

ILEOSCOPY INFORMATION

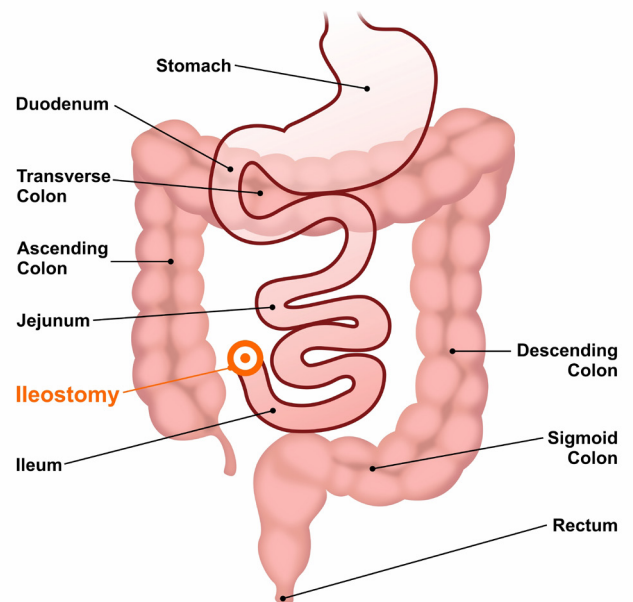
What is an Ileoscopy?

- An ileoscopy allows the doctor to examine the ileum, which is the last part of the small intestine. This procedure is often done to check for inflammation, ulcers, or other abnormalities.
- A long, thin (about the width of your little finger), flexible tube with a tiny camera on the end is inserted into the ileostomy in the abdominal wall and carefully advanced through the small intestine.
- The scope may introduce a small amount of air or water to gently expand the intestine, helping the doctor get a clearer view of the lining.
- Instruments can be passed through the scope to take tissue samples (biopsies) or remove abnormal growths if needed.

Will I feel anything during the procedure?

- Many individuals will be fully awake during the procedure because it is so short, approximately 10-15 minutes in duration.
- If you are not sedated, you will be able to feel the small tube being inserted and may feel pressure, bloating, or slight cramping as the scope is advanced the short distance.
- Some individuals will receive sedating medications through an IV line and will not be likely to feel or remember any part of the procedure.

ILEOSTOMY POUCH



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How do I prepare for an ileoscopy?

- You may have clear liquids in the morning up until 3 hours before your scheduled procedure time. Clear liquids include:
 - Water
 - Coffee (no milk or cream)
 - Tea (no milk or cream)
 - Fruit juice without pulp (lemonade, orange, apple, white grape, white cranberry)
 - Gatorade, Propel, or PowerAde (not red or purple)
 - Carbonated beverages (soda or sparkling water)
 - Crystal Light or Kool-aid (or other fruit flavored beverages that are not red or purple)
 - Popsicles or Italian ice (without any pieces of real fruit)
 - Jell-O (lemon, lime, or orange; no fruit toppings)
 - Clear soup, broth, or bouillon
 - Hard candies (Jolly Ranchers, Life Savers, lemon drops) or Gummi Bears
 - As a rule, if you can see through it, you can drink it. Smoothies and protein shakes are NOT considered clear liquids. Examples of these include Ensure, Kate Farms, Premier Protein and Orgain.
- Please **NO RED or PURPLE liquids!**
 - We prefer you avoid red and purple because the remaining liquid in your colon can be tinted red or purple. This could be confused for bleeding. However, if you do accidentally drink a red or purple liquid, it is not necessary to contact us or cancel/postpone the procedure.
- Bring an extra ostomy appliance for after the procedure.
- If you are going to be receiving sedation:
 - Make sure that you have a driver.
 - Have no solid food after midnight.
 - You may have clear liquids in the morning (anything you can see through) up until 3 hours before your scheduled procedure time.
 - Remember that in the 3 hours before your scheduled procedure time absolutely nothing more to eat or drink!

• If you take **any GLP-1 medication** (oral or injectable) for **WEIGHT MANAGEMENT or DIABETES**, please follow the instructions below carefully.

- **GLP-1 medications include:**
 - Tirzepatide (Mounjaro, Zepbound)
 - Semaglutide (Ozempic, Wegovy, Rybelsus)
 - Dulaglutide (Trulicity)
 - Liraglutide (Victoza, Saxenda)
 - Orforglipron (or any other oral GLP-1)
- **How to Hold Your Medication**
 - **Weekly injections:** Do not take your medication for 7 days before your procedure.
 - **Daily oral or injectable medications:** Do not take the medication on the day of your procedure.
- **Important for diabetes patients:**

If you take GLP-1 medications for diabetes and will be holding them for more than 2 weeks, please contact your prescribing doctor for guidance on interim diabetes management.
- **Diet Instructions**
 - Do **NOT** follow the standard dietary preparation instructions included in this handout.
 - You must have **only a CLEAR LIQUID DIET for the entire 24 hours before your procedure**, regardless of medication type or dosing schedule.
- **If Instructions Are Not Followed**
 - If you did not hold your GLP-1 medication as instructed, call our office immediately at 224-407-4400.
 - If you have not followed these instructions, your procedure may need to be rescheduled at the anesthesia provider's discretion to ensure safety and reduce complications.
- **Questions?**

If you take any of the medications listed above and have questions or need help with medication adjustments, please schedule a pre-procedural visit with one of our providers.



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What about my medications?

- If you take medications for **HIGH BLOOD PRESSURE, IRREGULAR HEARTBEAT, SEIZURES, ASTHMA, THYROID, or PREDNISONE:**
 - Please take your medication with a sip of water the morning of your procedure.

What should I bring?

- **The first and last names of all doctors you would like us to send a copy of the procedure report.**
- **Someone to drive you home if you are going to be sedated. You will not be able to drive, operate machinery, make any important or legal decisions, or return to work for the rest of the day.**
 - Your insurance and photo ID.
 - Your medication list.

What should I wear?

- **Wear comfortable, loose-fitting clothing that is easy to step into.**
- **Wear flat shoes (skip the heels).**
- **Do not wear jewelry or bring valuables.**
- **You may wear makeup, but please skip the fragrances and body lotion.**

How long will I be there?

- **Arrive 40 minutes before your scheduled appointment time.**
- **Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.**
- **Typically, we run on schedule, and the duration from the time of drop-off until you leave to go home runs approximately 1.5 hours if not sedated and 2 hours if sedation is given.**

What should I expect after I arrive?

- **After the administrative check-in, a nurse will ask questions to ensure the patient understands the procedure and the reason it is planned.**
- **The vital signs (blood pressure, heart rate, and blood oxygen level) will be monitored before, during, and after the examination.**
 - The monitoring is not painful, though the first time the blood pressure cuff inflates it can be uncomfortable for 20–30 seconds.
 - If you are receiving sedation, the nurse will start an intravenous line (insert a needle into a vein in the hand or arm; feels similar to having blood drawn) to administer medications.

What happens after the procedure?

- **If you do not receive sedation, you will get dressed and may leave right away.**
- **If you receive sedation, you will be recovering for approximately 20-40 minutes.**
- **Due to the lingering effects from the sedation medication, you may not remember the physician speaking to you. If you gave permission prior to the procedure, the doctor will review the findings with your family member or responsible adult that accompanies you. You will also receive a printed report with the procedure findings and recommendations.**
- **You will be able to eat and drink right after the procedure is completed.**
- **You will NOT be able to drive or return to work for the remainder of the day.**
- **Although you will be awake by the time you are discharged, the sedative medications cause changes in reflexes and judgment that make a person feel well but can interfere with the ability to make decisions, similar to the effects of alcohol.**



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Are ileoscopies safe?

- Ileoscopy is a safe procedure and complications are very rare, but they can occur.
- Risks include:
 - If you are sedated, an anesthesiologist or nurse anesthetist will review your health history and be with you for the entirety of the procedure to ensure your safety. Complications of anesthesia are rare and usually easily treated.
 - You may experience redness, swelling, or warmth at the IV site. Begin by applying a cold compress and elevating the irritated IV site and. If symptoms are not improving, please call our office and ask to speak to a nurse so we can help you further.
 - The endoscope can cause a tear or hole in the tissue being examined, which is a serious problem, but fortunately, very uncommon (approximately 1 in every 2,000-3,000 ileoscopies).
 - Bleeding can occur from interventions such as biopsy, but it is usually minimal and stops quickly or can be controlled.

