Frequently Asked Questions

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I. Questions About Medications

- Do I need to stop my blood thinner (ie. Coumadin, Plavix, Pradaxa, Lovenox, etc)?
  You should plan to temporarily stop taking your blood thinner before your procedure, but only if it is safe to do so. Please contact the prescribing provider of your blood thinner to discuss whether it is safe to stop, and when to stop. Our physicians will instruct you when to resume your medication after your procedure is finished.

- I take iron pills; do I need stop taking this medication?
  We recommend that you stop taking iron supplementation at least 5 days before your procedure.

- I had a knee replacement 3 years ago; do I need to take antibiotics?
  You do not need to take antibiotics before your procedure as protection against a joint infection.

- I had a valve replaced should I take antibiotics?
  In general, you do not need to take antibiotics to prevent an infection of the heart valves prior to undergoing your procedure. Please check with your cardiologist if you think that your situation may be different.

- Do I take diabetes medications?
  - A general guideline is provided but it is important that you ask your primary care doctor or diabetes doctor about how to take your diabetes medication before your procedure

  For patients taking oral diabetes medications:
  - On the day before your procedure, take only half your usual dose or oral diabetes medicine in the morning. DO NOT take your dose in the evening.
  - Please note this exception: If you are taking exenatide (Byetta), liraglutide (Victoza) or pramlintide (Symlin), take your normal dose the day before your procedure.
  - On the day of your procedure, DO NOT take your morning dose. After your procedure, if you are eating, you can take your normal evening dose.

  For patients taking insulin:
  - On the day before your procedure:
    - For Humalog, Novolog, Apidra, Regular, NPH, or any pre-mixed insulin, take half your usual dose in the evening.
    - For Lantus, Levemir, or if you use an insulin pump, take your full dose or continue your basal rate.
  - On the day of your procedure:
    - For Humalog, Novolog, Apidra, Regular, NPH, or any pre-mixed insulin, DO NOT take your morning dose. After your procedure, if you are eating, you can take your normal evening dose.
For Lantus, Levemir, or if you use an insulin pump, take your full dose or continue your basal rate.

Please also note the following:

- If you check your blood glucose daily at home, check it more often the day before and day of your procedure, as the preparation process may cause changes in blood glucose. Please contact your PCP or endocrinologist if you notice any concerning changes.
- If you have low blood glucose while taking the prep, you may take clear juices, regular soda, glucose tablets or gel.

Should I take my anti-hypertensive and anxiety medications?

- In general, we counsel you to stay on your regular medication regimen when possible. However, you should contact your primary care provider if you think your situation may be different.

II. Questions About your Prep

- **What type of Prep am I taking?**
  Your gastroenterologist or primary care physician should have discussed which prep type should take prior to your procedure. There are different prep types including the Miralax Prep, the Go-Lytely Prep, SuPrep, the Magnesium Citrate prep, and the 2-day Prep. The majority of our patients take the Miralax prep which does not require a prescription. If you are unsure of which prep type you should take, please call the endoscopy nurse at 617-525-6814.

- **What colored liquids am I not supposed to drink during the prep process?**
  You should not drink any red-colored liquids during the prep process. You can drink blue and purple colored liquids.

- **I don't have a prescription in my packet, what do I do?**
  If you have been prescribed a prep that requires a prescription your prescription will be sent electronically to your pharmacy so you should not expect to see a paper copy in your packet. If your pharmacy does not have the prescription, please call endoscopy nurse for prescriptions.

- **My pharmacy hasn’t received the prescription yet, what do I do?**
  Call the endoscopy nurse at 617-525-6814 for the prescription.

- **I haven't gone to the bathroom yet and I already took the first half of the prep, what should I do?**
  This can be the case. You should remember to drink the second half of the prep five hours before your scheduled examination. Make sure you are adequately hydrating with other clear liquids.

- **Do I really have to do half the prep tonight and half tomorrow?**
We recommend drinking half the prep the evening prior to your procedure and half the morning of your procedure as this timing produces better cleansing results and makes it easier for your doctor to fully examine your colon.

- **Do I really have to get up at 3am to finish the prep?**

  You should finish drinking the prep 4-5 hours before your scheduled arrival time. This may require you to awaken very early in the morning in order to complete the prep. Although inconvenient, the correct timing of drinking the prep is critical to obtaining a good colon preparation.

- **Can I drink all the prep the night before?**

  Following the correct timing of drinking the prep is important. Drinking the second dose closer to the time of your procedure rather than drinking the whole preparation the night before produces better results and a cleaner colon for your procedure.

- **What do I do when I have to go to the bathroom in the morning on the way, I have a two hour drive?**

  You may need to wake up earlier to drink the second half of the preparation. We recommend drinking the second half 5 hours before your scheduled arrival time. If you have a 2 hour drive, you may want to start the second half 6-7 hours before your scheduled arrival time to minimize the chance that you will still need to be using the bathroom frequently on your drive to the Brigham.

- **I can’t stomach the prep, what can I do to make it go down easier?**

  Many patients say that the preparation is easier to drink when cold so put it in the fridge after mixing. Using a straw to drink the prep can be helpful. Chewing gum or sucking on lemons or hard candy in between cups can help mask the taste. If you are nauseated, take a break for 30 minutes and then resume the prep with longer intervals between cups.

  It is common to feel nausea during the preparation for colonoscopy. You may try to add some fruit juice, crystal lite, or ice to improve the flavor (nothing red). If you vomit, rest for 30 minutes and try to resume drinking the preparation. The goal of the preparation is to clean out your bowels completely. If you do not have clear stools during the preparation, your doctor will find it difficult to complete the exam.

  If you feel volume of prep has been a problem for you in the past or anticipate it to be a problem, please discuss this with your primary care provider. There are options for smaller volumes of prep however they are not appropriate for all patients.

- **I took the mag citrate the last time, can I do that this time?**

  We no longer recommend Magnesium Citrate as a bowel prep for our patients for our one-day prep. Other preparations produce a better cleansing effect with fewer risks and side effects.

- **I am severely constipated and do not feel the prep was adequate last time OR I feel I will not be cleaned out with the prep, what do I do?**

  Please contact your GI provider at least two weeks prior to your procedure to discuss the most appropriate prep and diet for you. There are adjustments that can be made if you have a diagnosed motility disorder or overall concern.
III. Questions about your Escort

• In general, how long will I spend in the endoscopy unit and what time should I be picked up?

You should expect to spend approximately 3 hours in the Endoscopy Unit. Your escort does not need to be in our waiting room during this whole time but should be available to pick you up within 30 minutes of being called.

• How long is my procedure?

The length of the procedure depends on the type of procedure that you will have and the care that is required during the procedure, but the colonoscopy procedure should take approximately 30 minutes. A flexible sigmoidoscopy or upper endoscopy generally takes 15-20 minutes

• Why do I need an escort?

  o You will need an escort after the procedure because it is not safe to travel alone or drive after receiving moderate sedation. This rule is strictly enforced to ensure safety. If your escort does not accompany you to the procedure, you must provide his/her name and phone number so we can verify that he/she will accompany you from the unit and provide transportation. **Your procedure will be cancelled and rescheduled if we cannot confirm that you have an escort prior to the procedure.**

IV. Pre-Procedure Questions

• Why do I need to arrive at the GI Endoscopy unit 45 minutes before my test?

In order for you to be properly prepared for your test, we need to have you change into a gown and have an intravenous placed. Some paperwork will also need to be completed. If you come late to the unit, this will not only delay you but other patients.

• What is moderate sedation? Will I be going to sleep?

It is combination of sedatives and narcotics. Our goal is not for you to go to sleep but for you to feel comfortable during the exam. You will feel the effects of the medications for a couple hours after the procedure. Therefore, you cannot drive for 12 hours after the procedure.

• What are the common complications that arise from colonoscopy or endoscopy?

The common complication from these procedures is related to moderate sedation. Many patients feel sleepy and tired after the procedures. After colonoscopy, bloating and cramps is common. The more serious complications include bleeding or perforation. Bleeding may occur after a polyp is removed. With significant bleeding, you will see fresh, red blood in your stool. A perforation of your bowel will cause severe abdominal pain and fever. For these serious complications, it is important for you to be evaluated quickly in the Brigham and Women’s emergency department or a one closer to you.

V. Post-Procedure Questions

• What if I haven’t received my results from my procedure after 14 days?

Please contact your doctor’s office via telephone or patient gateway.
• **What if I am still having pain after my procedure?**

Some mild gas pain may be expected following your colonoscopy. Walking can be helpful. If pain is persistent and accompanied by fever, chills, blood in stools, hard abdomen, abdominal swelling or inability to pass gas, you should seek urgent medical attention.

• **What is a biopsy and how do I get the report?**

A biopsy is a sample of tissue taken during a procedure. Biopsies are often taken of ulcers, tumors, polyps, and abnormal tissue in order to examine the samples with a microscope. The reports are usually available in 10-14 days. After your procedure, we will provide instructions for obtaining the report.

• **Will I see my physician after the procedure?**

Since you will be receiving sedatives for your procedures, you may not remember much of the test or the discussions afterwards. Many physicians ask that the patients be informed of the results of the procedure with a written statement. This will help you remember what was found during the procedure. All reports are sent to the referring physician(s) after the procedure.