 hour before starting your prep or 1 hour after completing your prep
- At _____ begin second dose of bowel prep ****Start time for morning prep will be given by nurse 1 business day prior, but should occur approximately 5 hours before your arrival time****
Every 15 minutes drink one (8oz) glass of Nulytely until rest of container is completely gone
- **At _____ STOP DRINKING LIQUIDS (2 hours before your arrival time)**

Important! If you followed all of the instructions, your stool should be a clear or yellow liquid, indicating you are ready for your colonoscopy. **If your stool is formed or your preparation is not going as expected, call 406-752-7441.** After business hours, on weekends, or during holidays, ask to speak with the GI doctor on call.



Understanding Colonoscopy

What is a colonoscopy?

Colonoscopy enables your doctor to examine the lining of your colon (large intestine) for abnormalities by inserting a flexible tube as thick as your finger into your anus and slowly advancing it into the rectum and colon. If your doctor has recommended a colonoscopy, this brochure will give you a basic understanding of the procedure - how it's performed, how it can help, and what side effects you might experience. It can't answer all of your questions since much depends on the individual patient and the doctor. Please ask your doctor about anything you don't understand.

What preparations are required?

Your doctor will tell you what dietary restrictions to follow and what cleansing routine to use. In general, the preparation consists of either consuming a large volume of a special cleansing solution or clear liquids and special oral laxatives. The colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your doctor's instructions carefully.

Can I take my current medications?

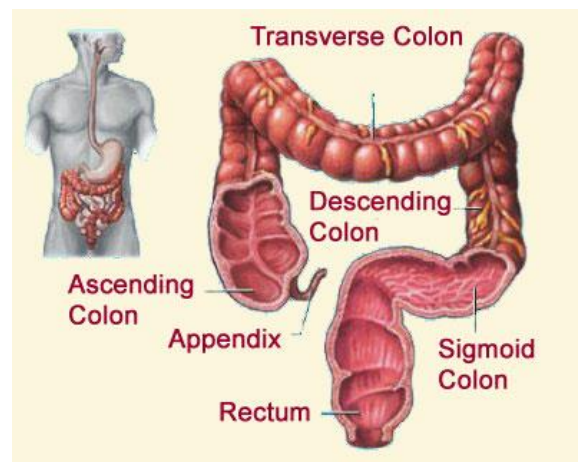
Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Inform your doctor about medications you're taking, particularly aspirin products, arthritis medications, anticoagulants (blood thinners), insulin or iron products. Also, be sure to mention allergies you have to medications.

Alert your doctor if you require antibiotics prior to dental procedures, because you might need antibiotics before a colonoscopy as well.

What happens during colonoscopy?

Colonoscopy is well-tolerated and rarely causes much pain. You might feel pressure, bloating or cramping during the procedure. Your doctor might give you a sedative to help you relax and better tolerate any discomfort.

You will lie on your side or back while your doctor slowly advances a colonoscope through your large intestine to examine the lining. Your doctor will examine the lining again as he or she slowly withdraws the colonoscope. The procedure itself usually takes 15 to 60 minutes, although you should plan on two to three hours for waiting, preparation and recovery.



In some cases, the doctor cannot pass the colonoscope through the entire colon to where it meets the small intestine. Although another examination might be needed, your doctor might decide that the limited examination is sufficient.

What if the colonoscopy shows something abnormal?

If your doctor thinks an area needs further evaluation, he or she might pass an instrument through the colonoscope to obtain a biopsy (a sample of the colon lining) to be analyzed. Biopsies are used to identify many conditions, and your doctor might order one even if he or she doesn't suspect cancer. If colonoscopy is being performed to identify sites of bleeding, your doctor might control the bleeding through the colonoscope by injecting medications or by coagulation (sealing off bleeding vessels with heat treatment). Your doctor might also find polyps during colonoscopy, and he or she will most likely remove them during the examination. These procedures don't usually cause any pain.

What are polyps and why are they removed?

Polyps are abnormal growths in the colon lining that are usually benign (noncancerous). They vary in size from a tiny dot to several inches. Your doctor can't always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance, so he or she might send removed polyps for analysis. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer.

How are polyps removed?

Your doctor might destroy tiny polyps by fulguration (burning) or by removing them with wire loops called snares or with biopsy instruments. Your doctor might use a technique called "snare polypectomy" to remove larger polyps. That technique involves passing a wire loop through the colonoscope and removing the polyp from the intestinal wall using an electrical current. You should feel no pain during the polypectomy.

What happens after a colonoscopy?

Your physician will explain the results of the examination to you, although you'll probably have to wait for the results of any biopsies performed.

If you have been given sedatives during the procedure, someone must drive you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. You might have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas.

You should be able to eat after the examination, but your doctor might restrict your diet and activities, especially after polypectomy.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures.

One possible complication is a perforation, or tear, through the bowel wall that could require surgery. Bleeding might occur at the site of biopsy or polypectomy, but it's usually minor. Bleeding can stop on its own or be controlled through the colonoscope; it rarely requires follow-up treatment. Some patients might have a reaction to the sedatives or complications from heart or lung disease.

Although complications after colonoscopy are uncommon, it's important to recognize early signs of possible complications. Contact your doctor if you notice severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Note that bleeding can occur several days after the procedure.

IMPORTANT REMINDER: The preceding information is intended only to provide general information and not as a definitive basis for diagnosis or treatment in any particular case. It is very important that you consult your doctor about your specific condition.

Kalispell Regional Healthcare

Pre-Procedure Diabetic Patient Instructions

FOR YOUR REVIEW – PLEASE SPEAK TO THE NURSE DURING YOUR HEALTH HISTORY PHONE CALL WHICH TAKES PLACE 1 WEEK PRIOR TO YOUR PROCEDURE IF YOU HAVE ANY QUESTIONS.

Please disregard these instructions if you do not take any medication for diabetes. It is important to keep your blood sugar controlled when you are having a procedure. This will help to prevent potential complications during and after the procedure, which can be related to diabetes. The following directions will guide you in managing your diabetes medicines before your procedure, while you are following a modified diet.

THE DAY BEFORE SURGERY

Oral hypoglycemics and non-insulin injectables: no changes.

Insulin: Intermediate-acting insulin (NPH, premix, U500): no changes

Long-acting insulin (Levemir, Lantus, Toujeo, Tresiba), once or twice daily dosing:

AM: No changes PM: Take 75% of normal dose.

Rapid-acting insulin (Humalog, Novolog, etc): no changes

Pumps: no changes.

THE DAY OF SURGERY

Oral hypoglycemics and non-insulin injectables: HOLD.

Insulin: Intermediate-acting insulin (NPH, premix, U500): Take 50% of normal dose.

Long-acting insulin (Levemir, Lantus, Toujeo, Tresiba)

AM: take 75% of normal dose.

Rapid-acting insulin (Humalog, Novolog, etc): Do not take meal doses.

May use corrective (sliding scale) insulin if blood sugar is greater than 200 mg/dl.

Do not take more frequently than every 4 hours.

Pumps: no changes but may use temporary basal rate of 75% if hypoglycemic.

SELF MANAGEMENT AT HOME

Target glucose range: 80-180 mg/dl.

Test blood sugar first thing in the morning and every 2 hours until you check in for your procedure. Write them down.

Please call 752-7441 with any questions.

Treatment of hyperglycemia (blood sugar above 200 mg/dl):

May take corrective (sliding scale) insulin if you use rapid-acting insulin.

Do not take any more frequently than every 4 hours.

Treatment of hypoglycemia (blood sugar below 80 mg/dl):

Take 15 gram carbohydrates. Choose ONE of the following:

4 oz. (1/2 cup) juice (must be clear such as apple or grape) - try to avoid liquid if less than 4 hours from time of procedure.

OR - 4 glucose tablets

OR - 4 teaspoons sugar

OR - 4 Life Savers candies (not sugar-free)

WHEN YOU ARRIVE:

Tell the nurse:

- a. You have diabetes.
- b. What your blood sugar(s) was/were this morning.
- c. How much insulin you took the night before and morning of surgery.