

**Naval Medical Center Portsmouth Pediatric Gastroenterology**  
**General Procedure Instructions**  
**Location: Pediatric ICU**

- Your child's procedure will take place in the Pediatric ICU (PICU)
- The PICU is located on the 3rd floor of Building 2, (South end of the building).
- You will be called by the PICU staff the evening prior to the procedure to confirm the appointment.
- If your child is female and is 10 years or older she will need to submit urine for a urine pregnancy test. This can be done no sooner than 24 hours prior to the procedure. This is a hospital policy.
- Check-in with the PICU, 30 minutes prior to the procedure. **Please make allowances for road and highway traffic for your travel to the procedure.**
- If your child is sick with a fever, breathing difficulties, bad cold, vomiting or a diarrheal illness within 1-3 days of the procedure, please notify the pediatric GI clinic at 953-4529. If this occurs on a Sunday, then call 953-5008 and ask to be connected to the Pediatric ICU. Explain your child's condition to the PICU staff and they will contact the Pediatric Gastroenterologist on call
- Aspirin, Motrin, Ibuprofen, Advil, and other anti-inflammatory medications should be stopped one week prior to the procedure. Tylenol if needed is ok.
- Your child must not have anything by mouth for six hours prior to the procedure. This also includes: water, ice, gum, and hard candy.
- An intravenous line (iv) will be placed prior to the procedure to provide anesthesia medication. It will be removed at the end of the procedure.
- Parents will be allowed to stay with their child until he or she is asleep. You will then be asked to wait the waiting room.
- When the procedure is complete, the doctor will meet you in the waiting room and discuss the outcome of the procedure with you.
- The analysis of any tissue samples taken during the procedure generally takes up to seven days to return.
- A follow up appt one week after the procedure to discuss results and further management should be made as soon as possible.
- If your child has had any of the following, please discuss this with your doctor prior to the procedure:

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| <ul style="list-style-type: none"><li>○ Difficulty with anesthesia in the past</li><li>○ Recent steroid use for asthma</li><li>○ Drug or food allergies especially EGG</li><li>○ Heart murmur or prior heart surgery</li><li>○ Loose teeth</li></ul> |
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## Naval Medical Center Portsmouth, Pediatric Gastroenterology Colonoscopy Information & Instructions

Colonoscopy is an examination of the colon (large bowel) under general anesthesia. General anesthesia means that your child will be asleep during the entire exam with a tube in his or her upper airway to protect the airway and control breathing. Your child will awaken from the procedure having little to no memory of the exam.

The colonoscope is a flexible tube about the thickness of an adult pinkie finger. This instrument transmits a live color image onto a television screen allowing the operator to navigate the colon successfully to its connection point with the ileum, the last portion of the small bowel intestine (*Figure 1*). In certain cases the doctor will advance the scope into the ileum a short distance. Biopsies are routinely obtained in pediatric colonoscopy. Biopsies are small pieces of tissue that are removed from the lining of the colon and intestine by a grasping forceps. This process is painless both during and after the procedure. Rarely polyps are encountered within the colon. Polyps are small growths within the lining of the colon that are generally benign. Removal of polyps for evaluation under the microscope is standard practice. This is also painless.

Cleansing the colon prior to the exam is essential to allow the doctor to visualize the entire colon. A poor cleanout results in a poor exam. A poor cleanout can also result in the need to cancel the case and repeat the cleanout another time. Please follow the instructions below. If difficulties are encountered please call 953-5008 and ask for pediatric GI doctor on call.

- The day before the procedure your child will be restricted to a **clear liquid diet**. Please avoid liquids that are red or purple. See *Table 1*.
- The more you can get your child to drink the day before the procedure the better the cleanout will be.
- Your doctor will prescribe an oral bowel preparation regimen that is age appropriate.
- Your doctor may also prescribe an enema or suppository to be given the morning of the procedure.
- **The morning of the procedure the stool should be clear to yellow. If it is not then administer an enema may be required.**
- Your child can have nothing by mouth starting 6 hours before the procedure. As an example, for an 8 am procedure he or she can have nothing to eat or drink after 2 am. This includes: water, ice, gum, and hard candy.
- Daily medicines that are routinely given in the morning, should be discussed with you doctor well before the procedure.

Table 1.

Clear Liquids	Food/Liquid to Avoid
<ul style="list-style-type: none"><li>• Water</li><li>• Apple juice</li><li>• White grape Juice</li><li>• Lemonade</li><li>• Gatorade</li><li>• Broth: beef or chicken</li><li>• Teas</li><li>• Kool-aid</li><li>• Carbonated beverages</li><li>• Italian ice, and Ice pops</li><li>• Jello</li></ul>	<ul style="list-style-type: none"><li>• Milk</li><li>• Ice cream</li><li>• Orange juice</li><li>• Pineapple juice</li><li>• Tomato juice</li><li>• Pureed soups: pea, potato and tomato</li><li>• Pudding</li><li>• Yogurt</li><li>• Apple sauce</li></ul>

Figure 1.

