

Elizabeth J. McConnell, M.D. F.A.C.S.
McConnell Colorectal Center

Patient: _____ **Date:** _____

Elizabeth McConnell, M.D. has recommended that you undergo:

Colonoscopy with Polypectomy

This procedure, like any procedure has benefits, but it also has certain risks. The risks of this procedure include those of most surgical procedures.

1. **BLEEDING:** Bleeding may be sufficient to require a blood transfusion. The likelihood of requiring a transfusion after your procedure is 1:100,000. You may donate blood for yourself, designate donors to donate blood for you (arrangements will need to be made before the procedure) or accept Banked blood. Banked blood is screened for Aids and Hepatitis. These tests are very good but not 100% accurate.
2. **PERFORATION:** To prevent bleeding, the sight where a polyp is removed is coagulated with the use of heat. If the heat is left on too long, a hole can be made in the bowel. Most of the time the bowel will heal by itself with the help of time and antibiotics. Sometimes, however, the perforation is too large and surgery is required to fix the bowel. This is a rare event which generally is known at the time the perforation occurs or in the recovery room.
3. **CARDIAC PROBLEMS:** Any procedure may place extra strain on the heart. This could lead to irregular beats or even a heart attack.
4. **PULMONARY PROBLEMS:** Any time you undergo anesthesia you may develop trouble with your lungs. This could lead to shortness of breath or even pneumonia.
5. **DEATH:** As with any medical procedure, there is a risk that you could develop complications and even die. Although this is unlikely, it can happen.
6. **OTHER SITUATIONS:** Those related to your own health conditions which are not of the ordinary.

I have read and agree to the previously-explained procedure and risks. I understand the risks and benefits of the above-mentioned procedure, and I consent to having this operation or procedure performed.

The alternatives and benefits have been reviewed.

Patient/Parent/Guardian _____ **Date:** _____

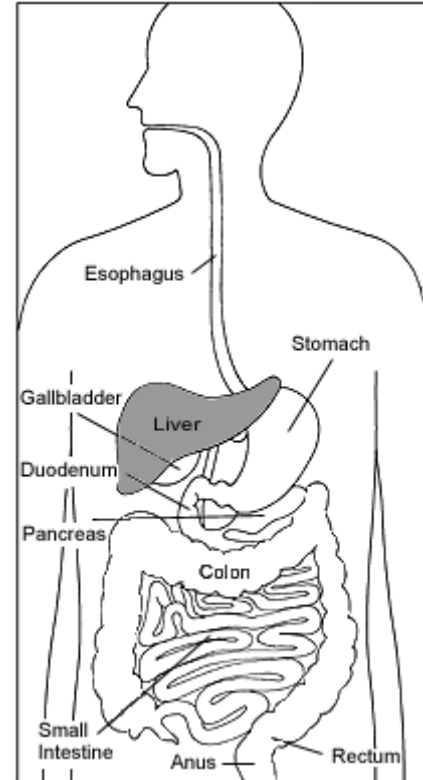
Colonoscopy

Colonoscopy (koh-luh-NAH-skuh-pee) lets the physician look inside your entire 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 look for early signs of cancer in the colon and rectum. It is also used to diagnose the causes of unexplained changes in bowel habits. Colonoscopy enables the physician to see inflamed tissue, abnormal growths, ulcers, and bleeding.

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-skope). The scope transmits an image of the inside of the colon, so the physician can carefully examine the lining of the colon. 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, to inflate the colon. This helps the physician see better.

If anything abnormal is seen in your colon, like a polyp or inflamed tissue, the physician can remove all or part of it using tiny instruments passed through the scope. That tissue (biopsy) is then sent to a lab for testing. If there is bleeding in the colon, the physician can pass a laser, heater probe, or electrical probe, or can inject special medicines through the scope 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 colonoscopy facility 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 means fat-free bouillon or broth, strained fruit juice, water, plain coffee, plain tea, or diet soda. Gelatin or popsicles in any color but red may also be eaten. You will also take one of several types of laxatives the night before the procedure. Also, you must arrange for someone to take you home after the procedure. You will not be allowed to drive because of the sedatives you have been given. Your physician may give you other special instructions. Inform your physician of any medical conditions you have or medications that you take before having the colonoscopy.

You are scheduled to have a colonoscopy, which requires a thorough cleansing of the colon prior to the procedure. Purchase one three ounce bottle of Fleet Phospho Soda. It is consumed orally. It is not an enema. Any pharmacy can help you find this over-the-counter product. The process will require that you follow the instructions listed below very carefully. If you have any problems, please call the office at (602) 253-4271.

Day before Procedure

1. For breakfast, lunch, and dinner you may drink only clear liquids such as tea, coffee, apple juice, grape juice, cranberry juice, soda pop, Gatorade, clear broth, popsicles, water and plain Jell-O (do not eat RED or PURPLE Jell-O). DO NOT CONSUME ANY SOLID FOODS.
 - If you are going in for the procedure before 10 a.m., do the prep the day before at 5 p.m. and 9 p.m.
 - You must consume 64 ounces of liquid before beginning your bowel prep at 5 p.m.
 - If you drink 8-12 ounces of liquid from the above list every hour all day, you should have completed the required 64 ounces of liquid needed prior to beginning the bowel prep at 5 p.m.
2. **At 5:00 P.M.** Add 1 1/2 fluid ounces of Fleet Phospho Soda to one 4 ounce glass of water, Sprite, or fruit juice and drink. This should be followed by two 8 ounce glasses of clear liquid. Another way to consume the prep, which many of our patients prefer, is to make a margarita with it (alcohol optional) and sip it as a frozen drink over one hour. Whatever you decide, have something ready to drink immediately after taking the prep.
3. If you are having diarrhea (not formed stool) with no particulate matter, this is ideal.
4. Drink at least three 8 ounces portions of clear liquid before retiring - more if desired.

Day of Procedure

1. **At 4:00 A.M.** Add 1 1/2 fluid ounces of Fleet Phospho Soda to one 4 ounce glass of clear liquid.
2. No food or liquid at all should be consumed 4 hours prior to your scheduled colonoscopy.
3. Important medications that you normally take in the morning can be taken with a tiny sip of water.
4. Because of the anesthetics that you will be given, you **MUST** arrange to be accompanied and driven home by a relative or friend after your colonoscopy. Plan to be at the facility for at least two hours. You must arrive 1- 1 1/2 hours prior to the scheduled time. If you have not heard from the facility the day before the procedure confirming your time, please call the facility at the phone number listed below.
5. If the doctor takes a biopsy during your exam, we will call you with the results. If you have not heard from the office within one week, please feel free to call us. If you have any questions regarding this preparation or the procedure, we will be happy to answer any of your questions.

Colonoscopy Locations:

- _____ **St. Joseph's Hospital**
- _____ **Arrowhead Hospital**
- _____ **John C. Lincoln North Mountain**
- _____ **John C. Lincoln Deer Valley**
- _____ **Banner Thunderbird Hospital**
- _____ **Arizona Outpatient Surgery**
- _____ **St. Joseph's Outpatient Surgery**
- _____ **Arrowhead Pain and Endoscopy Center**
- _____ **Banner Thunderbird Surgicenter**
- _____ **The Surgicenter**

Scheduled time/date: _____

Please arrive at: _____