

Surgical Specialists Clinic

Dr. Antony Joseph, MD and Dr. Magdy Giurgius, MD

The following **anticoagulants (blood thinners)** should be **STOPPED** prior to your procedure. Please see the list below for the appropriate length of **STOP** time prior to procedure.

- Eliquis, Xarelto: **STOP 2** days prior to procedure
- Coumadin: **STOP 3** days prior to procedure
- Aspirin 325mg: **STOP 3** days prior to procedure
- Plavix, Pradaxa, Agrylin: **STOP 5** days prior to procedure
- Ticlid, Brilinta: **STOP 7** days prior to procedure

If you are taking any **diabetic medications** (i.e. Metformin, Insulin, Glipizide, Actos, Glyburide) please **hold the morning of your procedure**. Or if you are taking any **Appetite Suppressants** such as Contrave or Phentermine, **please stop taking 7 days prior to procedure**. You may take other regularly scheduled medications the morning of your procedure with a small sip of water.

If you have any questions about when or if you should hold/stop a medication prior to your procedure, please contact our office at 417-256-1774.

NOTHING BY MOUTH AFTER MIDNIGHT. NO EATING/DRINKING, NO SMOKING, NO CHEWING TOBACCO, OR CHEWING GUM

YOU MUST HAVE A DRIVER

Colonoscopy Prep

❖ Option 1 (all medications are over the counter)

- 2 bottles of Magnesium Citrate – 10oz each
- 4 Dulcolax tablets (generic: Bisacodyl)

The day before your procedure you can have clear liquids only. NO SOLID FOODS!

12:00pm Drink the first bottle of Magnesium Citrate. You will need drink the entire bottle within 30 minutes.

2:00pm Take all 4 Dulcolax tablet at the same time with 8oz of water.

8:00pm Drink the second bottle of Magnesium Citrate. You will need to drink the entire bottle within 30 minutes

Nothing to eat and/or drink after midnight the night before your procedure.

You will need to keep Magnesium Citrate in the refrigerator, so that it will stay cold. You may also drink it over ice. Keeping the drink cold will decrease nausea. Drink plenty of fluids during the prep, the day before the procedure, to help prevent dehydration

Examples of clear liquids

- NO beverages containing red or purple dye
- Fat free bullion or broth (chicken, vegetable, or beef)
- 100% strained fruit juice (NO pulp, NO Dye)
- Water
- Plain coffee, tea, clear soda, koolaid
- Sports drinks such as, Gatorade or Powerade
- Jell-O

NOTHING BY MOUTH AFTER MIDNIGHT. NO EATING/DRINKING, NO CHEWING TOBACCO, NO SMOKING, OR CHEWING GUM.

❖ **Option 2 (all medications are over the counter)**

- 1 large bottle of Miralax
- 64 oz of Gatorade (NO red or purple)
- 4 Dulcolax tablets (generic: Bisacodyl)

_____ The day before your procedure you can have a clear liquid diet only. **NO SOLID FOODS!**

8:00am Take all 4 Dulcolax tablets at the same time with 8oz of water.

12:00pm (noon) Began drinking the Miralax/Gatorade mixture. Drink 8oz (1 cup) every 20-30 minutes until only 16oz (2cups) of the mixture is left. Save the last 16oz until 10:00pm.

10:00pm Drink the last 2 cups of Miralax/Gatorade mixture.

Nothing to eat and/or drink after midnight the night before your procedure.

You will need to mix the entire bottle of Miralax with the 64oz of Gatorade and set in the refrigerator to chill 1-2 days prior to procedure.

Examples of clear liquids

- NO beverages containing red or purple dye
- Fat free bullion or broth (chicken, vegetable, or beef)
- 100% strained fruit juice (NO pulp, NO dye)
- Water
- Plain coffee, tea, clear soda, koolaid
- Sports drinks such as, Gatorade or Powerade
- Jell-O

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Location for Procedure

All procedures are performed at the hospital. Our office provides you with a date for your procedure, but we do **NOT** give a check-in time. The GI Lab will call you the day before (**AFTER 12:00PM**) your procedure to notify you of your check-in time.

The day of your procedure you will check in at the **Surgical Services** entrance at the hospital. Please have your current insurance cards and photo ID with you when you check in.

If you wish to reschedule or cancel your procedure, please contact our office at 417- 256-1774, 24 hours prior to your scheduled colonoscopy.

Please note, if you require Medicaid Transportation, please call the GI Lab at 417-257-6729 - 3 days prior to your scheduled procedure to get an approximate check in time. If your check in time changes, the GI Lab will call Medicaid Transport to arrange your ride.

If you have any questions and/or concerns regarding your procedure, prep or the location, please contact our office at 417-256-1774.

YOU MUST HAVE A DRIVER

Why should I get a screening colonoscopy?

A **screening colonoscopy** is a procedure performed on patients **without symptoms** to test for the presence of colorectal cancer or polyps. Usually a screening colonoscopy is recommended at age 50 or sooner if there is a family history of colon cancer.

What is diagnostic colonoscopy?

A **diagnostic colonoscopy** is a procedure performed on patients **with symptoms** to identify a pathology that might explain the symptoms.

Why is this difference between screening and diagnostic colonoscopy important?

Many insurance companies pay **100%** for a screening colonoscopy. A screening colonoscopy **can change** to a diagnostic if the physician finds abnormalities during the procedure and sends a specimen for biopsy. If the procedure changes from screening to diagnostic insurance may no longer cover the procedure **100%**.

It is therefore strongly recommended that you contact your insurance provider prior to the procedure, to determine your coverage for a screening and diagnostic colonoscopy.

You can also contact our finance department with questions regarding the cost of the procedure, financial aid, payment plans, etc.

Ozarks Medical Center Finance Department: 417-257-6782 or 1-888-257-8389

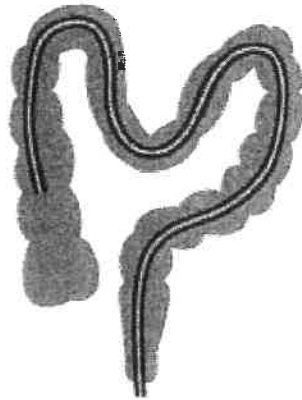


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Colonoscopy Patient Information from SAGES

[sages.org/publications/patient-information/patient-information-for-colonoscopy-from-sages](https://www.sages.org/publications/patient-information/patient-information-for-colonoscopy-from-sages)

About Colonoscopy



What is a Colonoscopy?

Colonoscopy is a procedure that enables your surgeon to examine the lining of the colon and rectum. It is usually done in the hospital or an endoscopic procedure room on an outpatient basis. A soft, bendable tube about the thickness of the index finger is gently inserted into the anus and advanced into the rectum and the colon.

Why is a Colonoscopy Performed?



A colonoscopy is usually done

- 1) as part of a routine screening for cancer, 2) in patients with known polyps or previous polyp removal,
- 3) before or after some surgeries,
- 4) to evaluate a change in bowel habits or bleeding or
- 5) to evaluate changes in the lining of the colon known as inflammatory disorders.

About the Procedure

What Preparation is Required?

The rectum and colon must be completely emptied of stool for the procedure to be performed. In general, preparation consists of consumption of a special cleansing solution or several days of clear liquids, laxatives and enemas prior to the examination. Your surgeon and his or her staff will provide you with instructions regarding the cleansing routine necessary for the colonoscopy.

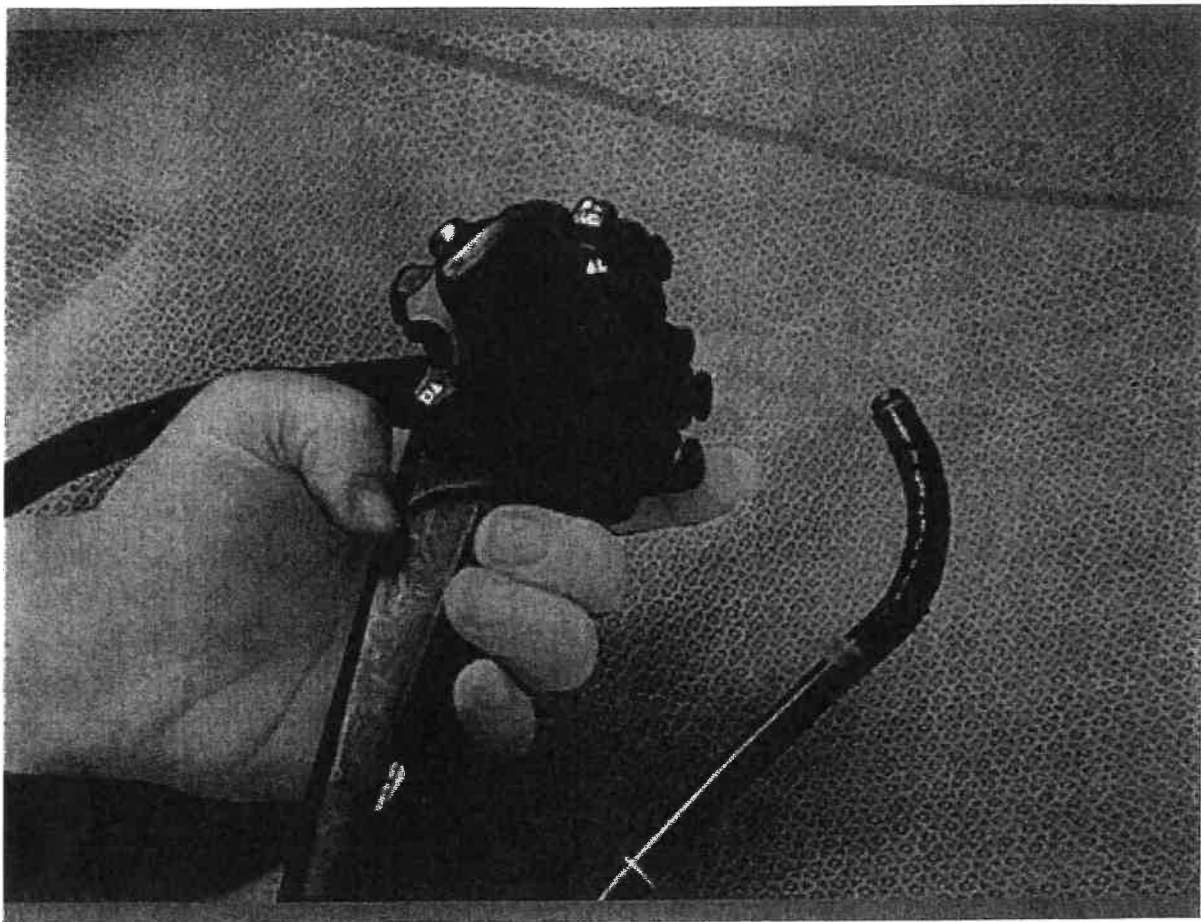
Follow your surgeon's instructions carefully. If you do not complete the preparation, it may be unsafe to perform the colonoscopy and the procedure may have to be rescheduled. If you are unable to take the preparation, contact your surgeon.

Most medications can be continued as usual. Medication use such as aspirin, Vitamin E, non-steroidal anti-inflammatories, blood thinners and insulin should be discussed with your surgeon prior to the examination as well as any other medications you might be taking. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to colonoscopy.

You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives will affect your judgment and reflexes for the rest of the day. You should not drive or operate machinery until the next day.

What Can Be Expected During Colonoscopy?

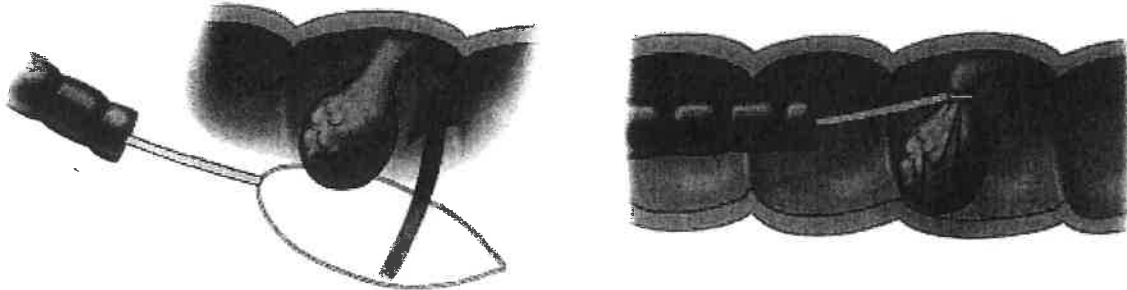
The procedure is usually well tolerated, but there is often a feeling of pressure, gassiness, bloating or cramping at various times during the procedure. Your surgeon will give you medication through a vein to help you relax and better tolerate any discomfort that you may experience. You will be lying on your side or your back while the colonoscope is advanced through the large intestine. The lining of the colon is examined carefully while inserting and withdrawing the instrument. The procedure usually lasts for 15 to 60 minutes. In rare instances the entire colon cannot be visualized and your surgeon may request an additional test such as a barium enema or a CT colonography.



What if Colonoscopy Shows an Abnormality?

If your surgeon sees an area that needs more detailed evaluation, a biopsy may be obtained and submitted to a laboratory for analysis. A biopsy is performed by placing a special instrument through the colonoscope. Most polyps can be removed at the time of the colonoscopy. The majority of polyps are benign (non-cancerous), but your surgeon

cannot always tell by the appearance alone. They can be removed by burning (fulgurating) or by a wire loop (snare).



It may take your surgeon more than one sitting to do this if there are numerous polyps or if the polyps are very large. Sites of bleeding can be identified and controlled by injecting certain medications or coagulating (burning) the bleeding vessels. Biopsies do not imply cancer, however, removal of a colonic polyp is an important means of preventing colon and rectal cancer.

What should I expect after the procedure?

What Happens After Colonoscopy?

Your surgeon will explain the results to you after your procedure or at your follow up visit. You may have some mild cramping or bloating from the air that was placed into the colon during the examination. This should quickly improve with the passage of the gas. You should be able to eat normally the same day and resume your normal activities after leaving the hospital. Do not drive or operate machinery until the next day, as the sedatives given will impair your reflexes.

If you have been given medication during the procedure, you will be observed until most of the effects of the sedation have worn off (1-2 hours). You will need someone to drive you home after the procedure. If you do not remember what your surgeon told you about the examination or follow up instructions. Call your surgeon's office that day or the next to find out what you were supposed to do.

If polyps were found during your procedure, you will need to have a repeat colonoscopy. Your surgeon will decide on the frequency of your colonoscopy exams.

Expected Outcomes

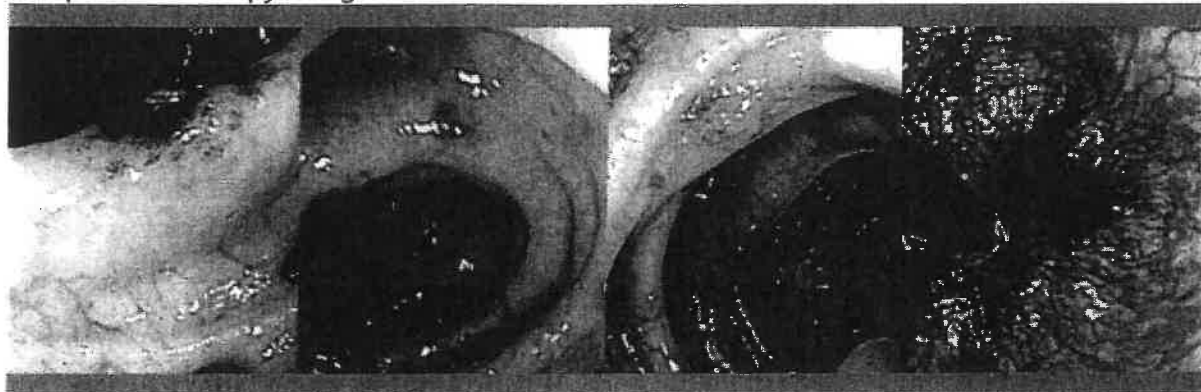
What Complications Can Occur?

Colonoscopy complications include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the bowel wall. Other complications of the procedure include the possibility of missed polyps or other lesions.

Should a perforation occur, it may be necessary for your surgeon to perform abdominal surgery to repair the intestinal tear. Blood transfusions are rarely required. A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort.

It is important to contact your surgeon if you notice symptoms of severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup. Bleeding can occur up to several days after a biopsy.

Sample colonoscopy images



*Diverticula
Sigmoid colon*

*Diverticula
descending colon*

*Biopsy polyp
sigmoid colon*

*Hemorrhoids
seen on retroflexion
of endoscope*

This brochure is not intended to take the place of your discussion with your surgeon about the need for a colonoscopy. If you have questions about your need for a colonoscopy, your alternatives, billing or insurance coverage, or your surgeon's training and experience, do not hesitate to ask your surgeon or his/her office staff about it. If you have questions about the exam or subsequent follow-up, please discuss them with your surgeon before or after the examination. Color images: Atlas of Minimally Invasive Surgery, Jones DB, et al. Copyright 2006 Cine-Med.

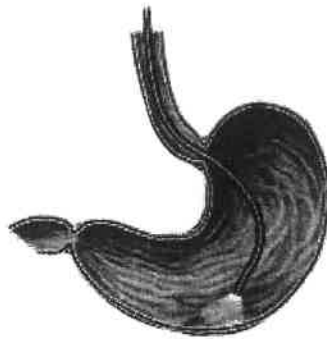


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Upper Endoscopy Patient Information from SAGES

sages.org/publications/patient-information/patient-information-for-upper-endoscopy-from-sages

What is Upper Endoscopy?



Upper Endoscopy (also known as gastroscopy, EGD, or esophagogastroduodenoscopy) is a procedure that enables your surgeon to examine the lining of the esophagus (swallowing tube), stomach and duodenum (first portion of the small intestine). A bendable, lighted tube about the thickness of your little finger is placed through your mouth and into the stomach and duodenum.

About Upper Endoscopy (EGD)

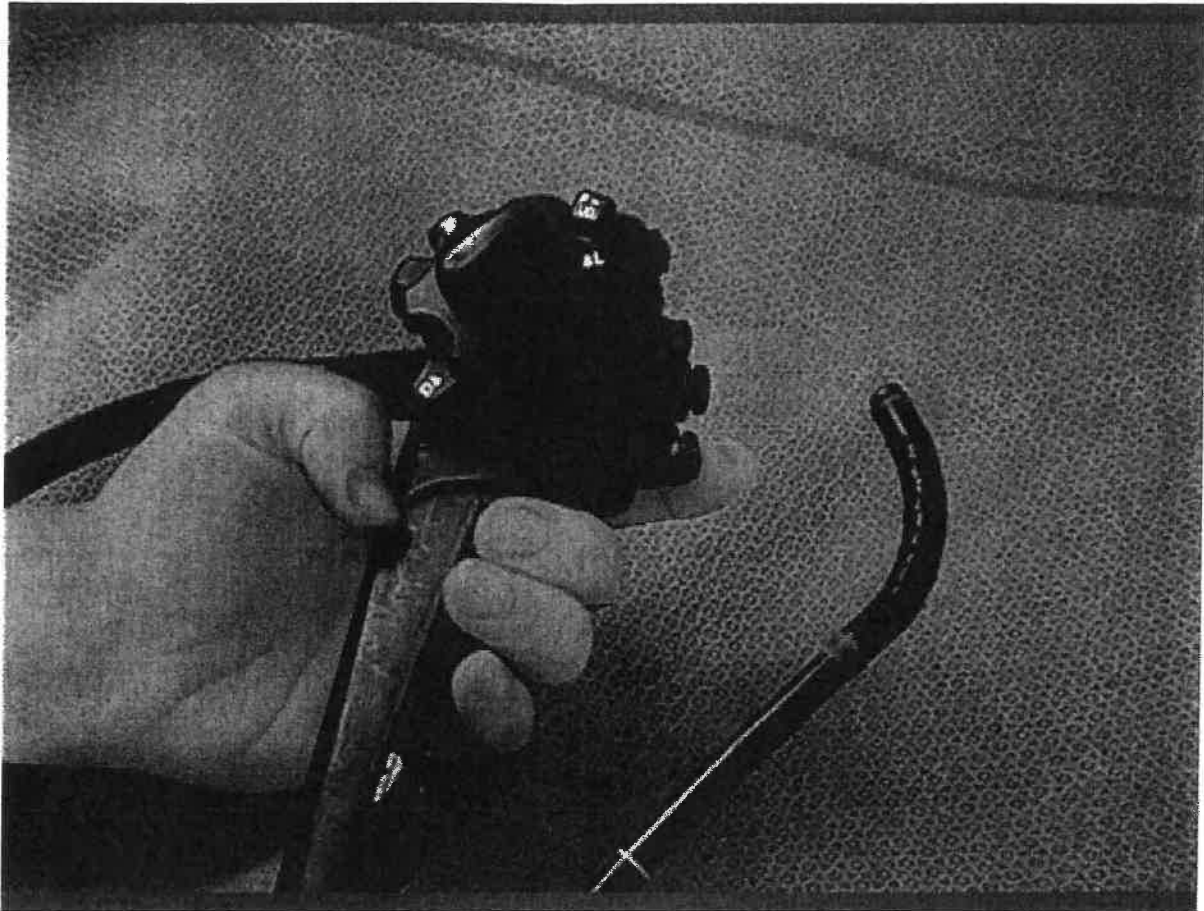
Why is an Upper Endoscopy Performed?

Upper endoscopy is performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting, difficulty swallowing or heartburn. It is an excellent method for finding the cause of bleeding from the upper gastrointestinal tract. It can be used to evaluate the esophagus or stomach after major surgery. It is more accurate than X-rays for detecting inflammation, ulcers or tumors of the esophagus, stomach and duodenum. Upper endoscopy can detect early cancer and can distinguish between cancerous and

noncancerous conditions by performing biopsies of suspicious areas. Biopsies are taken by using a specialized instrument to sample tissue. These samples are then sent to the laboratory to be analyzed. A biopsy is taken for many reasons and does not mean that cancer is suspected.

A variety of instruments can be passed through the endoscope that allows the surgeon to treat many abnormalities with little or no discomfort. Your surgeon can stretch narrowed areas, remove polyps, remove swallowed objects, or treat upper gastrointestinal bleeding. Safe and effective control of bleeding has reduced the need for transfusions and surgery in many patients.

Upper Endoscopy



What to expect before the procedure

What Preparation is Required?

The stomach should be completely empty. You should have nothing to eat or drink for approximately 8 hours before the examination. Your surgeon will be more specific about the time to begin fasting depending on the time of day that your test is scheduled.

Medication may need to be adjusted or avoided. It is best to inform your surgeon of ALL your current medications as well as allergies to medications a few days prior to the examination. Most medications can be continued as usual. Medication use such as aspirin, Vitamin E, nonsteroidal anti-inflammatories, blood thinners and insulin should be discussed with your surgeon prior to the examination. It is essential that you alert your surgeon if you require antibiotics prior to undergoing dental procedures, since you may also require antibiotics prior to gastroscopy.

Also, if you have any major diseases, such as heart or lung disease that may require special attention during the procedure, discuss this with your surgeon.

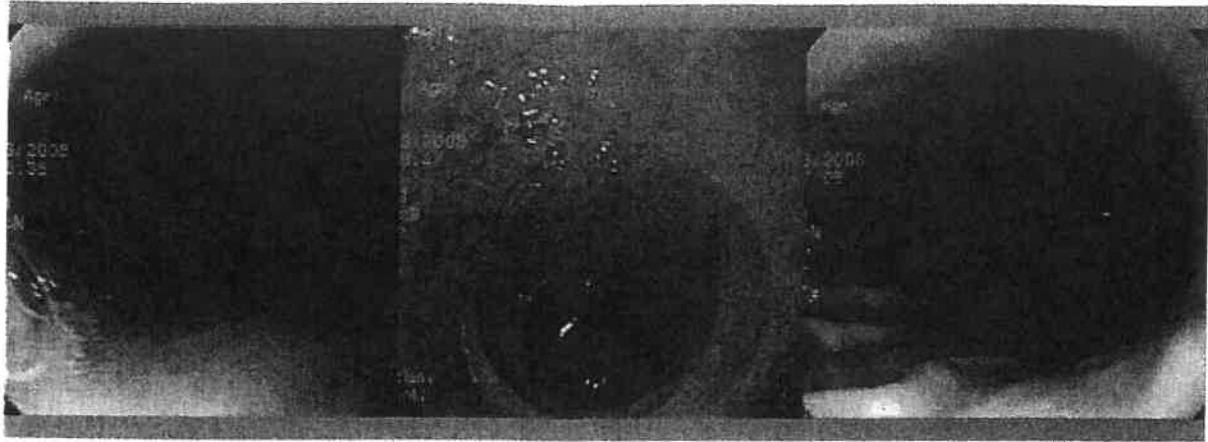
You will most likely be sedated during the procedure and an arrangement to have someone drive you home afterward is imperative. Sedatives will affect your judgment and reflexes for the rest of the day. You should not drive or operate machinery until the next day.

How the procedure is performed

What Can Be Expected During the Upper Endoscopy?

You may have your throat sprayed with a local anesthetic before the test begins and given medication through a vein to help you relax during the examination. You will be laid on your side or back in a comfortable position as the endoscope is gently passed through your mouth and into your esophagus, stomach and duodenum. Air is introduced into your stomach during the procedure to allow a better view of the stomach lining. The procedure usually lasts 3-15 minutes. The endoscope does not interfere with your breathing. Most patients fall asleep during the procedure; a few find it only slightly uncomfortable.

Sample Upper Endoscopy Images



View of Esophagus

View of Duodenum

View of Stomach

Expected outcomes

What Happens after Upper Endoscopy?

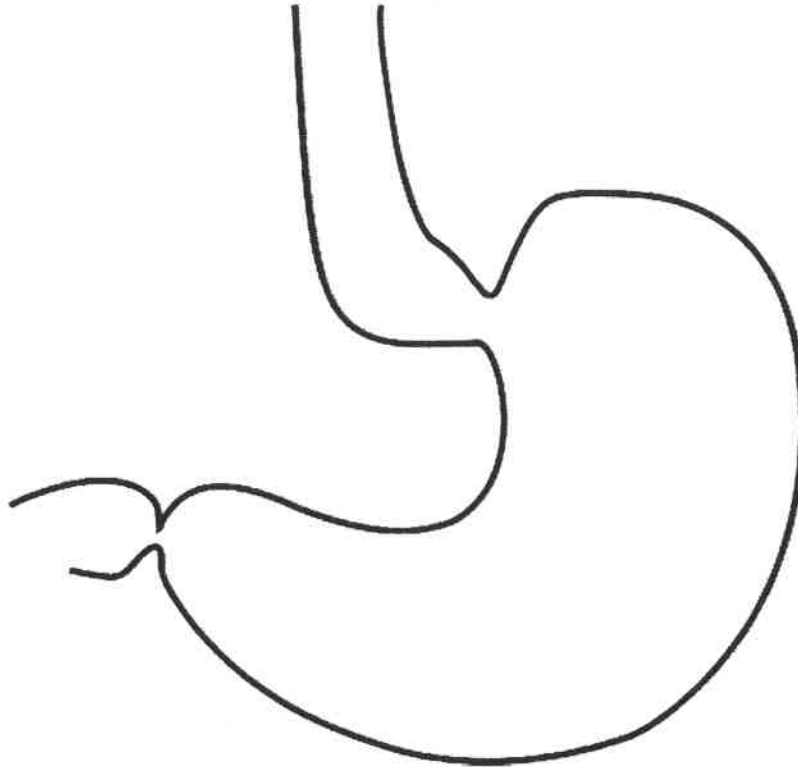
You will be monitored in the endoscopy area for 1 to 2 hours until the effects of the sedatives have worn off. Your throat may be a little sore for a day or two. You may feel bloated immediately after the procedure because of the air that is introduced into your stomach during the examination. You will be able to resume your diet and take your routine medication after you leave the endoscopy area, unless otherwise instructed. Your surgeon will usually inform you of your test results on the day of the procedure, unless biopsy samples were taken. These results take several days to return. If you do not remember what your surgeon told you about the examination or follow up instructions, call your surgeon's office to find out what you were supposed to do.

What Complications Can Occur?

Gastroscopy and biopsy are generally safe when performed by surgeons who have had special training and are experienced in these endoscopic procedures. Complications are rare, however, they can occur. They include bleeding from the site of a biopsy or polypectomy and a tear (perforation) through the lining of the intestinal wall. Blood transfusions are rarely required. A reaction to the sedatives can occur. Irritation to the vein that medications were given is uncommon, but may cause a tender lump lasting a few weeks. Warm, moist towels will help relieve this discomfort.

It is important for you to recognize the early signs of possible complications and to contact your surgeon if you notice symptoms of difficulty swallowing, worsening throat

pain, chest pains, severe abdominal pain, fevers, chills or rectal bleeding of more than one-half cup.



This brochure is not intended to take the place of your discussion with your surgeon about the need for a gastroscopy. If you have questions about your need for a colonoscopy, your alternatives, billing or insurance coverage, or your surgeons training and experience, do not hesitate to ask your surgeon or his/her office staff about it. If you have questions about the exam or subsequent follow-up, please discuss them with your surgeon before or after the examination.