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Colonoscopy

You have an appointment with Doctor Benhamron for a colonoscopy on the _____

If you are unable to attend your appointment, please let us know **at least 72 business hours before** at this number: **514 769-7198**.

You may also call this number for any complementary information.

Colonoscopy is a test performed with a long flexible instrument which allows the direct exploration of the inside of the large bowel. This test can detect inflammation, polyps or cancer of the colon. Polyps are small growths, generally benign, that can present a risk of cancerous transformation. During this technique, we can in general remove these polyps by surrounding their base with an electrical wire, and this is completely painless. After the procedure, the recuperated polyps are sent to the laboratory for analysis.

At the beginning of the test, a sedative injection is given to relax you. For this reason, we ask you to have an accompaniment for the way back, and **not to drive for 6 hours after the test**.

Colonoscopy is a safe procedure, but any procedure involves risks:

- In the case of colonoscopy, there is a very minimal risk of perforating the colon. This theoretical risk is known to be between 1/1000 and 1/2000 in the medical literature. If this situation occurs, we must operate to close the wound. In our experience, this type of event is extremely rare.
- Bleeding always happens after a biopsy and sometimes after polypectomy. Nevertheless, it is minor and in the majority of cases stops spontaneously. Cauterization is rarely necessary. It is extremely rare that a transfusion be needed.
- Adverse reactions or allergic reactions to the sedative medications can happen rarely.

- A local irritation at the site of the venous puncture for sedative administration can also happen. It generally disappears after a few days or, more rarely, a few weeks.

In medicine, no test is perfect: it can happen, very rarely though, that some polyps or even cancers are not detected. Sometimes, infrequently, we are not able to reach the extremity of the colon. This is usually due to very narrow or angulated segments of the bowel. In such situations, it is preferable to stop the test.

Some medications should be stopped before a colonoscopy, unless otherwise recommended by your physician:

- Medications containing aspirin (aspirin, asaphen, rivasa, entrophen): **to be stopped 7 days before**
- Plavix (clodiprogel): **to be stopped 7 days before**
- Ticlid (ticlopidine): **to be stopped 7 days before**
- Xarelto, Coumadin or Synthron: **to be stopped 5 days before**
- Iron or medications containing iron: **to be stopped 10 days before**
- Eliquis, Pradax, Pradaxa (Dabigatran) : **to be stopped 4 days before**
- Eflient (Prasugrel) : **to be stopped 8 days before**
- Brilinta (Ticagrelor) : **to be stopped 3 days before**

You should absolutely always consult your cardiologist to have permission before stopping Plavix, Eflient or Brilinta.

Preparation of the bowel is very important. The colon must be completely clean and empty to assure the best quality of your colonoscopy. Please follow thoroughly the instructions of your preparation.

Have a good test