

Colonoscopy with General Anesthesia: Infants and Toddlers (Under 20 kg. or under 44 lbs.)

A colonoscopy is done to examine the entire colon (Picture 1). A flexible tube (scope) with a bright light on the end is used for the test. The doctor will look for signs of redness, swelling, bleeding ulcers or infections of the bowel wall. He will collect small samples (biopsies) to be looked at under a microscope.

How to prepare for the test

- For one week before the procedure and 3 days after the procedure, your child should not take non-steroidal anti-inflammatory drugs (NSAID) such as aspirin, ibuprofen (Motrin® and Advil®), Naprosyn (Aleve®) or Celebrex. He or she may take Tylenol® (Acetaminophen) if needed. If you have any questions about the medicine please call the GI office at 614-722-3450.
- If your child takes an iron supplement, it should not be taken the day before the procedure. It may be restarted the day after the procedure.

Your child's colon will need to have all stool cleaned out for the test. The colon is difficult to check if there is any stool left. The test may need to be redone after a more complete or longer cleanout. See the last page for preparation directions.

Appointment

Child's Name: _____

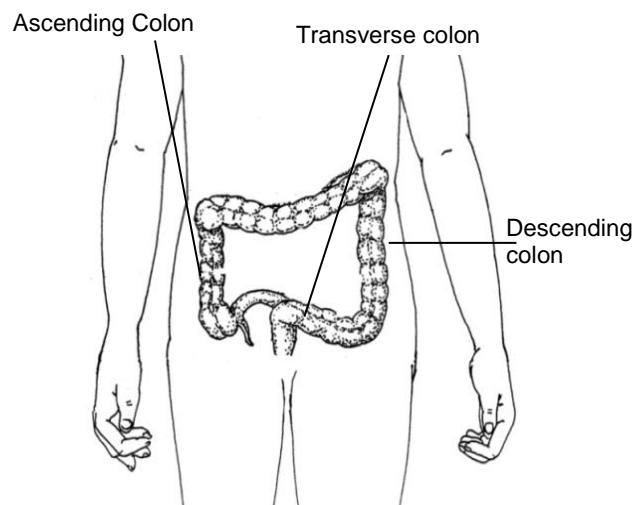
Date _____

(The nurse will call you with the arrival time the day before the procedure.)

Check In:

- ☐ GI Department, 1st Floor, J West (G Building)
- ☐ Surgery Center, 2nd Floor, J West (G Building)
- ☐ Surgery Unit, 2nd Floor, C Building
- ☐ If your child is already in the hospital, he will go to the appropriate area from his room.

Parking: You may park in the Visitor Parking Garage or Valet Park at the main hospital entrance.



Picture 1 The lower gastrointestinal system inside the body.

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How to prepare for the test, continued

Your child will need to take laxatives for the prep.

This prep will start three days before the test. The prep will make your child's stools looser and more frequent. The evening before the procedure, you will give your child ½ of a Dulcolax suppository. The stool should look like yellow water after this is given.

You can get the items you need for the prep from your pharmacy without a prescription. If you cannot find these items, call the GI office.

ANESTHESIA PREP - for all patients, starting at midnight before the procedure:

- No solid food, milk, hard candy or gum after midnight. If your child has been chewing gum, the procedure will be delayed 2 hours from the time the gum is spit out. If the gum has been swallowed, the procedure will be canceled or delayed for 8 hours from the time it was swallowed.
- Your child may drink apple juice, Sprite[®], Pedialyte[®] or water only, from midnight until 3 hours before the scheduled procedure time. You will receive a phone call the day before the procedure and will be told the exact time that your child needs to stop drinking.

How the test is done

- If your child is an outpatient, you will register him or her in the GI Department Surgery Center or Outpatient Surgery as instructed.
- If he is an inpatient, he will be taken from his room to the pre-op area. The nurses and anesthesiologists will discuss your child's anesthesia and other health concerns with you.
- Your child will go to the Procedure/Operating Room where he will fall asleep with general anesthesia.
- While your child is asleep, a flexible tube (a colonoscope) about as thick as your second finger will be placed in your child's rectum and moved through the colon. It is not always possible to get all the way through the colon due to turns or other conditions.
- Several small tissue samples (biopsies) about the size of a pinhead will be taken from the lining of the colon to be looked at under a microscope.
- When the test is finished, your child will be taken to the recovery room to wake up. Most children are ready to go home or return to their rooms within 1½ hours.

After the test

Right after the test, your child's doctor will talk with you about what was seen during the test and the plan for treatment.

- Your child may have some gas cramps after the test. This is caused by air that was used to open the colon up so it could be seen well. Pushing the gas out while sitting on the toilet and walking around usually helps these cramps. Some children may have nausea from the anesthesia.
- After your child is awake and able to drink, he will be able to eat normal foods.
- When your child is awake and ready to be discharged, a staff member will take him to your car in a wheelchair or you may carry him.
- Your child may be unsteady on his feet and should have help with any activity for a few hours or until all the sedation has worn off. He should not ride a bike, play sports or do other things that require coordination or judgment for the rest of the day.

Risks and possible complications

- There can be bleeding from biopsy sites. This is rarely severe unless your child has a bleeding problem such as hemophilia or a platelet disorder.
- A hole in the colon (perforation) can occur. This is very rare unless the colon is very diseased and thin. Perforations usually require surgery to repair the hole.
- Infections can occur, but this is rare unless your child has a heart problem or problems with his immune system. In these cases, antibiotics are usually given.

When to call the doctor

Call the GI Department if your child has any of the following symptoms:

- an increase in rectal bleeding 1 or 2 days after the procedure
- abdominal pain that comes on suddenly or gets steadily worse
- fever over 102.5 degrees F
- vomiting



Picture 2 If you have not heard from the GI Department in 1 week after the test. Call to learn the results.

Follow-up

The Gastroenterology (GI) Department will call you with the test results. If you have not heard from them by a week after your child's test, you may call the GI office at (614) 722-3450 to learn the results (Picture 2, page 3). If there is a need to change the plan of care, you will be told at that time.

If you have any questions, please ask the doctor or nurse or call the GI Department at (614) 722-3450.

Individual Instructions for Three-Day Colon Prep

☐ For infants **younger than 12 months of age.**

- There is no prep unless ordered by the doctor.
- Give: _____ as ordered by the doctor.

☐ For young children **over 12 months of age:** 3 days prior to procedure, starting on (day)_____ (date) _____ through (day)_____ (date)_____ give your child:

- **Miralax® (polyethylene glycol 3350)** Mix _____ tsp/capfuls in _____ ounces of Gatorade®, Kool-Aid® or any other clear liquid, 2 times a day, (in the morning and evening).
- The day before the procedure (day) _____ (date) _____ your child may eat his or her regular diet until **12 noon**. At noon, your child must start on a clear liquid diet (see below) until the procedure is over.
- The evening before the procedure (day) _____ (date) _____, give your child **Bisacodyl (Dulcolax®)**, one half suppository (5 mg.) cut lengthwise so it is very slender, at 6 p.m. Repeat at 6 a.m. the morning of the procedure.

(These medicines are available over the counter without a prescription at any pharmacy or grocery store.)

After 12:00 (noon) on the day before the procedure, your child may have only clear liquids. Clear liquids are those you can see through that have no pulp or food bits in them. This includes water, apple juice, white grape juice, Pedialyte, Gatorade/Propel and Kool-Aid, (stay away from red and purple dyes), Jell-O, popsicles and broth with no noodles.

ABSOLUTELY NO SOLID FOOD OR MILK AFTER 12:00 (noon). Allowing your child to eat, even tiny amounts of food after the prep, forms new stool in the colon and may result in the procedure being cancelled. This clear liquid diet can be continued until 12:00 midnight the day before the procedure. The procedure room nurse or the Outpatient Surgery nurse will contact you with all other pre-op instructions and arrival time.

If you have any questions or concerns, regarding the prep, please call the GI procedure room nurse at: **614-722-3445.**