



DARTMOUTH-HITCHCOCK  
MEDICAL CENTER

## **Colorectal Cancer Screening**

### **Introduction**

Colorectal cancer (cancer of the large intestine) is the second most common cause of death from cancer in the United States, after lung cancer. However, colorectal cancer is one of the few kinds of cancer that doctors can prevent.

A colorectal cancer screening test can find growths, called polyps, that can lead to cancer. One of these tests, colonoscopy, can painlessly remove them. Anyone who is at least fifty years old should have a regular colorectal cancer screening. This should be done earlier if you have a family history of colorectal cancer.

Our team of doctors and nurses is dedicated to making your screening test safe and comfortable. We have been performing colonoscopies since 1970, and do almost 5,000 colonoscopy procedures every year.

## **Overview**

### **Why have a colorectal cancer screening?**

The large intestine (also called the large bowel), consists of the colon and rectum, which is the final part of your digestive system. Cancer of the lining of the large intestine is called colorectal cancer.

Although colorectal cancer is the second most common cause of death from cancer in the United States, it is one of the few cancers that doctors can prevent.

Most colon cancers start out as small growths (polyps) which form on the lining of the large intestine. Over a period of five to ten years, some of these polyps can become cancers. During a colonoscopy (one type of colorectal cancer screening test) a doctor can find and remove polyps in the large intestine. This causes no pain. Finding and removing these polyps dramatically reduces the chances of cancer developing. About 30 percent of people who are screened for colorectal cancer are found to have polyps.

If colorectal cancer is found at an early stage, a person's chances of living longer than five years may be as great as 95%. If colorectal cancer is found at a late stage, a person may have only a 10% chance of living for five years. The earlier cancer is found, the better your chances of survival.

Because most polyps—and many colon cancers—have no symptoms, it's very important to have a colorectal cancer screening.

### **Who should have a colorectal cancer screening?**

- Anyone with a personal history of colon polyps
- Anyone with a personal history of colon cancer
- Anyone with a family history of colon cancer or polyps
- Anyone who is at least 50 years old
- Anyone with inflammatory bowel disease (a long-term disease of the intestines, diagnosed by a doctor)



### **How often should I have a colorectal cancer screening?**

Doctors recommend that anyone who is at least 50 years old have:

- A Hemoccult (fecal occult blood test) stool sample test every year, and a flexible sigmoidoscopy every five years
- OR
- A colonoscopy every 10 years
- OR
- An air contrast barium enema every 5-10 years

### **Ways to prevent colorectal cancer**

In addition to having regular screenings, there are other ways to help prevent colorectal cancer:

- Eat a high-fiber, low-fat diet, with plenty of fruits and vegetables
- Avoid smoking
- Lose weight if you are overweight
- Keep to a regular exercise program (this can be as simple as taking a short walk three times a week)
- Talk with your doctor about vitamins or medications that may help prevent colorectal cancer



## Types of screening tests

### Hemocult Test

This simple test checks for the presence of hidden blood in a patient's stool. You only need to send a small stool sample to a lab, using a special card. However, the test has its drawbacks.

- The test will detect any blood found in the stool, including animal blood. For instance, eating a rare steak the day before the test may change the test results.
- The test will show if you are bleeding inside your body, but it does not show the source of this bleeding
- Hemocults miss at least 60% of polyps in the large intestine. They also can fail to detect growths that have developed into cancer. This is why doctors often recommend a colonoscopy, or a flexible sigmoidoscopy, to check for polyps and colorectal cancer.

### Colonoscopy

#### What is a colonoscopy?

The large intestine (also called the large bowel), consists of the colon and rectum, which is the final part of your digestive system. In a colonoscopy, a doctor uses a thin, flexible tube to examine the entire large intestine. As the tube is advanced through the intestine, a video sensor in the tube transmits images to a television monitor.



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For more information, or to make an appointment, call: (603) 650-5030

### Why would a doctor recommend a colonoscopy?

- To check for polyps, or small growths that may lead to colon cancer. If polyps are found, the doctor can remove them painlessly. This is called a polypectomy.
- To diagnose inflammatory bowel diseases like Crohn's disease and ulcerative colitis
- To investigate frequent diarrhea, rectal or intestinal bleeding, a change in bowel habits, or weight loss
- To take a biopsy of a growth in the large intestine

Colonoscopy is often used to remove polyps, or small non-cancerous growths. This is called a polypectomy.



### What does a colonoscopy involve?

You will be given medication to make you relaxed and drowsy (some patients even fall asleep during the procedure). Because air is used to open the colon and create better images, you may feel some minor cramping.

Your doctor will slowly guide the colonoscope through the entire length of the large intestine, which will take about a half-hour. He or she will view the inside of your large intestine on the television monitor, and use a tiny forceps to take a biopsy, or tissue sample, of anything that looks out of the ordinary. This process is painless. In some cases, the doctor may remove a polyp, but you will not feel its removal. The tube is then slowly withdrawn.



### **How long is the recovery after a colonoscopy?**

You will need some time in the recovery room for the effects of the medication to wear off. You will not be alert enough to drive on your own, so make sure a family member or friend can take you home. Plan on resting for the remainder of the day, and eat lightly at first. Minor symptoms such as gas or bloating will disappear within 24 hours.

### **Flexible Sigmoidoscopy**

#### **What is a flexible sigmoidoscopy?**



Flexible sigmoidoscopy uses a thin, flexible tube to examine the lower portion of the large intestine (the colon) and the rectum. As the endoscopist advances the tube through the lower part of the intestine, a video sensor in the tube transmits images to a television monitor.

#### **Why would a doctor recommend a flexible sigmoidoscopy?**

- To check for polyps, or small growths that may lead to colon cancer
- To diagnose inflammatory bowel diseases like Crohn's disease and ulcerative colitis
- To investigate frequent diarrhea, rectal or intestinal bleeding, a change in bowel habits, or weight loss
- To take a biopsy of a growth in the large intestine



**What does a flexible sigmoidoscopy involve?**

The endoscopist will guide the flexible scope into the lower part of the large intestine, and look at its lining. Because air is used to open the colon and create better images, you may feel like you need to have a bowel movement. If the doctor finds a growth in the intestine, he or she may use a tiny tool to take a biopsy, or tissue sample, to study later. This process is painless. The tube is then withdrawn.

The entire procedure takes only a few minutes.

**How long is the recovery after a flexible sigmoidoscopy?**

You may feel a little cramped and bloated until you pass the air that was introduced into your system. You will be able to resume regular activities immediately.

**Air Contrast Barium Enema**

Barium is a white substance that allows problem areas of the large intestine to show up on an X-ray. You will be given an enema containing barium before the X-ray. The large intestine appears as a white image, while any growths in the intestine will show up as dark areas.



## **Before your colonoscopy**

### **Medications**

You may take all of your regular medications with the following exceptions:

- If you are a diabetic on insulin or an oral diabetic medication, please check with the doctor who manages your diabetes about decreasing your dosage. You will not be eating normally before the examination.
- If you are on Coumadin, you must contact the doctor who manages your medication about whether it can be stopped for five days before, and possibly seven days after, the procedure. If there is a problem with stopping the medication, please let us know at (603) 650-5030 several days before your test.
- Do not take any iron for one week before your colonoscopy.
- If you are on an antiplatelet medication such as Ticlid, Plavix, Integrilin, Reopro or Aggrastat, you must contact your doctor to ask if you may stop this medication seven days before your colonoscopy. If there is a problem with stopping the medication, please let us know at (603) 650-5030 several days before your test.

### **For heart patients**

If you have artificial heart valves, or a history of endocarditis (infection of the heart valves) contact your heart doctor to see if you need antibiotics before your colonoscopy. (If you need antibiotics before dental procedures, you may need to take them before your colonoscopy.) Such antibiotics will be given by IV before the procedure, so you will be asked to come early for this purpose.

### **What to eat before your colonoscopy**

Two days before your colonoscopy, you may eat light meals that include fat-free clear soups; small portions of skinless chicken or turkey; fish; white bread; eggs; plain noodles; plus any clear liquids.

After breakfast on the day before your examination, you will be following a **clear liquid diet**. You can eat any of the following:

- Broth or bouillon
- Black tea or coffee (you may have sugar)
- Apple juice
- White grape juice
- Ginger ale



- Sprite
- Water
- Plain Jell-O (gelatin)

**You may not have any solid food**, including butter, cream, fruit, vegetables, seeds, or nuts. Eat or drink nothing that is dark red or purple, such as in juices, Jell-O, or popsicles.

### **The day of your colonoscopy**

- Follow the instructions given with your preparation drink (NuLytely or Fleet Phospho-Soda) for the morning of your procedure
- Do not eat breakfast, or any solid foods
- You may have clear liquids until two hours before your procedure
- Bring a friend or family member to drive you home after your colonoscopy, as you will be too sleepy to drive afterward. If you do not have a driver, your procedure will be cancelled.
- Ask your doctor whether you should take your normal medications before the procedure. If approved, take the medication in the morning, once you have completed evacuating your bowels.
- Plan to be at hospital for about three hours

### **At the hospital**

Report to Endoscopy/Same Day Program area at least one hour before your procedure is to begin. Here you will:

- Be given a four-digit privacy code that will allow your relatives and/or close friends to call and check on your progress
- Complete a health history form
- Complete a form about your medical and surgical history
- Make a list of any medications you may be using
- Talk with a nurse about any drug allergies you may have. You will also review with the nurse what will happen during and after the colonoscopy. The nurse will fill out an assessment before the procedure.
- Be given medication (by IV) that will make you feel drowsy and relaxed



## Cleansing preparations

On the day before your test, you will drink one of two possible preparations to clean out your bowels. Follow the instructions given below for your preparation:

- Fleet Phospho-Soda
- NuLytely

### Fleet Phospho-Soda Preparation

Please follow these instructions, because they will help us give you an easier and more thorough colonoscopy.

#### The day before your colonoscopy

**8 a.m.** Eat a light meal.

**12 p.m.** Lunch—clear liquids only. Drink at least 8 ounces.

**1 p.m.** Drink at least 8 ounces of clear liquid.

**2 p.m.** Drink 1.5 ounces of Fleet Phospho-Soda, mixed with a half-glass of clear liquid. Follow immediately with at least 8 ounces of clear liquid. Fleet Phospho-Soda usually works within an hour. Individual responses to laxatives vary. Remain close to toilet facilities once you take the preparation. This product may cause abdominal discomfort, rectal burning, mild cramps, and feeling faint.

You will have many watery bowel movements during the evening and night. It is important to protect the skin around your rectum with vaseline. Apply it often so that your skin will not become irritated. Because you will lose a lot of fluid, drink as much clear liquid as you can to prevent dehydration.

**3 p.m.** Drink at least 8 ounces of clear liquid.

**4 p.m.** Drink at least 8 ounces of clear liquid.

**5 p.m.** Drink 1.5 ounces of Fleet Phospho-Soda mixed with a half-glass of clear liquid. Follow immediately with at least 8 ounces of clear liquid.

**6:00 p.m.** Drink at least 8 ounces of clear liquid.

**7:00 p.m.** Drink at least 8 ounces of clear liquid.

**8:00 p.m.** Take two (5 mg. each) Bisacodyl tablets. Swallow tablets whole with a full glass of water. Do not chew or dissolve the tablets, and DO NOT take Bisacodyl within 1 hour after taking antacids.



### **The day of your colonoscopy**

Do not eat breakfast. You may have clear liquids up to one hour before your appointment.

Your last bowel movement should be free of stool particles—clear yellow fluid only. If you feel that your bowels are not clear, please let the nurses know at (603) 643-5030. In this case, you may be given an enema before your procedure.

### **NuLyteLy Preparation**

Please follow these instructions, because they will help us give you an easier and more thorough colonoscopy.

#### **The day before your colonoscopy**

8 a.m. Eat a light breakfast. You may have eggs, white toast, and a plain bagel. No nuts, raisins or fruit.

After breakfast you will be following a clear liquid diet. You can eat any of the following:

- Broth or bouillon
- Black tea or coffee (you may have sugar)
- Apple juice
- White grape juice
- Ginger ale
- Sprite
- Water
- Plain Jell-O (gelatin)

**You may not have any solid food**, including butter, cream, fruit, vegetables, seeds, or nuts. Eat or drink nothing that is dark red or purple, such as in juices, Jell-O, or popsicles.

4 p.m. Start drinking the cleansing preparation, NuLyteLy. It is very helpful to add Crystal Light to the NuLyteLy to flavor it. Crystal Light comes in several flavors, so you may wish to try a flavor in a single glass of NuLyteLy to find one you like, before flavoring the entire gallon. Drink one glass of the NuLyteLy every 10-15 minutes. You may stop for 30 to 60 minutes if you feel very full, and then resume drinking the



NuLytely. When you are finished, you should be passing clear fluid when you move your bowels.

It is best if you drink at least part of the NuLytely—4 to 6 glasses—the morning before your test. Finish the liquid 1 to 1-1/2 hours before leaving the house. But if you are traveling a distance and you are to arrive at the hospital for your colonoscopy between 7 and 9 a.m., drink all of the NuLytely the evening before your procedure.

If you are to arrive for your colonoscopy between 10 a.m. and noon, drink 3/4 of the NuLytely the evening before your procedure and the remaining 1/4 the morning of your colonoscopy.

If you are to arrive between 1 p.m. and 3 p.m. for your colonoscopy, drink half of the NuLytely the evening before your procedure and the remaining half the morning of your colonoscopy.

### **Day of your colonoscopy**

Do not eat breakfast. You may have clear liquids until you arrive at the hospital the morning of your procedure.

It is especially important that you drink enough NuLytely on the morning of your test so that you will be passing clear or very light yellow fluid before the test.



## **During Your Colonoscopy**

Immediately before your colonoscopy, you will be hooked up to monitors that check your blood pressure, pulse, and oxygen levels. You will be given additional oxygen as well.

The sedative will make you feel relaxed and drowsy (some patients even fall asleep during the procedure). You will lie on your left side, facing the monitor that displays the images from inside your body. You will feel little or no discomfort, but you may feel like you need to move your bowels. Because air is used to open the colon and create better images, you may feel some minor cramping.

Your doctor will slowly guide the colonoscope through the entire length of the large intestine, which will take about a half-hour. He or she will view the inside of your large intestine on the television monitor, and use a tiny tool to take a biopsy, or tissue sample, of anything that looks out of the ordinary. In some cases, the doctor may remove a polyp. Removing the polyps, and/or taking a biopsy, causes no pain to the patient. The tube is then slowly withdrawn.

## **After Your Colonoscopy**

You will need some time in the recovery room for the effects of the pre-procedure medication to wear off. Once you are alert, your doctor or nurse will go over the initial results of your colonoscopy. If any polyps were removed, or any tissue samples (biopsies) taken during your colonoscopy, your doctor will send these specimens to the lab for study. You will receive the report of these studies within a few weeks. A copy of the results of your colonoscopy will be sent to your referring physician, or primary care provider.

You will be given a list of instructions for the next several days, then discharged from the hospital. You will not be alert enough to drive on your own, so make sure a family member or friend can take you home. You will be wheeled out to the car in a wheelchair. Plan on resting for the remainder of the day, and eat lightly at first. Do not drive, or operate equipment, for at least 24 hours.

Minor symptoms such as gas or bloating will disappear within 24 hours. Tell your doctor if you have:

- Chills, or a fever greater than 101 degrees
- Excessive pain, vomiting, or bloating
- Bleeding from your rectum



## **Risks and Complications**

A colonoscopy is a common procedure, and complications are extremely unlikely. However, any procedure involves some risk. The risks of a colonoscopy include:

- The device perforating, or poking a hole in, the lining of the colon
- Bleeding in the large intestine
- The doctor not seeing a cancerous growth
- The patient having a reaction to the medication used in the procedure

Such complications may require a blood transfusion and/or surgery.

Although complications are extremely rare with a colonoscopy, you will be given a consent form to sign to show that you understand the risks involved with this procedure.

## **Insurance Information**

Because it is such a common procedure, almost all insurance companies cover the cost of a colonoscopy. But be sure to check with your insurance company before your screening test to make certain the procedure is covered.





## **Colorectal Cancer Screening**

### **Patient Permission Form**

I have read or heard the information given in this website, handout, or presentation about colorectal cancer screening. I understand the types of screening tests DHMC offers, and what will happen before, during, and after my screening test.

I also understand that it is my responsibility to:

- Follow the directions for my cleansing preparation before my screening test
- Arrive at the hospital at least one hour before my screening test
- Arrange to have someone drive me home from my screening test (colonoscopy only)

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(Patient signature)

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(Date)

Please bring this completed form with you when you come to the hospital for your screening.



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