

## Frequently Asked Questions

**Q. What is a colonoscopy?** A colonoscopy is an examination that enables your doctor to examine the lining of your colon (large intestine). The doctor will take a flexible tube with a camera installed in it, and slowly move it into the rectum and through the colon. The doctor can view the procedure on a TV monitor throughout the test to look for signs of cancer or precancerous polyps.

**Q: What is upper endoscopy?** Upper GI endoscopy is a procedure that enables the doctor to examine the esophagus, stomach, and duodenum (first portion of small bowel) using a thin, flexible tube with a camera installed in it. This tube is passed through the esophagus, stomach, and duodenum so the lining of these areas can be viewed using a TV monitor.

**Q: How long will the colonoscopy or endoscopy take?** The procedure usually takes from fifteen to forty-five minutes depending on which procedures are done. You should plan to be at the facility for approximately 2 and 1/2 to 3 hours. The amount of time may vary from patient to patient, depending on how much sedation is needed and how you feel afterwards.

**Q: Where do I go for my Procedure?** The address for your procedure is Riverwalk Center 15 S. Main Street Jamestown, NY 14710 Suite 260. This is the suite where the examinations are done, as the Doctors offices are located in suite 160. You are asked to arrive one and one-half hours before your scheduled procedure in order to allow enough time to be admitted and prepped for the procedure.

**Q: Why can't I drive myself home after my procedure?** Due to the sedation given during the procedure, you are considered legally impaired. The sedation medication impairs your judgment and reflexes. You will not be permitted to drive following your procedure. If you do not have a ride home available or set up prior to the procedure, your test may be cancelled and have to be rescheduled.

**Q. Will I receive sedation for the Endoscopy and Colonoscopy?** You will receive MAC (Monitored Anesthesia Care) for the exam, which means that an intravenous line is placed and medications are given intravenously. This is not general anesthesia, although all patients are comfortably sleeping during the procedure. Patients wake very soon after the procedure is finished and there are minimal side effects with our medication. Each patient given MAC anesthesia must remain in bed hooked to monitors for 30 minutes after each procedure so vital signs can be monitored and tracked during the recovery period. After the recovery period, each patient will then be given discharge instructions and sent home to rest for the remainder of that day.

**Q. What do I need to do to prepare for a colonoscopy?** The preparation is a very important part of the exam. If your bowel is not adequately cleaned out prior to the exam, the doctor may not be able to identify polyps during the procedure. Before the exam you will have to take an oral laxative solution (called "a bowel prep" or "preparation") to clean

out your bowel. Specific prep instructions vary, but the prep usually begins one to two days before your procedure. Please read your prep instructions (given separately from the doctors office) to understand what you should do one day or two days before your colonoscopy. Nothing at all should be consumed after 10 PM the night before either procedure except for a small sip of water with your morning medications.

**Q: Can I drink anything other than water?** It is important that you drink a variety of allowed clear liquids to avoid the possibility of becoming nauseated and dehydrated. Clear liquids include: apple and white grape juice or other non-citrus juices without pulp, Gatorade, ginger ale, diet or regular 7-Up, and Sprite. Also included in a clear liquid diet is black coffee or tea without cream or powdered creamer, Jell-O (not red or orange) without added fruit, and Chicken Broth.

**Q: Can I take other medications before the procedure?** You may take your medications except the ones listed on Doctors Preparation instructions given to you by the office. Please carefully review the instructions several days prior to starting your preparation to ensure that you stop certain medications. Generally, you should take prescribed medication, as directed, both on the preparation day and on the day of the procedure. However, you must not take anticoagulants (blood thinners) for at least five days prior to the procedure. These include medications like Coumadin, aspirin, Plavix, vitamin E, Fish Oil and ibuprofen to name a few. Review your doctor instructions to get an accurate list of any medications which need to be stopped.

**Q: Why can't I have gum or mints before my procedure?** If you put anything in your mouth, you increase your saliva. This can go into your lungs when you are asleep and cause pneumonia and other severe lung problems. You cannot receive anesthesia if you have had anything in your mouth within two hours of your arrival time. We allow a sip of water with your morning medications, and all else should be avoided for everyone's safety. If you drink more than a sip or come into the unit chewing gum or have hard candy in your mouth, other patients WILL be taken before you and your test WILL be delayed for a time to be determined by the doctor and anesthesiologist.

**Q: When does patient get the results of the endoscopy and/or Colonoscopy?** The examining physician will inform the patient, or family or friends waiting with the patient, of the test results or the probable findings prior to the patient being discharged from the Endoscopy Unit. The results of biopsies or cytology usually take three to four days and the doctor may then have an office appointment set up, or have the office call with instructions based on those results. Please check your discharge instructions for follow up appointment instructions and call the Office at any time with follow up questions.

**Q: Why do I need to answer questions about my medications with last doses on the morning of the procedure?** This information is required to complete your patient assessment the morning of the procedure to ensure that all medications which needed to be stopped were avoided and to make sure there were no medications taken that could interfere with the effects of the anesthesia to be given. This information is used to keep the patient safe during your procedure.