

Getting Ready for Your Virtual Colonoscopy (VC) (VC PEG Prep with Oral Contrast)

What is Virtual Colonoscopy?

Virtual Colonoscopy (VC), also referred to as CT colonography, is a less-invasive, safe exam used for colon polyp screening. The entire colon lining can be seen with VC. A computed tomography (CT) scan creates a 3-D picture of the inside of your colon which helps the doctor to “fly” through the inside of the colon without having to insert a scope. The main purpose of this exam is to screen for growths (polyps) in the lining of the large intestine (colon and rectum). Screening for colorectal cancer and polyps should start at age 50. If you have a first-degree relative (a parent, brother, sister, or child) with colorectal cancer, your doctor may decide to start screening earlier than age 50.

If a large polyp or growth is found in your colon, a standard colonoscopy may be needed to remove the polyp. “Large” polyps are those 1 cm (about 3/8 inch) or greater and should be removed because they have a higher chance of turning into cancer. A growth of this size is present in less than 5% of all patients. A nurse will set up the standard colonoscopy, if needed. If this occurs, someone needs to drive you home. If you schedule the standard colonoscopy on the same day or next day, a second bowel prep is not needed.

Doctors at UW Health can also watch a small colon polyp over time. Smaller polyps, 6 mm to 9 mm (about 1/3-1/4 inch), can be safely watched by having a follow up VC exam in 3 years; but can also be removed by

standard colonoscopy, the same day or later, if you would like.

VC also allows the doctor to take a limited look outside the colon for problems in the abdomen and pelvis. This may help find problems in the abdomen and pelvis such as abdominal aneurysms, other cancers, or conditions you may not have been aware of. At many locations where VC is done, we may also be able to do a CT BMD (bone mineral density) exam to screen for osteoporosis. If this is done, it is at the same time as your VC exam with no extra scans or cost.

Getting Ready for your VC Exam

If you would like to have the option of a same-day standard colonoscopy if a polyp is found, stop taking iron tablets **five days before the exam**. If you would not be able to have a standard colonoscopy the same day because you do not have a driver, are on blood thinners or anti-platelet medications, or have other plans, you may continue taking iron tablets. Iron tablets do not affect the VC exam. If you have any questions or concerns about stopping a medicine please call your doctor. You may take all other prescribed medicines before your VC (if you have diabetes or take prescription blood thinners or anti-platelet medications, see the boxes on page 2).

Three days before the exam, try to avoid foods that are digested slowly (corn, popcorn, potato skins, nuts, fruits with skin or seeds, uncooked or raw vegetables) because they may interfere with your prep.

If you have Diabetes:

Please call your doctor to discuss how your diabetes medicine (oral diabetes pills and/or insulin) doses should change before the VC.

Test your blood sugar more often the day before this test. Also check your blood sugar the morning of your test. If your blood sugar level is low (less than 70 mg/dl) or if you have symptoms, take some glucose tablets or drink 4 ounces of a clear liquid that contains sugar. Always recheck your blood sugar level to make sure it stays above 70. We can still do the VC unless you need to eat solid food to keep your blood sugar at a normal level. If the blood sugar ever gets too high or too low and you can't bring it back to normal, call your primary care or diabetes doctor.

If you take Prescription Blood Thinners or Anti-Platelet Medicines:

Do not stop taking them unless your doctor tells you to stop them. Some examples include: Coumadin[®] (warfarin), Plavix[®] (clopidogrel), Effient[®] (Prasugrel), Pradaxa[®] (Dabigatran). VC is often recommended for patients taking these types of medications because it is felt to be too great a risk to stop the blood thinner for a standard colonoscopy. VC can safely evaluate your colon without stopping these medications. If a polyp is found that should be removed, we will consult with your doctor who can set up the standard colonoscopy at a later date.

If your doctor tells you to stop your blood thinner or anti-platelet medicines so that you can have a same-day standard colonoscopy if a polyp is found, you must discuss how long to stop the medicine and any special instructions to do so safely with the doctor who prescribed the medicine for you.

Please stop iron tablets 5 days before your VC exam, only if you will also be stopping the blood thinner or anti-platelet medication. Otherwise you may keep taking iron.

If you get Diverticulitis before your VC exam:

Call your doctor first for treatment. Then contact the VC office to reschedule your exam for at least four weeks after your treatment is complete to allow your colon to heal.

If you think you may be pregnant:

Do not start the prep kit; you cannot have a VC exam while pregnant. If you are concerned that you could be pregnant, please call the VC Office so that we can order a pregnancy test before proceeding with the prep.

The Day Before Your Exam (Prep Day)

Proper bowel cleaning is needed for the best exam. To get a clean and empty colon you will start to prepare the day before your exam. Both a clear liquid diet and the contents (a laxative and contrast medicines) of the bowel prep kit are needed to clean out the colon. The laxative helps clean out the bowel for the exam. The contrast agents help to highlight any stool or fluid left in your colon on the VC pictures.

Starting at midnight the entire day **before** your exam (prep day), you may drink as many clear liquids as you want unless you are on a fluid restriction by your doctor. If you are on a fluid restriction, please keep this in mind as you plan for the day. The GoLYTELY[®] described below does not count toward this restriction. Drink **only clear liquids** for breakfast, lunch, dinner, and snacks. **Do not eat any solid foods.** Drink plenty of fluid to avoid dehydration. Avoid red or purple liquids (i.e., red Jell-O[®], cranberry juice, purple sports drinks). Clear liquids include:

- Gatorade[®], Powerade[®] (we suggest sports drinks with electrolytes to help with hydration)
- Water, tea, or coffee (**no** cream or milk; sugar or honey is okay to add)
- Vitaminwater[®], Crystal Light[®]
- Jell-O[®], Popsicles[®] (**no** fruit or cream added)
- Bouillon or broth (chicken, beef, or vegetable)
- Apple, white cranberry, or white grape juice (**no** orange, tomato, grapefruit, or prune juice)
- Soda such as Sprite[®], 7-Up[®], ginger ale, or any cola
- Clear hard candy, gum
- Lemonade (with **no** pulp), iced tea
- Clear liquid protein drinks such as Ensure Clear[™], or Resource[®] Breeze

How to Prepare GoLYTELY[®] Solution

- Please read the directions on the GoLYTELY[®] bottle. Add water to the “fill” mark on the bottle. Shake it until all the powder is dissolved. Do not add ice. Do not add any other liquids or flavors **except**, if desired, two packets of Crystal Light[®] yellow lemonade powder with Nutrasweet[®]. You may also try to flavor by the glass, instead of adding the Crystal Light[®] Lemonade powder to the entire bottle, in case you do not like it. Or, you may drink the GoLYTELY[®] with no flavoring.
- You may find it tastes better if it is chilled. Refrigerate, but do not add ice. Because you are drinking a large amount of liquid quickly, you may become chilled. This is normal. It can help if you wear warm clothing, cover up with a blanket warmed in the dryer, or drink it at room temperature.

Bowel Prep Instructions: If you take other medicines, don't take them while drinking GoLYTELY[®]. Take them at least 1 hour before starting GoLYTELY[®] or at least 1 hour after you are done drinking the GoLYTELY[®]. If you are under a fluid restriction from your doctor, please note that the GoLYTELY[®] does not count towards this restriction. GoLYTELY[®] is not absorbed by your colon, it just flushes through.

Helpful Hints:

- Drink with a straw to lessen the taste
- Try gum or clear hard candy between glasses
- For a sore bottom after a bowel movement, cleanse with baby wipes and apply a protective ointment such as A+D[®] or Vaseline[®]. TUCKS[®] medicated cooling pads may also provide relief.

If you wish, you may put the GoLYTELY[®] and barium sulfate in the refrigerator. Or, you may drink them at room temperature. Do not put the Omnipaque (iohexol) in the refrigerator and do not store the bottle where it would be in direct sunlight.

- **Step 1 – At 8 AM or before:** Take the four Bisacodyl[®] tablets (5 mg each) with 1 glass (8 ounces) of clear liquid. Do not chew or crush them. Do not take them within 1 hour of taking an antacid. This will gently move your bowels to help the laxative taken in Step 2 work better. You can take these tablets and still do normal activities because they rarely cause diarrhea.
- **Step 2 – Start anytime between 12 Noon and 2 PM:** Be sure to prepare the entire bottle of GoLYTELY[®] as instructed above. Please note that it may take some people longer to drink GoLYTELY[®], so adjust the start time based on how well you think you will be able to tolerate the prep. Keep in mind that you should try to be cleaned out of stool by about 6 pm.

Start to drink one 8-ounce glass every 10 minutes. If you feel sick to your stomach, stop drinking until the nausea passes. Begin to drink again, but at a slower rate (one 8-ounce glass every 15-20 minutes).

About one hour after you start to drink the GoLYTELY[®] you will likely begin to have diarrhea. You will want to stay close to a bathroom. You may have some cramping in your lower abdomen. This is normal. If you start to have severe, steady stomach pain, get lightheaded or dizzy, or you don't expel any of the GoLYTELY[®], call your primary care doctor.

When you have finished half of the bottle of GoLYTELY[®], you may stop if your bowel movements are watery

and free of solids (flecks are OK). The color may be clear to yellow, green, or tan, but must be see-through. If your bowel movements are not as described, continue to drink the GoLYTELY[®] until you feel your bowels are cleaned out well. Most people will only need to drink half the bottle of GoLYTELY[®], but some may need to drink the entire bottle to clean out the colon and get the best exam.

If you are done drinking the GoLYTELY[®] by 6 PM, then

- **Step 3 – At 7 PM:** Drink the entire 225 mL bottle of liquid barium sulfate suspension found in the prep kit. This is a contrast medicine used to highlight any leftover stool on the CT images. There is no lactose in the barium. You may keep drinking clear liquids as desired.
- **Step 4 – At 9 PM:** Omnipaque (iohexol) is another contrast medicine that helps highlight fluid in your colon. The bottle says it is for “injection,” but this medicine can also be taken orally, meaning you drink it. We want you to drink this medicine so that it will be in your colon by the next morning for your exam.

The plastic bottle has a pull-tab on the top, but you do not need to pull this. Instead, twist the entire top to remove it. Also remove the black rubber stopper before drinking the contrast.

Drink the entire 50 mL bottle of Omnipaque (iohexol) 350 mgI/mL. You may mix it in 8 ounces of clear juice, water, or soda and drink. Or, drink the Omnipaque and then follow it with 8 ounces of clear juice, water, or soda. You do not need to drink it fast unless you want to.

If you are not able to complete the time schedule on the previous page

If at 6 pm you still have more GoLYTELY® to drink and are not cleaned out of stool, keep drinking it. One hour after you're finished, drink the barium sulfate (Step 3). Two hours after that, drink the Omnipaque (iohexol) (Step 4).

✓ Bowel Prep Done!!!

You may keep drinking clear liquids until midnight.

The Day of Your Exam

Do not eat or drink anything after midnight the day of your exam until you are told to do so after your exam. You may take your daily medicines as prescribed with small sips of water.

If you have diabetes, test your blood glucose level more often when you can't eat as well as before your exam. You should adjust your insulin or oral diabetes pills as discussed with your doctor. Go back to your normal schedule after you get the exam result phone call and are able to eat again. If your blood glucose level is low (less than 70 mg/dl) or you have symptoms, please drink a clear liquid that has sugar in it or take glucose tablets. Always recheck your blood sugar level to make sure it stays above 70. We can still do the exam unless you need to eat solid food to maintain your blood glucose. It is better to maintain your blood glucose than to have the exam. We can always schedule your VC in the future.

You do not need to have a family member or friend drive you to and from the VC exam, as you are not given any medicine that will make you sleepy. If you need a standard colonoscopy the same day, then you will need to arrange for someone to drive you for that test.

During the Exam

The VC exam most often takes 20 minutes or less to do, but allow up to 45 minutes to change your clothes and talk with the CT technologist (tech). You do not need pain or sedation medicine or an IV for this exam. You are asked to change into a hospital gown and then taken to a CT exam room where you lie on the CT exam table. A small tube is gently placed a very short distance into your rectum (this feels like having a digital rectal exam). Carbon dioxide is placed slowly into your colon. The exam should not be painful, though you may have some abdominal fullness, discomfort, or cramping during the exam. You may feel the urge to have a bowel movement. These feelings should go away as soon as the exam is over. Pictures are taken of your abdomen and pelvis while you are lying on your back and then on your stomach. You are asked to hold your breath for about 10 seconds while the CT scanner takes pictures.

After the Exam

You are asked to give the CT tech a phone number where the VC team can call you with your colon results. Many patients go back to work or other activities after the exam.

- If you wish to have a polyp removed the same day as your VC, please do not eat or drink until you hear from us. If you need to have a standard colonoscopy, the VC team can set up this second exam for the same day as long as you have not eaten or had any liquids to drink.
- If you take prescription blood thinners, anti-platelet medicines, or do not wish to have a same-day standard colonoscopy, you may go back to your normal diet right after the exam. If a polyp is found that should be removed, a standard colonoscopy is set up at a later date by your doctor's office.

A VC team member will call you with the colon results in about two hours. If you do not have colon polyps, you are told to go back to your normal diet and any medicines you may have stopped. If you have colon polyps, a member of the VC team will review options with you and help set up further care as needed.

If any other problems are seen outside your colon, the results are sent to your doctor in the full VC report. If you have not heard from your doctor about other results within 2 weeks, we suggest you call his or her office to follow up.

Contacts

For more information on the virtual colonoscopy exam and prep, please see our video at uwhealth.org/vcprep

VC Program Assistant: **608-263-8587**
VC Nurse: **608-263-9630**

If you have an urgent concern after normal business hours please contact your primary care doctor's on call service. If your referring doctor is from outside the UW Health system, you may call the paging operator for urgent VC related concerns at **608-263-6400** and ask for the radiology resident on-call.

If you are in need of immediate medical help, call **911** or go to the nearest Emergency Room.

If you need to reschedule for any reason please call **608-263-9729**.

The Spanish version of this *Health Fact for You* is #6293s.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2017. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6293