



## Frequently asked questions about your endoscopy procedure

Endoscopy procedures include, but are not limited to:

- Colonoscopy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Esophagogastroduodenoscopy (EGD)/Upper endoscopy
- Ileoscopy
- Flexible sigmoidoscopy
- Upper endoscopic ultrasonography (EUS)

Please note this sheet addresses questions that may not be pertinent to you or your procedure. While not all of the information may be relevant to you, there is plenty of useful information below for those having endoscopy procedures.

### **Why can't I eat any food the day before the exam?**

For colonoscopies, the clear liquid diet for at least 30 hours before the exam is an essential part of the preparation of the colon to make sure that the colon lining can be well seen. Anything that you eat in that period before the exam tends to increase the risk of a poor prep and an exam that will need to be rescheduled and repeated with an extended prep.

### **TIPS FOR SUCCESS:**

- Hydrate well – that means drink something on the list of clear liquids you were given or sent when the test was scheduled (something with calories, not just water) every hour while awake (not all night) because doing so:
  - tricks your stomach into thinking you are not hungry.
  - avoids any sick feeling that people get when they haven't eaten.
  - protects your kidneys.
  - helps the prep work.

### **Why do the instructions have me stop eating nuts, seeds, and berries for my colonoscopy?**

These items are less digestible than other foods and tend to be harder to flush out with the prep. They are also small and tend to block the suction of the colonoscope and can make the test longer and more difficult for your gastroenterologist and often less effective, meaning that some areas can't be seen well. That may cause your doctor to order a repeat exam or schedule a follow-up earlier than is generally needed. If you forget to stop these foods one week early, please call the office to check with your doctor before cancelling or not showing up for the exam.

### **Why do I need to drink part of the prep five hours before my colonoscopy even if it's the middle of the night? Why can't it be taken all at once the night before the exam?**

It is vital for your gastroenterologist to be able to see the colon lining well. The first part of the prep does a fairly good job clearing solid stool from the colon, but overnight a lot of secretions pass from the small intestine down into the colon and can obscure the view. Even though it seems very hard to have to drink part of the prep five hours before the exam, it is very important and is part of having a high-quality exam.

### **Why do I need to drink so much liquid laxative for my lower endoscopy?**

The liquid preps that we generally use have been studied extensively for their effectiveness at clearing the colon of stool. Surprisingly, the safest preps for people with any heart or kidney disease are those with larger volumes – two to four liters taken twice. Your gastroenterologist or nurse practitioner will help you decide which prep is best for you.

### **I have heard there are pill alternatives and smaller volume preps. Why can't I use these?**

The pill prep includes 32 pills and contains a laxative called sodium phosphate which can cause problems with your kidneys. Other small volume preps are generally not used because they are less effective or may have health consequences especially in older people or those with heart or kidney problems.

### **What if I get sick or vomit while drinking the prep?**

Stop drinking for 20 to 30 minutes and then start again, more slowly. Try drinking three or four ounces at a time with a short break in between. If you continue to experience vomiting, call the office to speak to the physician on-call.

### **What if I take the laxative and don't have any bowel movements or clearing?**

Some people who are prone to constipation have more trouble with the prep. Usually the laxative starts to work within three or four hours. If you don't have loose and frequent stools, try a Dulcolax suppository (the generic name is Bisacodyl and is available at most drugstores). Insert the suppository in the rectum, then repeat again in one hour. If you continue to have problems, call the office to speak to the physician on-call. If you are aware that you tend to be constipated, please call your scheduler (contact info will be found on the front of the brochure) to ask for a modified prep.

### **How long is the test and why do I have to arrive 60 to 90 minutes early?**

The test itself usually takes 20-30 minutes but you will usually be at the endoscopy center for about two hours. When you arrive you will review your medical history, medication list, and any allergies with the nurse and meet and give consent to the anesthesiologist and your gastroenterologist. You will receive an intravenous (IV) line and have monitoring equipment attached. After the test you need to wake up fully from sedation and be monitored for 30 to 60 minutes before it is safe for you to leave the endoscopy suite.

### **Why can't I drive myself home after the procedure? Why do I need someone to accompany me if I use a bus or taxi service?**

The sedative you receive for comfort during the exam may make you sleepy or forgetful or affect your reflexes after the exam. You may be uncomfortable after the test and will be tired. Remember, you will have had very little sleep the night before the test. For your safety, you should not drive, drink alcohol, or operate heavy machinery, and an accompanying party is necessary to make sure you get home safely. If you do not have someone to transport you home, the test will not be completed with sedation and will need to be rescheduled.

### **When will I know my results?**

After the procedure, your gastroenterologist may speak to you briefly in the recovery area. However due to the medications, you may not remember what he or she says. If biopsies are taken or polyps are removed, the tissue is examined by a pathologist and the final information may not be available for a week. You will be called or receive a letter from our office with final results. You may also make an appointment in the office to discuss the findings further with your gastroenterologist, physician assistant, or nurse practitioner.

**If you have any questions or concerns about this information or your test, please call our office at 207.973.4266.**