

Gastroenterology Center of Salem

A Service of  SALEM REGIONAL
MEDICAL CENTER

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Salem, Ohio 44460
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Miralax Colonoscopy Bowel Prep – Split, 7 am **This form is for patients with exams scheduled after 12:30 p.m.**

Your Colon Exam is scheduled on: _____

Arrive at Salem Regional Medical Center at: _____

Your Bowel Prep is the most important part of your exam!

If your colon is not thoroughly cleansed and there is retained fecal material, then your exam may be less than optimal. In this situation, serious pathology can be missed, since it may not be possible to see through the fecal material. Plenty of fluids before and during the bowel prep are very important.

Items needed:

- 2 Dulcolax Tablets (over the counter)
- Two 32oz. bottles of any electrolyte balanced drink (examples: Gatorade, Powerade)
We suggest 2 different flavors (no red, blue or purple please)
- Miralax (over the counter) 238 gm. bottle
- Clear liquid diet

If you take Coumadin (Warfarin), Plavix, Aspirin, Vitamin E or any blood thinner, please let us know.

4 Days Before the Exam:

Start a low residue diet. This diet is designed to reduce the residue left in the intestinal tract. Consequently, the residue in the diet is reduced to a minimum. Discontinue fiber supplements including Metamucil, Citrucel, Fiberall, etc.

Examples of low residue foods include:

- White bread

- Cream of Wheat, Corn or Rice Chex, Corn Flakes or Rice Krispies
- Butter
- Margarine
- Meat
- Chicken
- Turkey
- Fish
- Ham
- Noodles, White Rice
- Eggs – not fried (scrambled, omelet, use Pam or light butter to do in pan)
- Potatoes – mashed, boiled, baked without the skins
- All liquids

Avoid:

- Raw & cooked fruits
- Raw & cooked vegetables
- Nuts and seeds
- Popcorn
- Raisins
- Corn
- Whole-wheat products
- Cold cuts
- Cheeses

Exceptions: All in moderation

- Applesauce (not chunky)
- Canned green beans
- Low fat milk
- Low fat vanilla ice cream

***Do not take any products containing aspirin, vitamin E, Fish oil, multivitamins or CBD oil for 7 days prior to your exam!

One Day Before the Exam:

During your preparation for your Colonoscopy, we ask that you maintain a clear liquid diet the day before your procedure, or as directed by your provider.

A clear liquid diet consists of the following:

- Clear consommé, bouillon or broth
- Tea and/or coffee
- Clear fruit juices (strained)
- Gelatin dessert (no fruit added, no red, purple, blue or orange in color)
- Plain Popsicles (no cream Popsicles, no red, purple, blue or orange in color)
- Lemon for tea
- Water
- Clear pop (Sprite, Sierra Mist, 7UP, Ginger Ale)

No milk products or any type of solid foods allowed.

- **3:00 p.m.**

Take 2 Dulcolax tablets

- **5:00 p.m.**

Mix ½ bottle of Miralax with 32 oz. bottle of electrolyte drink. Drink an 8 oz. glass every 15 to 30 minutes until gone. If you develop nausea, wait for 1 hour and restart every 30 minutes.

Individual responses to laxatives do vary. This prep will cause multiple bowel movements. It often works within 30 minutes or may take as long as 3 hours.

Any questions about your procedure or diet, please contact our office at (330) 337-8709.

The Day of the Exam:

- **7:00 a.m. to 8:00 a.m.**

Mix remaining ½ bottle of Miralax with 32 oz. bottle of electrolyte drink. Drink an 8 oz. glass every 15 to 30 minutes until gone. If you develop nausea, wait for 1 hour and restart every 30 minutes.

*****After 8 a.m. – Nothing by mouth**

******A driver must accompany the patient and remain in the Hospital at all times during the procedure. No exceptions!******

Standard Medication Instructions

- If you take medications for any reason, please bring all medications to the Hospital when coming in for your endoscopic procedure.
 - If you take beta blockers, A.C.E. inhibitors, calcium channel blockers or other heart or blood pressure medications before noon, please take these medications before 6:30 a.m. on the day of your exam with small sips of water.
 - Diabetic patients who use insulin should take half of your normal morning dose on the morning of the exam.
 - Non-insulin requiring diabetic patients should bring your diabetic medication(s) to the Hospital with you.
 - Patients who take medication before noon for respiratory and airway disorders should take those medications at 6:30 a.m. with small sips of water on the morning of your exam.
 - Patients who use inhalers should continue to use their inhalers as usual and bring them to the Hospital on the day of your exam.
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Additional Information:

Colonoscopy (koh-luh-NAH-skuh-pee) lets the physician look inside your large intestine, from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine. The procedure is used to

diagnose the causes of unexplained changes in bowel habits. It is also used to look for early signs of cancer in the colon and rectum. Colonoscopy enables the physician to see inflamed tissue, abnormal growths, ulcers, bleeding and muscle spasms.

For the procedure, you will lie on your left side on the examining table. You will probably be given pain medication and a mild sedative to keep you comfortable and to help you relax during the exam. The physician will insert a long, flexible, lighted tube into your rectum and slowly guide it into your colon. The tube is called a colonoscope (Koh-LON-oh-scope). The scope transmits an image of the inside of the colon, so the physician can carefully examine its lining. The scope bends, so the physician can move it around the curves of your colon. You may be asked to change position occasionally to help the physician move the scope. The scope also blows air into your colon, which inflates the colon and helps the physician complete a better examination.

If anything unusual is in your colon, like a polyp or inflamed tissue, the physician can remove a piece of it using tiny instruments passed through the scope. The tissue (biopsy) is then sent to a lab for testing. If there is bleeding in the colon, the physician can pass a laser, heated or electrical probe, or inject special medicines through the scope and use it to stop the bleeding.

Bleeding and puncture of the colon are possible complications of Colonoscopy. However, such complications are uncommon.

Colonoscopy takes 30 to 60 minutes. The sedative and pain medicine should keep you from feeling much discomfort during the exam. You will need to remain at the physician's office for 1 to 2 hours until the sedative wears off.

Preparation

Your colon must be completely empty for the Colonoscopy to be thorough and safe. To prepare for the procedure you may have to follow a liquid diet for 1 to 3 days beforehand. A liquid diet includes foods such as fat-free bouillon, broth and Jell-O, and beverages including strained fruit juice, water, plain coffee, plain tea or diet soda. You may need to take laxatives or an enema before the procedure. Also, you must arrange for someone to take you to your home afterward. You will not be allowed to drive because of the impairment of mobile abilities due to the sedatives. Your physician may give you other special instructions.

Risks and Options of Endoscopy

Comparison to X-rays:

X-ray studies are alternatives to endoscopic procedures. In regards to risks, either approach carries approximately the same degree of risk. Upper endoscopies do carry a slightly higher risk compared to an X-ray.

In comparing an X-ray exam to the endoscope, there are many differences. An X-ray is done by the instillation of a barium solution into the organ under exam, and then observing the organ with fluoroscopy and permanent X-ray films. Since this is an indirect method, the accuracy is less when compared to the endoscopic exam.

The advantages of X-rays over endoscopies include, but are not limited to: they are non-invasive and lower in costs. The disadvantages include, but are not limited to: lower accuracy, inability to obtain tissue samples and/or remove polyps or growths, and difficulty in distinguishing growths from retained fecal material. The advantages of endoscopies over X-rays include, but are not limited to: more patient comfort since sedation is being used, better accuracy, ability for therapy such as: removal of growths, stop bleeding, place feeding

tubes, dilate strictures and obtain tissue samples. The disadvantages include, but are not limited to: a higher cost and more invasive.

Conscious Sedation:

Currently, sedation is administered by the Department of General Anesthesia. They have a range of medication well suited for GI endoscopy, but these medications are only under license for use by Anesthesiologist in the State of Ohio. They will explain the procedures, options and risks.

General Risks of Endoscopic Procedures:

Includes, but is not limited to:

1. Perforation of an organ: This is one of the most serious complications that can occur, even in the hands of the most experienced endoscopists. Fortunately, the occurrence is rare, but can happen. The type of surgery and location would depend on the organ that is perforated. Chest surgery for the esophagus and abdominal surgery for other areas may be needed. If the colon is perforated, then a temporary colostomy may be required with closure at a latter date.
2. Bleeding: Bleeding at times could occur as the result of the removal of growths and/or due to the taking of tissue samples. In the event of bleeding, hospitalization may be required for observation. Blood product transfusions could be required. If the bleeding does not stop, then repeat endoscopy and/or surgery may be needed to control the bleeding.
3. Decreased blood pressure and heart rate: At times, the stimulation of the internal organs can cause what is called a “vaso-vagal reaction.” This is a situation in which the heart rate and respirations can be decreased. During the procedure, you are monitored, and the anesthesia department alerts us to any problems.
4. Other risks include the precipitation of a heart attack or stroke: In individuals with no prior history of vascular disease, the status of the vascular system is not known. It is not possible to predict in advance if this could happen. Fortunately, this is a very rare complication.
5. Aspiration: In the event of the onset of vomiting, it is possible to inhale the vomited material, which can result in pneumonia and the need for hospitalization and respiratory care. This is one of the main reasons patients are asked to fast, or limit their oral intake. Fortunately, this is a very rare occurrence.
6. Deaths: Have been reported with endoscopy, but fortunately, this is a very rare occurrence.
7. Side effects of the exam include but are not limited to: Sore throat, gas, bloating, abdominal cramps and nausea. If there is a need for therapeutic intervention, such as the dilation of a stricture (narrowing), removal of a foreign body or control of bleeding, there can be an increased potential for complications. Overall, endoscopy is considered a safe procedure. Our experience in Salem Regional Medical Center is 99.9% safety in the exam.

Added risk of ERCP:

An ERCP is a highly technical procedure on the Bile Ducts and Pancreas. This procedure carries all the risks of standard endoscopy. Irritation of the pancreas (called pancreatitis) is a major risk of the procedure. The pancreas is an organ that lies behind the stomach. The pancreatic duct empties into the small bowel in conjunction with the bile duct from the liver. Therefore, it is included as a risk factor in examinations of the bile ducts or the pancreas. Pancreatitis can be mild to severe and life threatening. In most circumstances, the pancreatitis is mild to moderate and could require 3 to 7 days in the Hospital. In more severe cases, this could require weeks of hospitalization. The most severe forms of pancreatitis can lead to development of fluid collections, internal hemorrhage and infections. These are rare, but would require long-term hospitalization and even multiple surgeries. In therapeutic ERCP (placement of plastic tubes called stents, removal of stones and papillotomy, which is the cutting of the valve at the bottom of the bile and pancreatic duct), the reported complication can be up to 10%. The overall average is 3 to 5%, with mild to moderate pancreatitis being the most common.

Please call the office at (330) 337-8709 if you have any questions.