

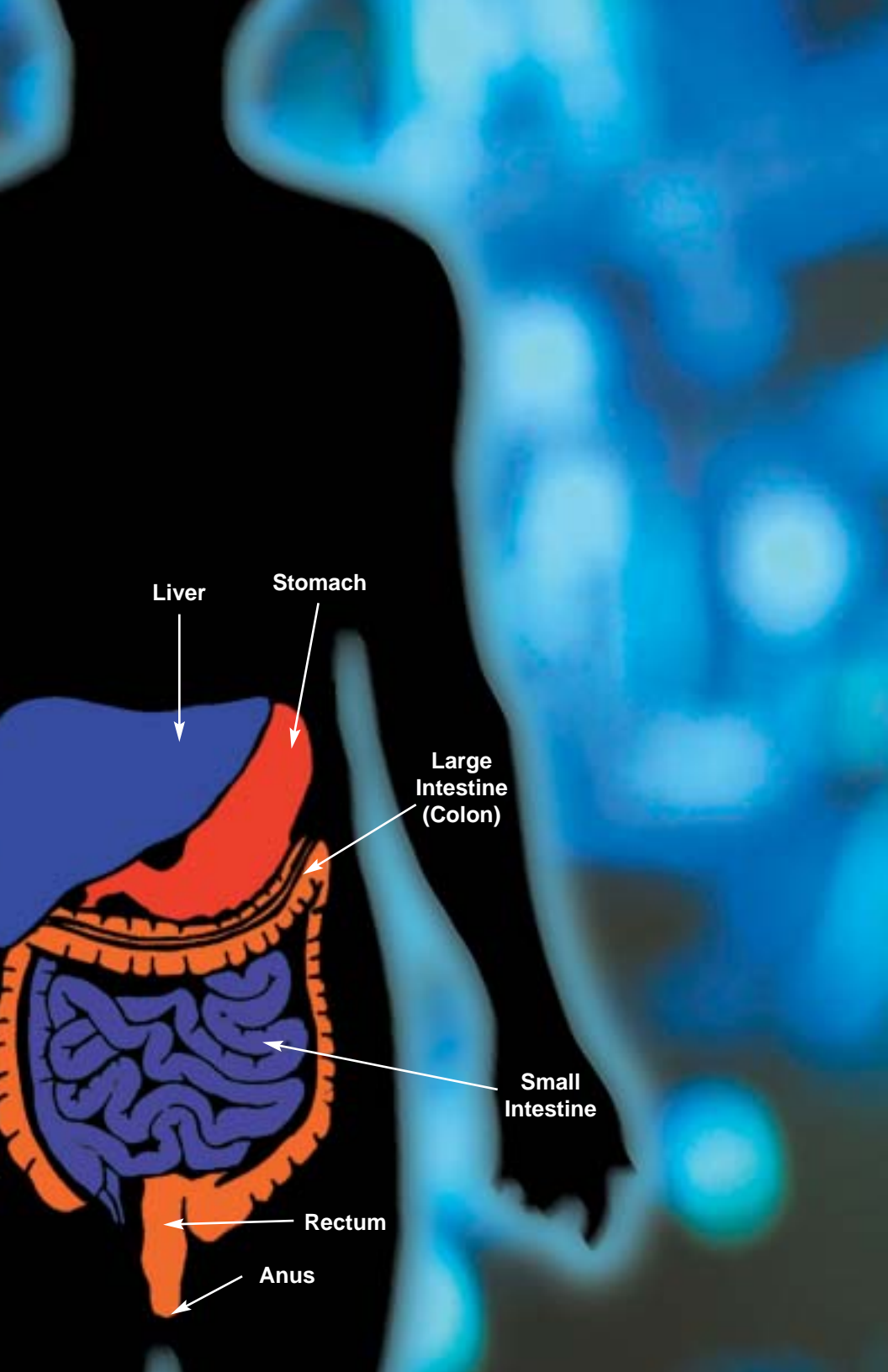
# colon cancer screening for life



**Associates  
in  
Gastroenterology**

5651 Frist Blvd., Suite 309  
Hermitage, TN 37076

615.885.1093



**Associates in Gastroenterology, LLC** is a medical specialty practice dedicated to the care of gastrointestinal disorders. Our physicians understand your health care concerns and the anxiety created from undergoing testing. They are certified by the American Board of Internal Medicine and, together with our experienced nurses and staff, provide comprehensive care for patients with digestive disorders.



**Whit James, M.D.**

Dr. James received his medical degree from Wake Forest University in his home state of North Carolina. He completed his fellowship in Gastroenterology at Rush University in Chicago.

**Sue Lee, M.D.**

Dr. Lee, a native of Korea, received her medical degree from Emory University in Atlanta where she also completed her fellowship in Gastroenterology. Before starting private practice, Dr. Lee served on the academic staff at Emory University and Vanderbilt University.



**Donald J. Lazas, Jr., M.D.**

Dr. Lazas received his medical degree at George Washington University in his hometown of Washington, D.C. Dr. Lazas completed his fellowship in Gastroenterology at Walter Reed Army Medical Center. He completed his military service at Dwight D. Eisenhower Army Medical Center.

**Raj Patil, M.D.**

As a native Tennessean, Dr. Raj Patil received his medical degree from the University of Tennessee before relocating to Chicago for his fellowship in Gastroenterology at Rush Presbyterian.



**your physicians**



Recovery / Post-Op Area

## where is the procedure performed?

**Associated Endoscopy, LLC**  
5651 Frist Blvd., Suite 307  
Hermitage, TN 37076  
615.316.3066

Endoscopic procedures must be performed in an environment promoting safety and comfort.

**Associated Endoscopy, LLC** is a free standing surgery center similar to the outpatient hospital setting specializing in the safe, personalized and cost-effective delivery of gastrointestinal endoscopic services.

**Associated Endoscopy, LLC** is certified by the **Accreditation Association for Ambulatory Health Care**. The facility is Medicare approved and is a preferred provider for most insurance carriers in Middle Tennessee.

## who is affected?

- Over 130,000 new cases diagnosed each year
- Greater than 50,000 deaths annually attributable to colon cancer
- Second leading cause of cancer death in the U.S.
- Equal risk in men and women
- Women over age 60 are more likely to be diagnosed with colon cancer than breast cancer
- Women are five times more likely to be diagnosed with colon cancer than cervical cancer
- One in sixteen individuals who are at average risk will develop colon cancer in their lifetime
- Colon cancer risk increases as high as 3 fold if a family history of colon cancer or polyps exists
- The risk of colon cancer increases exponentially beginning at age 50

## where does it begin?

- The precise cause is unknown
- Ninety-five percent of colon cancers begin in colon polyps
- Polyps and early colon cancer typically **do not** cause any symptoms
- Early detection and removal of colon polyps, which are benign growths on the colon wall, dramatically reduces colon cancer risk

## what are the symptoms?

- Most colon cancers have no symptoms until the disease is far advanced
- Concerning symptoms that suggest the possibility of serious colon problems include the following:
  - Rectal bleeding
  - Recent change in bowel habits (constipation, diarrhea, change in stool size)
  - Abdominal pain
  - Unintentional weight loss

# screening options

## Fecal Occult Blood Testing

Stool specimens are obtained by the patient using a kit from the physician's office. A developing solution is used to test for microscopic blood in the stool.

## Flexible Sigmoidoscopy

A flexible scope examination of the left side of the colon is performed in the doctor's office without the use of sedation.

## Air Contrast Barium Enema

Barium and air are pumped into the colon through a small tube inserted in the rectum to obtain x-rays of the colon. No anesthesia is administered.

## Colonoscopy

A flexible scope examination of the entire colon which is administered under sedation for patient comfort. Colonoscopy is the *only* test that allows for removal of precancerous colon polyps.

### Colonoscopy advantages:

- Direct scope examination of entire colon (sigmoidoscopy examines only 1/3rd of colon)
- Most accurate screening test for detecting cancerous and precancerous lesions
- Only screening test that allows for removal of precancerous colon polyps
- Sedation administered to ensure patient comfort

begin screening for  
**average risk**  
individuals  
at age  
**50**



early  
**colon cancer**  
typically  
causes  
**no symptoms**

will my  
**insurance cover**  
the procedure?

## Medicare Beneficiaries

Screening colonoscopy is an approved benefit for Medicare beneficiaries beginning at age 65.

## Private Medical Insurance

Our office will precertify all procedures through your private insurance carrier in advance of your scheduled procedure date. Even though we have taken these measures, this is not a guarantee of payment as noted by the insurance companies disclaimer. You will need to personally contact your insurance company if you have concerns regarding payment issues. We will notify you in advance if your insurance provider denies the recommended procedure.

## Pathology Services

If biopsies are taken or if a polyp is removed, these specimens will be submitted to an outside pathology laboratory for diagnostic evaluation. These services will be billed to you separately by the pathology lab. The laboratory billing office will file your insurance claims for you, however, you will be responsible for any portion not covered by your insurance.

# commonly asked questions

## Will I be put to sleep for my procedure?

Intravenous sedation will be administered to you before and during your procedure. The sedation is intended to keep you comfortable during your endoscopic exam. However, many patients will have no recollection of the procedure because of the “amnesia” effect of the sedatives. The effects of the medication may last as long as 24 hours.

## Will I be able to drive home after my test?

Due to the lingering effects of sedatives given to you during your procedure, you will not be permitted to drive after your procedure. You may safely resume driving the morning following your test.

## When will I be able to go back to work?

You should prepare to return to your normal work routine on the morning following your procedure. We advise that you not plan to perform any mentally or physically taxing activities for at least 12 hours after completing the exam.

## How long does the test take to perform?

Most endoscopic exams are completed in 20 to 30 minutes. However, we also need to prepare you for your procedure as well as recover you from the effects of the sedation following your procedure. Generally, you will spend approximately 2 hours in our ambulatory surgery center.

## Will I have any pain or discomfort after the test?

Colonoscopy is generally a painless procedure. Occasionally, patients will have retained air in the colon that can lead to temporary abdominal distension and cramps following the exam.

## What happens if you find polyps during my colonoscopy?

Because many polyps have cancer potential, they are removed from the colon wall when found during colonoscopy. Catheter based techniques allow for removal of polyps through the scope.

## How often will I need to have this test?

The frequency of colonoscopy is determined by an individual's risk for colon cancer. This is influenced by family history and the presence or absence of colon polyps on your initial or subsequent exams.



one  
in sixteen  
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cancer

## preparing for your colonoscopy

**Read carefully and follow these instructions. Do not exceed recommended dosage as serious side effects may occur.**

You will need to purchase from your pharmacy a 3 oz. bottle of **Fleets Phospha-Soda Liquid** and a small box of **Ducolax Tablets**.

### THE DAY BEFORE YOUR EXAM

**Breakfast:** You may eat a light breakfast such as one egg, a piece of toast with juice and coffee.

After breakfast, begin drinking clear liquids only. Clear liquids are any of the following: black coffee, tea, any kind of fruit juices without pulp, any type of soft drink, Gatorade, Kool-Aid, water, any type of soup, broth or bouillon, any flavor plain jello, and ice type popsicles. **Do not drink any milk or milk products.**

**Lunch:** Drink all the clear liquids you would like. After a liquid lunch take **2 Ducolax tablets**.

After lunch you should drink plenty of clear liquid fluids. We recommend 6-8 oz. each hour.

**Dinner:** Drink all the clear liquids you would like. After your dinner of liquids, prepare the Fleets Phospha-Soda by mixing **1.5 oz of Fleets** (1/2 bottle) with at least 4 oz. of water. Drink this mixture and then follow this with **2 Ducolax tablets** by mouth.

From this point until midnight drink plenty of fluids. Once again we recommend 6-8 oz. every hour. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**

### THE DAY OF THE EXAM

**5 a.m.-6 a.m. (or at least 3 hours before your exam)** prepare the other **1.5 oz. of Fleets** in 4 oz. of water. Drink this mixture. From this point on you should not eat or drink anything else.

Report to the endoscopy center as instructed.

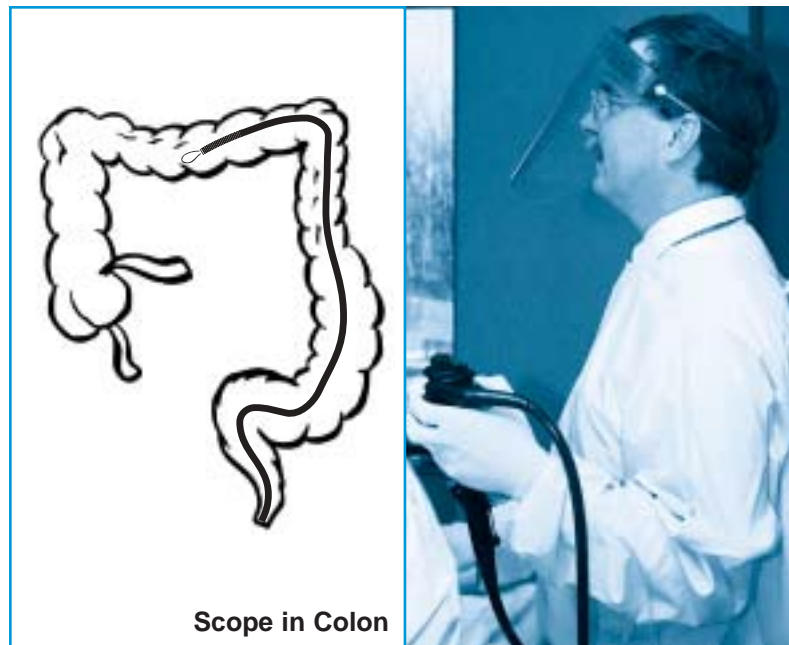
## Bowel Preparation

In order to properly examine the entire internal surface of the colon wall, the colon must be cleaned out thoroughly. Dietary modifications begin the day before the test and a bowel preparation solution is taken by mouth. The nursing staff will provide detailed verbal and written instructions for the bowel prep process.

## Procedure

On the day of your procedure, you will report to the surgery center at the scheduled time. A brief intake examination will be performed and an intravenous catheter will be inserted into your arm by the nursing staff. After you are taken to the procedure room, the intravenous sedation will be administered. Your vital signs will be monitored carefully throughout the entire procedure. The flexible video endoscope will then be inserted into your rectum and advanced through the colon to the level of the small intestine. A careful examination is performed as the scope is withdrawn. If colon polyps are identified during the exam, they will be removed using specialized catheter devices passed through the scope. Polyp removal is not painful. The procedure takes approximately 20 to 30 minutes to complete.

Following the procedure, you will be taken to the recovery area where you will continue to be monitored as you recover from the effects of the sedation. Finally, an assessment is performed to determine if you are ready to go home. The doctor will speak to you and a family member prior to your departure. The results of the procedure and management plan will be briefly discussed at that time. We encourage you to have a family member present as you may not have full recall of the conversation due to the lingering effects of the sedatives.



Scope in Colon

## Recovery

Following the procedure, you may have lingering effects of the sedation for several hours. For this reason, we insist that you have someone present with you to drive you home. You should not plan to perform any mentally or physically taxing activities until the following morning. You may return to work the following day.

## Side Effects & Risks

Mild abdominal bloating and distension may occur for a short period of time following the procedure until air is expelled from the colon. Bleeding may occasionally occur after the removal of polyps. Serious risks with colonoscopy are extremely rare. In rare instances, a tear in the colon wall may occur. These circumstances may lead to hospitalization and, rarely, surgery.

There are also rare risks associated with anesthesia including an allergic response to the medication that can result in local skin irritation, respiratory distress and, in extremely rare instances, death.

The illustration shows three polyps of different shapes and sizes. The top two are larger, cauliflower-like polyps, and the bottom one is a smaller, more elongated polyp. Each polyp is being held by a pair of forceps or a similar instrument, which is connected to a flexible endoscope. The background is a solid blue color.

**95%**  
of  
colon  
cancers  
begin in  
polyps