

Date of Procedure: \_\_\_\_\_

## Day before procedure:

We call you after 2 p.m. with these times:

1. Time to arrive: \_\_\_\_\_

2. Do not eat or drink after: \_\_\_\_\_

## Important:

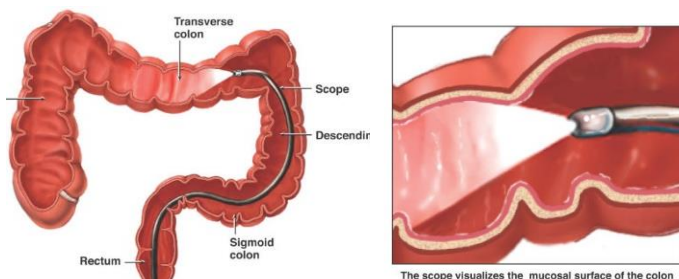
If you have not heard from us by 4:00 p.m. please call the clinic at:

682-885-1990 or \_\_\_\_\_.

## What is a Colonoscopy?

Colonoscopy is a special procedure using a small tube called an endoscope. The endoscope has a light and camera at the very end. Your doctor gently guides the endoscope into your large intestine.

1. The camera lets your doctor see the inside of your rectum, colon, and sometimes the last part of the small intestines called the terminal ileum.
2. The colonoscopy helps us find ulcers, bleeding, polyps, inflammation, or infections.
3. Your doctor may take very small tissue samples called *biopsies*. A pathologist looks at the tissue and can identify certain diseases.
4. During the colonoscopy, you are sleeping and will not feel anything.



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## What to know before my colonoscopy

### 1. Bowel Preparation (bowel prep)

We need to clean out the colon.

- Your doctor will order laxatives.
- Call your doctor **immediately** if for any reason you cannot complete the bowel prep as directed.
- **It is ok to page the on-call doctor for questions or concerns about the bowel clean out.** To reach the on-call doctor call the hospital operator at 682-885-4000.
- If the bowel is not cleaned out we may need to reschedule.

### 2. List all medicines and times

We need to know **all** medicines your child takes:

This includes prescription and over-the-counter medicines, especially any aspirin, ibuprofen, blood thinners, etc.

**Note:** You may need to give the routine medicines at different times.

### 3. Food and fluid

**Very important** to have an empty stomach.

Do not to eat or drink anything after:

**My Time:** \_\_\_\_\_

### 4. Fever before procedure

Please call the office immediately for a fever of 101.5 or greater.

### 5. Plan child care for other children

Please **do not** bring other children with you. They cannot go into the prep room or the recovery room.

## Day of colonoscopy procedure

**Important:** If you need to cancel or will be late:

Call: \_\_\_\_\_

If you need to cancel before the day of the procedure, call the GI Clinic as soon as possible.

**682-885-1990**

## Patient Registration:

### 1. Cook Children's Medical Center:

Go directly to the *surgery waiting room* located on second floor. Check in and register. We will take you to the Special Procedure Area.

### 2. Cook Children's Northeast Hospital:

- Register at Surgery Registration.
- We will take you to the procedure room.

## Consent for Procedure

1. We will answer all your questions.
2. We will ask you to read and sign the consent.

Before you sign the consent you need to know:

- What a colonoscopy is.
- Why and how we are doing the colonoscopy.
- Possible risks of the procedure.

## During the colonoscopy:

**One parent will need to stay in the waiting room during the procedure.**

A colonoscopy takes about 30 to 60 minutes.

## After the colonoscopy

What to know

### 1. You go to the recovery room to wake up.

- You will be on a monitor.
- You will have an IV.

### 2. Your doctor talks to your parents.

- Reviews the procedure.
- Explains the colonoscopy pictures.

### 3. How you may feel.

- You may have some abdominal discomfort and cramps. This is from the air we used during the procedure or anesthesia.
- This will feel better the next day.
- You may have a sore throat.
- Your nurse can give medicine to help with discomfort.

### 4. Going home.

- Your nurse will tell you about home care.
- We will give you a copy of our discharge instructions.

### 5. Biopsy results (if taken during colonoscopy).

- The lab doctor (called pathologist) looks at the biopsy tissue.
- The results are reported to your doctor.
- Your clinic nurse will call you the results in 7 to 10 business days after the biopsy.

**Please call the GI Clinic with any questions or concerns.**

### Department of Gastroenterology

Dodson Specialty Clinics 2<sup>nd</sup> Floor  
1500 Cooper Street  
Fort Worth, TX 76104

**682-885-1990**  
cookchildrens.org

These instructions are only general guidelines. Your health care providers may give you special instructions.  
If you have any questions or concerns, please call your health care providers.

**The healthcare provider talked to me about the information in this handout.**

- I know what I need to do.
- I know why doing this is important.
- All my questions have been answered.
- I have a copy of this handout.

\_\_\_\_\_  
**Patient Name**

\_\_\_\_\_  
**Patient, Parent, or Legally Authorized Representative**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Your Relationship to the Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m. / p.m.

\_\_\_\_\_  
**For staff use only**

## **Colonoscopy-Before-Procedure-GI**

**Healthcare Provider**

\_\_\_\_\_  
MRN (Medical Record Number)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m. / p.m.

**Interpreter**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signed Name

\_\_\_\_\_  
Interpreter Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m. / p.m.

\_\_\_\_\_  
Print or imprint Patient Information

MRN \_\_\_\_\_

CSN \_\_\_\_\_