



**Marvin A. Chinitz MD FACG , AGAF**  
**Jane Geders MD PhD**  
**Parantap Gupta, MD**  
**Deborah L. Hillman MD**  
**Oren Kahn MD**  
**Harvey J. Rosenberg, MD**  
Gastroenterologists  
90 South Bedford Road  
Mount Kisco NY 10549  
Phone: 914-241-1050  
Fax: 914-242-1373

**Sang Y. Lee MD**  
Gastroenterologist  
111 Bedford Road  
Katonah NY 10536  
Phone: 914-232-3135  
Fax: 914-767-3134

### **Colonoscopy Instructions and Consent**

#### **Introduction**

A colonoscopy is an examination in which a flexible thin video electronic instrument called a colonoscope is inserted into your rectum and guided through your entire colon (about five or six feet long). The major purpose of a colonoscopy is to search for and remove benign colon and rectal polyps. If polyps are removed, the incidence of colon and rectal cancer can be greatly diminished, as most colon cancers start as these benign polyps. Colonoscopy procedures have saved thousands of lives by removing these polyps and preventing cancer. Colonoscopy requires a cleansing preparation before the procedure that will give you much diarrhea.

We have made this a virtually painless procedure by having an anesthesiologist present. The anesthesiologist will administer an intravenous anesthetic called propofol that will make you fall asleep during the procedure. **If you are allergic to eggs or soy, propofol cannot be used** and alternative sedatives will be given. Because Propofol is short acting, expect to feel wide-awake within an hour of the completion of the procedure. **You are not allowed to drive for the entire day, so someone must be present to take you home.** Going home by taxi is **not** permissible unless you have a responsible non-sedated adult other than the taxi driver with you.

Colonoscopy is now recommended for **everyone** beginning at age 50 to look for and remove colon polyps. Colonoscopy may be started much earlier than age 50 if a person has colon symptoms or there is a strong family history of colon problems.

Colonoscopy also may detect colon cancer at an early stage when the cancer may be cured by surgery. Colonoscopy is the best procedure for evaluating the cause of blood in the stool, and is also used to evaluate people with diarrhea and/or colitis.

Colonoscopy is also recommended for people with any of the following:

- Occult blood in the stool (found on home testing or Hemoccult card or finger exam)
- Past history of polyps or cancer of the colon or rectum
- Family history of colon or rectal cancer or polyps
- Intestinal bleeding
- Iron deficiency
- Chronic diarrhea or other colon related symptoms
- Polyp found on virtual colonoscopy

Colonoscopy is a very commonly performed procedure. At CareMount Medical, the board certified Gastroenterologists, Dr. Marvin A Chinitz, Dr. Jane Geders , Dr. Parantap Gupta, Dr. Deborah L. Hillman, Dr. Oren Kahn, Dr. Sang Lee and Dr. Rosenberg perform well over 3,000 colonoscopies per year. This brochure will serve as an informed consent. **Please read it carefully.** Speak to Dr. Chinitz, Dr. Geders, Dr. Gupta, Dr. Hillman, Dr. Kahn, Dr. Lee or Dr. Rosenberg if you have any question.

***Please follow these instructions carefully, or your procedure may need to be cancelled.***

**Preparation**

Daily “baby” aspirin (81 mg) is permissible before the procedure. If you are taking this, do not stop it before the procedure. If your aspirin dose is more than 81 mg daily, please discuss this with your doctor.

If you are taking aspirin for a heart condition, do NOT stop the aspirin.

If you have a coronary stent, do NOT stop your aspirin. If you have had heart bypass surgery do NOT stop your aspirin.

If you are taking clopidogrel (Plavix), or prasugrel (Effient), the doctor will not be able to remove sizable polyps. To remove sizable polyps you will have to be off Plavix or Effient for 7 days. You may not stop your Plavix or Effient unless you have permission from your cardiologist and/or internist. If you are on Plavix or Effient for coronary stents, stopping the Plavix or Effient increases the risk of sudden heart attack and even death.

**Do not take iron pills for 3 days before** the procedure. Vitamins containing iron are permissible.

**Do not take any anti-inflammatory medicine for 1 day before** the procedure. Common anti-inflammatory medicines are ibuprofen, Advil, Motrin, Aleve, and Naprosyn.

You **are** allowed to take acetaminophen (Tylenol).

If you are taking medicine for heart, lung, blood pressure, or thyroid problems, please take your medicines, even the morning of the procedure. If you forget to take your blood pressure medicine and/or your blood pressure is too high, the doctor may cancel the procedure.

Do not take strong diuretics such as furosemide (Lasix) or metolazone (Zaroxolyn) in the 24 hours before the procedure, unless discussed with the doctor beforehand.

If you have diabetes, you will need to discuss your medicines with the doctor in advance of the procedure. Insulin doses will need to be adjusted, and metformin (Glucophage) containing medicines will need to be temporarily stopped.

If you have an artificial heart valve or a history of endocarditis, you will not need antibiotics before the procedure. **You will not need antibiotics if you have mitral valve prolapse or an artificial joint.**

If you are taking Coumadin, you must discuss this with your Gastroenterologist at least 7 days before the procedure, as major adjustments will need to be made. If you are taking any of the new alternatives to warfarin (Coumadin) such as Xarelto, Eliquis, or Pradaxa, you must discuss this with the doctor at least 7 days before the procedure, as major adjustments will need to be made.

If you have an implantable defibrillator, you must discuss this with the doctor at least 7 days before the procedure.

Patients with cardiac pacemakers or a BMI of 44 or higher must have their procedure done in the hospital.

**Colonoscopy Preparation:**

You will need to have a very clean colon for the Gastroenterologist to examine your colon. This process requires taking strong laxatives which will cause significant diarrhea. You must follow the preparation instructions carefully to assure you will be cleaned out and to prevent dehydration. Occasionally despite your best efforts, the clean out will be insufficient and the procedure will have to be postponed. Your Gastroenterologist will make recommendations appropriate for your digestive system.

**On the entire day before the procedure only liquids, no solid foods are allowed. NO solid foods are allowed for breakfast, lunch or dinner.** You may have any liquids such as water, juices, tea, coffee, soda, non-red sports drinks and non-red Jell-O. Until 6 pm, you are permitted milk, ice cream with no solid particles, milk shakes and yogurt with no solid particles. After 6 pm, no milk products are allowed.

**Citrate of Magnesia Preparation:** (Not for people on dialysis or with Renal Failure)  
Purchase at the drug store **4 Dulcolax (bisacodyl) 5 mg tablets** and **two (10 ounce) bottles of non-red Citrate of Magnesia (NOT milk of magnesia)**. Also purchase medicated **disposable hemorrhoid wipes** to use instead of toilet paper.

**At 6PM the night before the procedure:**

Step1: Take 2 Dulcolax (bisacodyl) 5 mg tablets with plenty of water. Swallow them whole, and do not chew them.

**At 7 PM the night before the procedure:**

Step 2: Drink one full bottle of Citrate of Magnesia, followed by at least 4 (8 ounce) glasses of any clear liquid during the evening hours.

Clear liquids include water, tea, soda, apple juice, white grape juice, broth, and non-red sports drinks.

The time to onset of action of the first dose of laxatives is very variable. It may not start for hours.

**On the day of the procedure:** Starting 4 hours before the procedure, repeat steps 1 and 2, including 4 glasses of clear liquids. One cup of black coffee is also allowed.

**You must stop drinking 2 hours before the procedure. If you have anything by mouth, including gum, in the two hours before the procedure, the procedure may be cancelled.**

**If you take heart or blood pressure medications, take your pills two hours before the procedure with water (unless advised differently by your Doctor).**

**Note: Please leave all jewelry and valuables at home. CareMount Medical is not responsible for the loss of any patient's property.**

### **Before the procedure**

Your colonoscopy will be performed either in our endoscopy suite on the third floor in the Internal Medicine Department (90 South Bedford Road), or the Endoscopy Suite at Northern Westchester Hospital. Your Gastroenterologist may decide which location is better for you. Arrive one half hour before the procedure is scheduled.

The procedure should not be done if you are pregnant. If you are a female of childbearing age, a urine sample will be obtained for a urine pregnancy test upon arrival at the endoscopy suite.

When you arrive for the procedure, you will be asked to sign a consent form and change into a gown. Either the nurse or doctor will insert an IV (intravenous line) into your arm. You will be attached to heart, lung and blood pressure monitors, and you will be given nasal oxygen. Along with the doctor and anesthesiologist, at least one female nurse will attend the entire procedure. The Anesthesiologist will administer the propofol in the IV line, and the procedure will begin. The advantage to propofol is that it is a superb sedative, short acting, with an anti-nausea effect. At the discretion of the Gastroenterologist or Anesthesiologist, other medicines may be given, either in addition to the propofol or instead of the propofol. Alternatives to the propofol are intravenous Versed (similar to Valium) and Demerol or fentanyl (opioid narcotics).

### **During the procedure**

During the procedure, if given propofol, you will fall asleep, and the procedure will be virtually painless. If you would like to stay awake, you will experience discomfort while the colonoscope is advanced around sharp colon curves. You may feel bloated, as the colonoscope introduces air into the colon. The physician will make your procedure as comfortable as possible for you, and if needed, more sedation may be administered during the procedure. Each person's colon is unique. Therefore, it is impossible to predict how much discomfort any given person might experience. During the procedure, the physician examines the entire colon. A diagram of the intestinal tract is included in this brochure, and the colon is darkened on this diagram. If the Gastroenterologist encounters a polyp, the doctor will remove the polyp with various instruments, depending on the size of the polyp. The most common way to remove polyps is by encircling the polyp with a wire snare and using a cautery to burn the polyp off. Most very small polyps can even be removed without cautery. You will not feel any discomfort during the cauterization of the polyp.

Endoclips to reduce the chance of bleeding after polyp removal may be placed at the discretion of the gastroenterologist. The endoclips usually detach by themselves and pass out the rectum in a few weeks. While present, however, they may interfere with an MRI radiology procedure. A "tattoo" may also be placed adjacent to a polyp or tumor to mark the area for inspection in the future.

At the discretion of the Gastroenterologist, various other modalities might be used during the colonoscopy, such as biopsies, injections, heat cautery, etc. Occasionally the doctor may have to wake you during the procedure for safety reasons.

### **After the procedure**

After the colonoscopy, the Gastroenterologist will discuss the results of the procedure with you, and if you wish, with your family. It is possible that you will not remember much of the conversation because of the sedation, so you will also be given a written report. It is helpful if a family member or friend is present right after the procedure to hear the results with you. You will feel bloated. Sometimes, the Gastroenterologist will insert a short tube into your rectum to let most of the extra air out of your colon. This tube will be removed when you are ready to leave. You may expect to stay in the recovery area between one half hour and one hour before being discharged home.

You should be driven straight home, eat something, and plan on resting or napping for the remainder of the day. **Someone must be at the endoscopy suite to drive you home. Do not go to a restaurant after the procedure. Go straight home. You may not drive for the entire day. Do not perform tasks that require physical or mental dexterity during the day.** Usually there are no dietary restrictions after the procedure. The Gastroenterologist will clarify this with you after the procedure.

If a polyp was cauterized, you may be advised not to take anti-inflammatory medicines for two weeks. If you were on blood thinners before the procedure, the doctor will advise you when to start taking them again. Acetaminophen (Tylenol) will be allowed. You may see a few drops of blood in the next few bowel movements. This is normal. If a large polyp was removed, we do not recommend nuts or popcorn in your diet for two weeks. After a polyp is removed, there is a small risk of major bleeding anytime within 2 weeks of the procedure. Therefore if a polyp is removed, we do not recommend any distant travel within two weeks after the procedure. **If you see blood clots, experience pain or develop a fever, call the Gastroenterologist immediately, and go to the nearest emergency room.**

If biopsies were done or polyps were removed, the specimens are sent to the Pathology Department for analysis. Your doctor will tell you when you should call for your biopsy results (usually 5 days later after the procedure).

### **Procedure risks**

Complications of colonoscopy are quite infrequent. Among the major possible risks of colonoscopy are the following:

1. Significant polyps or cancer may be missed during the procedure, especially if the preparation was inadequate. While this procedure markedly reduces the chance of colon cancer, there is still a chance that colon cancer may arise.

2. Dehydration and kidney failure may occur from the colonoscopy preparation, especially if you do not drink the recommended fluid amounts and/or you have underlying kidney function issues.
3. Reactions to the sedative medications. If this occurs, the gastroenterologist and/or anesthesiologist will treat you as necessary.
4. Bleeding. If this occurs, it can usually be stopped with cautery, other modalities, or time. Rarely, hospitalization, transfusions and even surgery may be necessary. If a polyp was removed, major bleeding may occur up to two weeks after the procedure.
5. Perforation (putting a hole in the colon). This dreaded risk is fortunately quite uncommon. It does require extensive emergency surgery to correct, and possibly a temporary colostomy (bag).
6. Irritation of the vein where the IV line was inserted. This might result in a tender lump in the arm that takes a few weeks to go away.
7. Colonoscopy may sometimes cause acute diverticulitis (infection in the colon) that requires antibiotics and sometimes surgery.
8. During the procedure, saliva or stomach juice may go down into the lungs and cause aspiration. Antibiotics may be given.
9. There are always risks of other problems that are not related to the colon, such as stroke, heart problems or lung/breathing problems.
10. Possible tearing of the spleen which could require surgery.
11. More remote complications may occur. Even death has rarely been reported.
12. Please note the colonoscopy does not examine the appendix.

Drs. Chinitz, Geders, Gupta, Hillman, Kahn, Lee and Rosenberg perform over 3000 of these procedures each year. If a colonoscopy is recommended to you, it is the opinion of your Gastroenterologist and referring physician that the benefits of the procedure outweigh the risks. If your Gastroenterologist does not feel that the colonoscopy can be completed safely, he or she will stop the procedure. However, as noted above, despite all precautions, complications may occur in a very small percentage of patients. Feel free to discuss any concern you have with your gastroenterologist.

### **Alternatives**

There are alternatives to a colonoscopy. One alternative is to do nothing, and take a chance that your colon will not cause you any problem. Noninvasive means to screen for colon cancer include annual stool tests for occult blood, and a Cologuard stool test every three years which may detect abnormal DNA from cancer or advanced polyps. Another alternative is a sigmoidoscopy, the insertion of a two-foot long flexible instrument that covers about one third of your colon.

Another alternative is a CT scan procedure called virtual colonoscopy. This procedure requires a similar preparation as described above. There are advantages and disadvantages to the virtual colonoscopy. This procedure has few risks other than

missing polyps or early cancers. The CAT scan does not remove polyps - only colonoscopy or surgery can do that.

If you have a polyp that is not removed, it might grow into cancer. Aside from colonoscopy, the only other way to remove the polyp would be major surgery, done by either laparoscopy or "open" surgery.

Your Gastroenterologist can discuss these options with you, but colonoscopy remains the gold standard.

### **Costs**

If you are part of a managed care company such as an HMO, your HMO has contracted a special fee with CareMount Medical for the procedure. You or our staff may need to contact your insurance carrier if precertification is needed. Our medical staff can assist you in these matters. You may be responsible for a deductible payment as required by your HMO. HMOs also usually cover the facility, sedation, medication, and lab fees.

If you are on Medicare, the federal government has dictated the fees. You might be responsible for 20% of bills covered by Medicare. If you have private or no insurance, please contact the doctors' office for current fees. All charges include the procedure and the extensive instrument disinfection required after each procedure. The fees do not include the pre-procedure office visit with your gastroenterologist. If you have questions regarding your insurance, or you think you might need precertification from your insurance company, please check with your insurance carrier. Our staff can assist you in these matters.

### **NOTE**

Please feel free to discuss the information contained in this brochure with your physician(s).

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### **Colonoscopy Consent**

I have read and I understand the preceding 6 pages of the Colonoscopy Consent version February, 2016. The procedure has been fully explained to me, and I have had the opportunity to ask any questions. I have been informed of the risks and the reason for this procedure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

This brochure was written by Drs. Chinitz, Geders, Gupta, Hillman, Kahn, Lee and Rosenberg.