

## Information Packet for Colonoscopy

There are several pages to this packet. Please read this information carefully. This packet as well as additional information can be obtained on our website [www.thunderbirdim.com](http://www.thunderbirdim.com).

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You will be called by the hospital two days prior to the scheduled procedure date to review your appointment information. You will be informed of the results of the colonoscopy at the time of the procedure. If a biopsy or removal of polyp is required, you will be called directly with those results when that information is available, which may take up to one week.

### Contact Numbers:

To schedule appointments or for general question, call our office at **602-938-6960**

#### **Banner Thunderbird Hospital**

602-865-5513

5555 W. Thunderbird Road

Glendale, AZ 85306

**Check-in Time: 1 ½ Hours Early**

#### **Arrowhead Hospital**

602-674-6504

18701 N. 67<sup>th</sup> Avenue

Glendale, AZ 85308

**Check-in Time: 1 Hour Early**

#### **Arrowhead Endoscopy Center**

623-376-8600

18699 N 67<sup>th</sup> Ave Ste 140

Glendale, AZ 85308

**Check-in Time: 1 Hour Early**

#### **Arizona Outpatient Surgery Center**

602-253-4271

6245 N 16<sup>th</sup> St

Phoenix, AZ 85016

**Check-in Time: 1 Hour Early**

#### **Elizabeth McConnell, M.D., FACS, FAS CRS**

602-253-4271

20325 N. 51<sup>st</sup> Avenue Suite 102

Glendale, AZ 85308

#### **Adrienne Forstner-Barthell, M.D.**

602-993-2622

18275 N. 59<sup>th</sup> Avenue Building M Suite 178

Glendale, AZ 85308

### Appointment Information:

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Check-In Time:** \_\_\_\_\_

**Facility:** \_\_\_\_\_

**Colorectal Surgeon:** \_\_\_\_\_

**Prep Ordered:** \_\_\_\_\_

## Colonoscopy

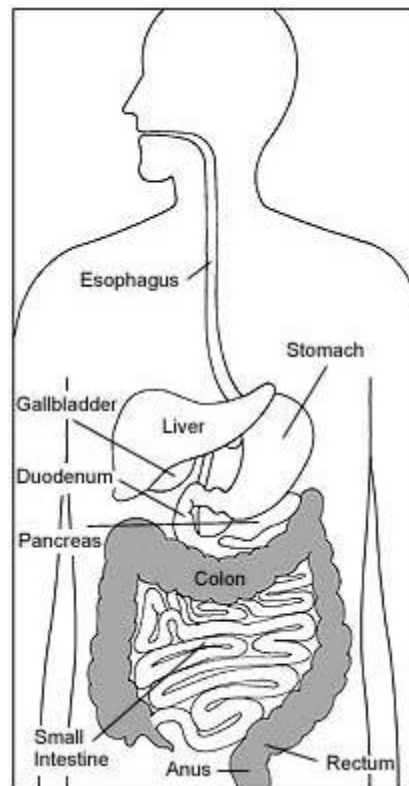
Colonoscopy (koh-luh-NAH-skuh-pee) lets the physician look inside your entire large intestine, from the lowest part, the rectum, all the way up through the colon to the lower end of the small intestine. The procedure is used to look for early signs of cancer in the colon and rectum. It is also used to 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, which inflates the colon and helps the physician see better. Bleeding and puncture of the colon are possible complications of colonoscopy. However, such complications are uncommon.

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 and use it to stop the bleeding.

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.



The digestive system

## Colonoscopy Bowel Prep Instructions for Golytely (Colyte)

You are scheduled to have a colonoscopy, which requires a thorough cleansing of the colon prior to the procedure. You will be given a prescription for Colyte. You will need to pick up your prescription at least two days prior to your colonoscopy. The process will require that you follow the instructions listed below very carefully. If you have any problems or questions, please call our office.

- You will begin a **clear liquid diet the day before** your colonoscopy.
  - For breakfast, lunch, and dinner you may drink only clear liquids such as, Gatorade, tea, coffee, apple juice, white grape juice, soda, clear broth, popsicles, plain gelatin and water. **NOTHING THAT HAS RED OR PURPLE ARTIFICIAL FOOD COLORING** (see page 6)
  - Solid food can be consumed only after your colonoscopy is completed.
- Drink at least 8 ounces of liquid every hour. It is important that you drink extra fluids while on your liquid diet.
- You will begin drinking your Colyte as directed between 2 and 4 pm the day prior to your procedure.
- You may continue to drink liquids up until 4 hours prior to your colonoscopy.
- Stop drinking liquids 4 hours prior to your appointment time.

The bowel preparation will cause you to have diarrhea – your goal is clear “stools” with little or no particulate matter.

**DO NOT SKIP IMPORTANT MEDICATIONS!** If you normally take your medications in the morning, do so with a small sip of water.

Because of the anesthetics that you will be given, **you MUST arrange to be accompanied and driven home by a friend or relative after your colonoscopy.** Plan to be at the facility for at least 2 hours. You must arrive one hour prior to the scheduled time. You cannot drive or make legal decisions for the remainder of the day.

If the doctor takes a biopsy during the exam, we will call you with the results. If you have not heard from our office within one week, please feel free to call us.

If you are scheduled for a “SCREENING COLONOSCOPY” and the doctor finds or biopsies or removes any polyps, your colonoscopy will be billed as a “DIAGNOSTIC COLONOSCOPY.” This may result in a higher patient out-of-pocket expense, depending on your insurance.

If you have any questions regarding this preparation or the procedure, we will be happy to answer them. Please call our office at the phone number above.

## Colonoscopy Bowel Prep Instructions for Miralax/Gatorade Prep

You are scheduled to have a colonoscopy, which requires a thorough cleansing of the colon prior to the procedure.

You will need to purchase four 5mg Dulcolax Laxative tablets (generic is okay), a 238 gram bottle of Miralax and 2 liters of light Gatorade or Crystal Light.

Directions to start prep **the day prior** to your colonoscopy:

- You will begin a **clear liquid diet the day before** your colonoscopy.
  - For breakfast, lunch, and dinner you may drink only clear liquids such as, Gatorade, tea, coffee, apple juice, white grape juice, soda, clear broth, popsicles, plain gelatin and water. **NOTHING THAT HAS RED OR PURPLE ARTIFICIAL FOOD COLORING** (see page 6).
  - Solid food can be consumed only after your colonoscopy is completed.
- Drink at least 8 ounces of liquid every hour. It is important that you drink extra fluids while on your liquid diet.
- You may continue to drink **clear liquids** up until 4 hours prior to your colonoscopy.
- At 3pm take four dulcolax tablets
- At 5pm mix the 238 gram bottle of Miralax into 2 liters of Gatorade (or Crystal Light). Shake this solution until the Miralax is completely dissolved.
  - Drink an 8 ounce glass of this mixture every 10 to 20 minutes until the solution is all gone
- Stop drinking liquids 4 hours prior to your appointment time.

The bowel preparation will cause you to have diarrhea – your goal is clear “stools” with little or no particulate matter.

**DO NOT SKIP IMPORTANT MEDICATIONS!** If you normally take your medications in the morning, do so with a small sip of water.

Because of the anesthetics that you will be given, **you MUST arrange to be accompanied and driven home by a friend or relative after your colonoscopy.** Plan to be at the facility for at least 2 hours. You must arrive one hour prior to the scheduled time. You cannot drive or make legal decisions for the remainder of the day.

If the doctor takes a biopsy during the exam, we will call you with the results. If you have not heard from our office within one week, please feel free to call us.

If you are scheduled for a “SCREENING COLONOSCOPY” and the doctor finds or biopsies or removes any polyps, your colonoscopy will be billed as a “DIAGNOSTIC COLONOSCOPY.” This may result in a higher patient out-of-pocket expense, depending on your insurance.

If you have any questions regarding this preparation or the procedure, we will be happy to answer them. Please call our office at the phone number above.

## Potential risks of a Colonoscopy

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 at the sight where a polyp is removed, it is coagulated with the use of heat. If the heat is left too long a hole can be made in the bowel. Most times the bowel will heal by itself with the help of time and antibiotics. Sometime the perforation is too large and a decision is made to fix the bowel with surgery, the risk of this is approximately 1:100,000. This again is a rare event and is generally known at the time the perforation occurs or in the recovery room.

3) HEART PROBLEMS -Any procedure may place extra strain on the heart. This could lead to irregular beats or even a heart attack.

4) LUNG 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.

## Billing Information

The authorization we obtain at Thunderbird Internal Medicine is for the physician portion only and does not include the hospital charges. According to your insurance, the benefits given are not a guarantee of payment. Payment will be determined upon receipt of the claim. You will need to contact the appropriate hospital to obtain their charge and authorization information.

**Please note** your diagnosis, charges and benefits may change if anything is found during your colonoscopy, such as a polyp or if a biopsy is taken.

## Helpful Information

### Preparing for the Colonoscopy

Tell your doctor if you take blood thinners. You may need to stop some of your medications a few days prior to the colonoscopy.

Ask your doctor if you should take any of your medications the morning of your test.

One week before your test:

- Do not take aspirin products or iron tablets
- Do not take fiber supplements like Metamucil, Citrucel, or Fiberall
- Do not eat popcorn or any corn

### What is a clear liquid?


<p><b>Clear Liquid:</b> Gatorade, Pedialyte, Powerade Clear Broth or Bouillon Coffee or Tea (No Milk or Non-Dairy Creamer) Carbonated and Non-Carbonated Soft Drinks Kool-aid, Crystal Light, or other Fruit Flavored Drink Strained Fruit Juice (No Pulp) Jell-O, Popsicles, Hard Candy</p>	<p><b>Not Clear Liquid:</b> No red or purple items of any kind No alcohol No milk or non-dairy creamer No noodles or vegetables in soup No juice with pulp No liquid you cannot see through</p>
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### Colon Cleansing Tips

- Stay near a toilet! You will have diarrhea, which can be quite sudden. This is normal.
- Continue to drink the prep solution every 15 minutes as directed. Occasionally, this may involve drinking the solution while sitting on the toilet.
- Rarely, people may experience nausea or vomiting with the prep. If this occurs, give yourself a 30-90 minute break, rinse your mouth or brush your teeth, then continue drinking the prep solution.
- It is common to experience abdominal discomfort until the stool has flushed from your colon (this may take 2 to 4 hours but sometimes much longer)
- Anal skin irritation or a flare of hemorrhoidal inflammation may occur and can be treated with a variety of over the counter remedies including hydrocortisone creams, baby wipes or Tucks pads. Avoid products containing alcohol. If you have a prescription for hemorrhoid cream, you may use it. Do not use suppositories.



**EXAMPLE OF A CONSENT FORM YOU WILL BE ASKED TO SIGN**



**Banner Health**  
**CONSENT FOR  
SURGERY/PROCEDURES/SEDATION/ANESTHESIA**

Banner Desert Medical Center  
 Banner Good Samaritan Medical Center  
 Banner Health Page Hospital  
 Banner Thunderbird Medical Center  
 (Check the Appropriate Facility)

Patient Label

1. I authorize the following operation(s) or procedure(s) (**No Abbreviations**) **Colonoscopy with possible biopsies and/or polypectomy**, to be performed by Dr. \_\_\_\_\_ and / or the associates or assistants of his / her choice which may include medical or surgical residents. I understand representative from a medical company, such as a sales representative, may be present during the surgical procedure to provide verbal technical advice to the surgeon, anesthesiologist and/or OR staff.
2. During the course of the operation(s) / procedure(s), unforeseen conditions may arise which may necessitate additional surgery or other therapeutic procedures to promote my well-being. I consent to other surgery / procedures as may be considered necessary or advisable by my physician(s) under the circumstances.
3. I consent to the use of sedation / anesthetics, as may be necessary and advisable, except \_\_\_\_\_ I understand that sedation / anesthesia may involve serious risk even though administered in a careful manner. I further understand that a patient should not drive, operate equipment or drink alcoholic beverages for at least 24 hours after sedation / anesthesia.
4. To further medical and scientific learning, I consent to the photographing and / or video taping of the operation(s) / procedure(s) which may reveal portions of my body, with the understanding that my identity is not to be revealed. To advance medical education, I give my permission for physicians, nurses, medical students, interns, residents and other individuals who are participating in an educational process approved by the hospital to be present during the operation(s) / procedure(s).
5. I consent to the examination for anatomical purposes and disposal by the hospital of any tissue or body parts which may be removed during the operation / procedure(s).
6. I understand that some physician(s) performing the operation(s) / procedure(s), administering sedation / anesthesia and those physicians providing services involving pathology and radiology, may not be the agents, servants or employees of the hospital nor of one another, and may be independent contractors.
7. I have been advised that prosthetic devices including, but not limited to, dentures, bridges, caps, crowns, fillings, dental implants, etc. are more easily damaged than normal teeth. I have been advised to remove all removable prosthetic devices prior to surgery and I agree that responsibility for loss or damage will be mine if I fail to remove such dental or other prosthetic devices.
8. My physician has explained to me the nature, purpose and possible consequences of the operation(s) / procedure(s) as well as significant risks involved, possible complications, expected post operative functional level, expected alterations in lifestyle / health status and alternative methods of treatment. I further understand that the explanation I have received is not exhaustive and that there may be other, more remote, risks and consequences. I have been advised that a more detailed explanation will be given to me if I so desire. I have received no guarantee or warranty concerning the results / outcome and cure and have been given an opportunity to ask and have my questions answered to my satisfaction.
9. In the event a device is implanted during the operation(s) / procedure(s) and federal law requires the tracking of the device, I consent to the release of my social security number to the manufacturer of the device.
10. The patient is unable to sign for the following reason:
  - The patient is a minor.
  - The patient lacks the ability to make or communicate medical treatment decisions because of: \_\_\_\_\_

\_\_\_\_\_  
Patient or Legally Authorized Representative      Date      Time

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness      Date      Time

CTD-0001 (03/04) CONSENT FOR SURGERY/PROCEDURES/SEDATION/ANESTHESIA

**Please complete this form and bring with you to your procedure.**

**Your Name:** \_\_\_\_\_

**Medication Allergies:**

1.	2.
3.	4.
5.	6.

**Medications Taken (include all prescriptions, out-the-counter medications, Arthritis medications, blood thinner, non-steroidal anti-inflammatory):**

MEDICATION	DOSE	FREQUENCY	Date Last Taken
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

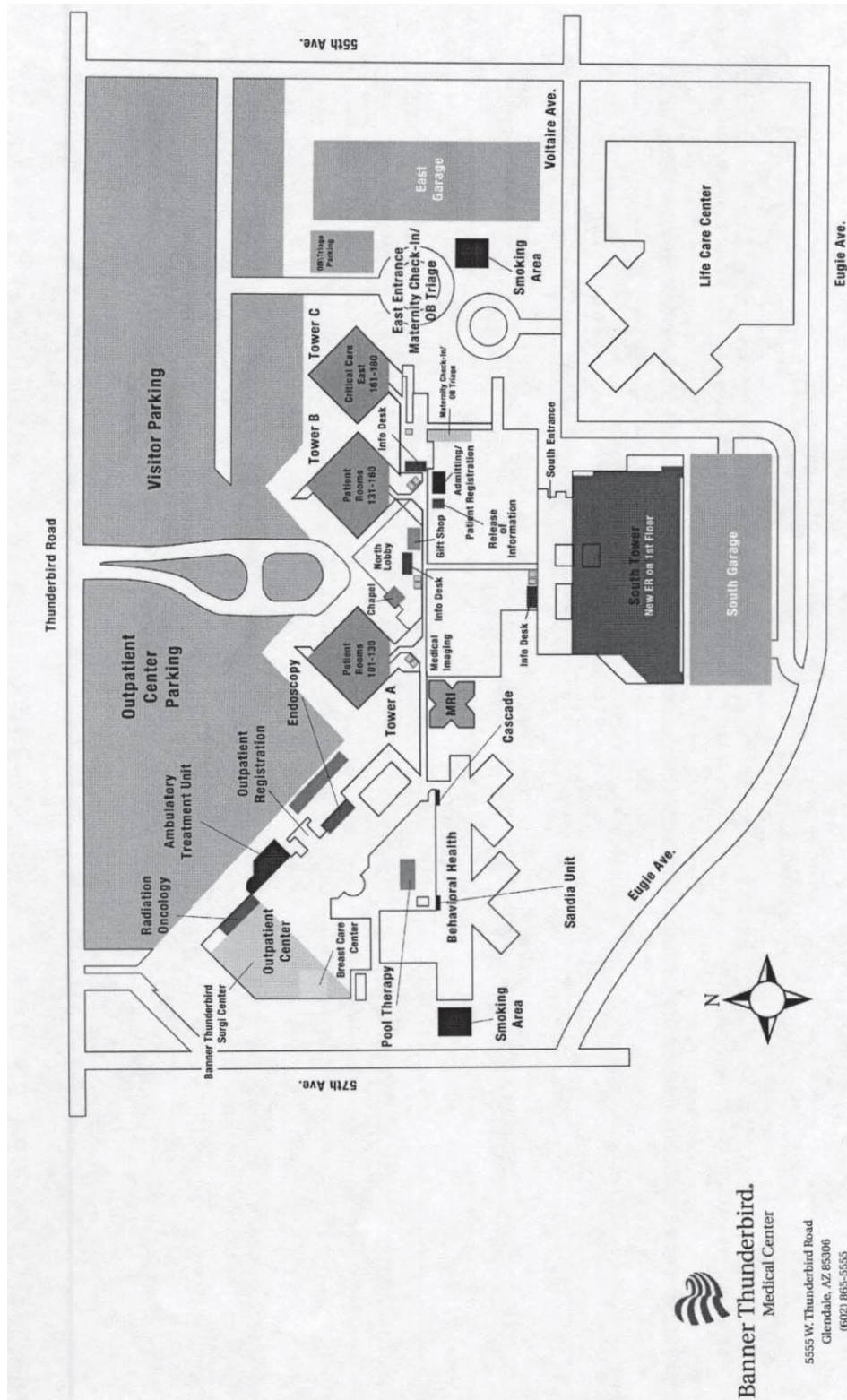
**Vitamins and Herbal Supplements taken:**

1	2
3	4
5	6
7	8

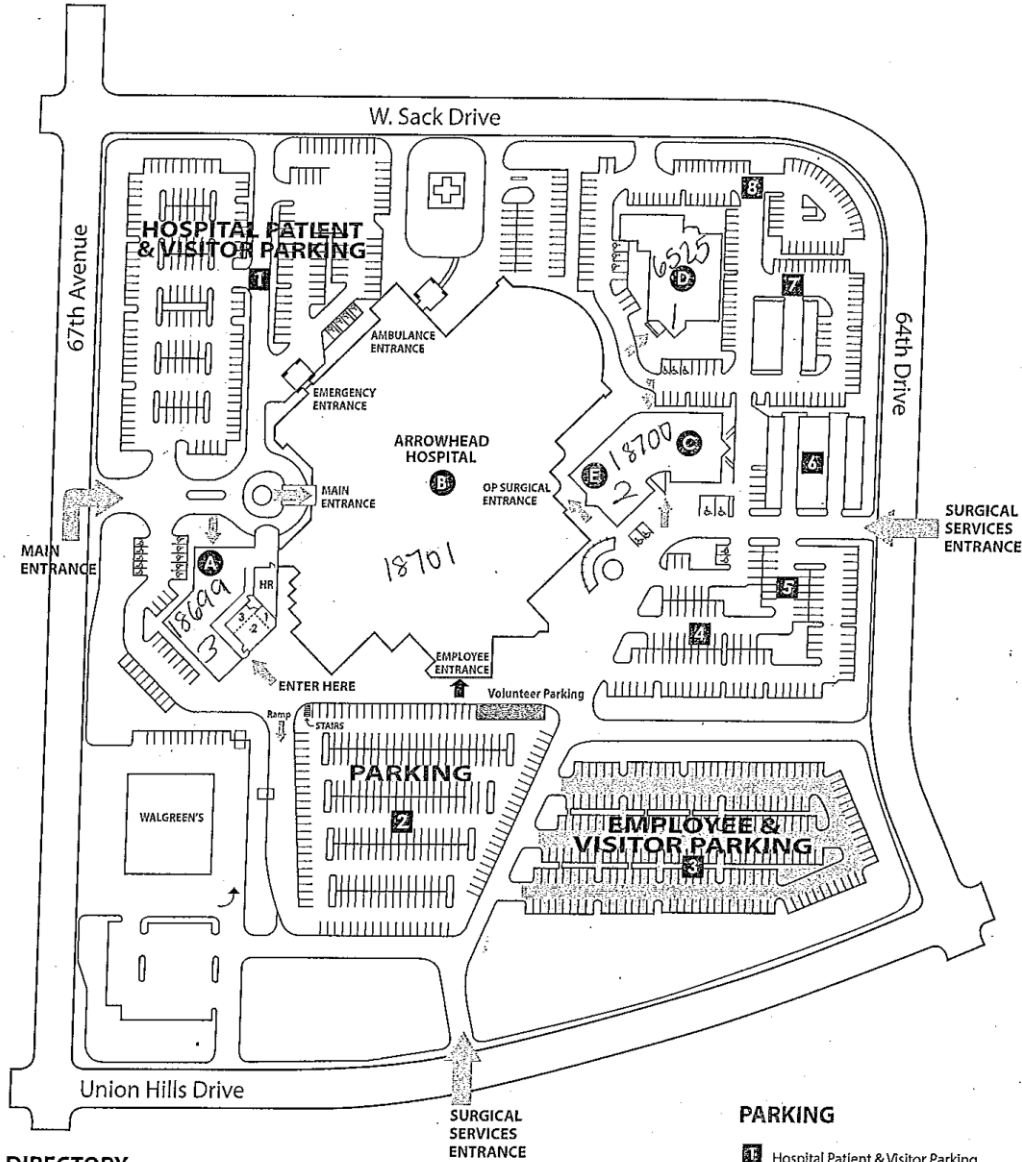
**Verified BY:** \_\_\_\_\_



## Banner Thunderbird Medical Center



# Arrowhead Hospital



### DIRECTORY

- A** Arrowhead Physicians Plaza  
18699 N. 67th Ave.  
1) Mesquite Room  
2) Sierra Room  
3) Palo Verde Room
- B** Arrowhead Hospital  
18701 N. 67th Ave.
- C** Arrowhead Medical Plaza  
18700 N. 64th Dr.
- D** Arrowhead Medical Plaza  
6525 W. Sack Dr.
- E** Cardiac Rehab  
18700 N. 64th Dr.

### PARKING

- 1E** Hospital Patient & Visitor Parking
- 2E** Parking Garage  
Level 1 - Physicians  
Level 2 - Arrowhead Hospital  
Physician Plaza Staff & Patients
- 3A** Employee Parking
- 4A** Outpatient Surgical Parking
- 5A** Medical Plaza Physician Parking
- 7A** Medical Plaza Physician Parking
- 8A** Medical Plaza Parking
- 9A** Volunteer Parking



18701 N. 67th Avenue, Glendale, Arizona 85308, 623-561-1000, www.arrowheadhospital.com