Endoscopy and Colonoscopy: Preparing your Child

Your child will be having two GI procedures under anesthesia – an endoscopy and a colonoscopy.

**Endoscopy**

An endoscopy is a way to look inside the body using a thin, flexible tube with a camera and light on the end. In an endoscopy, the tube goes down the throat (esophagus). This test is done by a gastroenterologist (a doctor who specializes in stomach problems). It is done to diagnose and, in some cases, treat problems with the upper digestive system. The upper digestive system includes the esophagus (food tube), stomach and the duodenum (beginning of the small bowel).

The doctor looks at pictures taken from the camera on a monitor. These pictures give a clear view of the upper digestive system. In many cases the doctor will take biopsies from these areas. Biopsies are tiny samples of tissue that are examined under the microscope by a pathologist. A pathologist is a doctor who looks at tissue to see if there are any diseases. Your child will not have pain from the biopsies.

**Colonoscopy**

After the endoscopy, your child will also have a colonoscopy. The word colonoscopy means looking inside the colon. The colon, or large bowel, is the last portion of the digestive tract. The instrument that is used to look inside the colon is a long, thin, flexible tube with a tiny camera and light on the end. The gastroenterologist carefully guides the colonoscope up through the anus while looking at pictures from the camera that are shown on a monitor.
In many cases the doctor will take biopsies for the pathologist to examine. There is no pain with a biopsy.

**Plan for a bowel cleanout**

Your child’s bowels will need a full cleanout before the procedure. We use medicines for this, not enemas. You will give these medicines at home. Your doctor will tell you when this cleanout should be done.

**What can we expect on the day of the endoscopy?**

1. **Park**

These procedures are done in the Outpatient Procedure Center at Children’s main hospital. To get to this area, park in the Ocean parking garage and check in at the main registration desk on level 6. This is a day procedure. You should plan to be at the hospital for most of the day, but most children do not stay overnight.

2. **Check in**

After checking in, a nurse will take your child into an exam room. Your child will change into a hospital gown. The nurse will take your child’s temperature, heart rate, and blood pressure and orient you and your child to the GI procedure area.

3. **Talk with the anesthesia doctor**

The anesthesiologist will speak with you about your child’s health history and examine your child. They will explain the type of anesthesia recommended to keep your child comfortable and asleep during the procedure.

Most children are under general anesthesia, where they are completely asleep, for the procedure. A few children will have lighter sedation so that they aren’t fully asleep.

Parents often want to know if they can be in the room with their child when they are given medicine to help them fall asleep (general anesthesia). The anesthesiologist will talk with you about what is best for your child.
4. **Begin the procedure**

Before the test your child will have several things attached to them:

- Electrodes (sticker-like patches) placed on the chest to check heart rate and breathing
- A small probe taped to the toe or finger to watch the oxygen level during the procedure
- A blood pressure cuff on the arm or leg

The procedure takes place in the GI procedure room and lasts about 30 minutes including the time it takes to get your child ready in the room. After the procedure your child will go to the recovery room. Your child will be in recovery room for about 30 to 60 minutes. As soon as they are awake, they will be brought to you in a Phase II recovery room.

Your child will be given clear liquids and watched for about 1 hour. When your child is fully awake and able to keep liquids down you will be able to go home.

**How soon will I know the test results?**

Your child’s gastroenterologist will meet with you right after the procedure to discuss the findings.

Most likely, you will be asked to return for an appointment in 2 weeks to make a new plan of care based on your child’s symptoms and information from the biopsies.
Bowel Cleanout and Eating Instructions for Your Child’s Colonoscopy

- No ibuprofen (Advil, Motrin) for 7 days before or after the procedure.
- No radiology studies with barium 5 days before the procedure.
- If your child has diabetes, see your endocrine provider to discuss insulin dose adjustments needed for this procedure in addition to adding your PASS (Pre-Anesthesia) appointment.

### Two days before the procedure

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<th>Date: ______________</th>
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- Drink 8 glasses of liquid.
- Eat only low-fiber foods; for example: eggs, chicken, white bread, cooked vegetables versus raw.

### One day before the procedure

<table>
<thead>
<tr>
<th>Date: ______________</th>
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<tbody>
<tr>
<td>Please plan on being at home today. Your child will need to be near a restroom because bowel movements will be frequent and hard to predict.</td>
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- Drink at least 8 glasses of liquid.
- Drink only clear liquids (see box), no solid foods.
- Jell-O and broth are OK until 8 hours before the procedure.

**Clear liquids** are fluids that are transparent. You can see clearly through them – they are not foggy liquids. Clear liquids include water, popsicles, transparent juices and Gatorade.

(For babies: Pedialyte and breast milk are OK, but not formula.)

### Day of the procedure

<table>
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<th>Date: ______________</th>
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- Drink only clear liquids from the time your child is awake until 4 hours before the procedure.
- Do not eat raw fruits or vegetables, whole wheat or high-fiber breads, cereals or crackers.
- No nuts, seeds or popcorn.
- Stop all clear liquids or breast milk 4 hours before the start of their procedure. Do not give your child anything to eat or drink at this time – not even gum.
- You may take medications up to 4 hours before the procedure. Tell your anesthesiologist which medications your child has taken and which were not given.
- If your child has any special dietary needs, please talk to your nurse or doctor when you schedule the procedure.

- Give ________ capful(s) of Miralax/Glycolax (polyethylene glycol) 3 times today: at 8 a.m., noon, and 4 p.m.
  - Use the cap on the medicine bottle to measure your child’s dose. Mix the powder with _______liquid.
  - If box is checked give this stimulant laxative at night before bed:
  - (name and dose of laxative)

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Approved by Seattle Children’s Pharmacy and Therapeutics Committee.

It is very important that your child’s colon is empty for their colonoscopy. Please follow the instructions carefully.
For staff:
Cleanout medicine dosing instructions

**Miralax/Glycolax (polyethylene glycol) dosing**
Child’s weight: ________ kg.

Miralax/Glycolax (polyethylene glycol) is given 3 times a day – morning, noon and late afternoon – mixed with a specified amount of water, starting 2 days before the procedure:

<table>
<thead>
<tr>
<th>Child’s weight</th>
<th>Child’s dose (use cap from medicine bottle)</th>
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<tbody>
<tr>
<td>14.9 kg and under</td>
<td>6 g = 1/3 capful, in 4-6 ounces</td>
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<tr>
<td>15 kg to 19.9 kg</td>
<td>8.5 g = 1/2 capful, in 4-6 ounces</td>
</tr>
<tr>
<td>20 kg to 24.9 kg</td>
<td>11.3 g = 2/3 capful, in 6-8 ounces</td>
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<tr>
<td>25 kg to 29.9 kg</td>
<td>13 g = 3/4 capful, in 8 ounces</td>
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<tr>
<td>30 kg to 39.9 kg</td>
<td>17 g = 1 capful, in 12 ounces</td>
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<tr>
<td>40 kg to 49.9 kg</td>
<td>22.6 g = 1 and 1/3 capfuls, in 12 ounces</td>
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<tr>
<td>50 kg to 69.9 kg</td>
<td>25.5 g = 1 and 1/2 capfuls, in 12-16 ounces</td>
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<tr>
<td>70 kg and over</td>
<td>34 g = 2 capfuls, in 16 ounces</td>
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**Selection of stimulant laxatives**
Stimulant laxatives are given at bedtime starting 2 nights before procedure.

- **Senna (8.8 mg / 5 mL oral syrup)**
  - 1 month – 6 months: 1.25 mL
  - 6 months – 1 year: 5 mL
  - 1 year – 5 years: 7.5 mL
  - 5 years – 10 years: 10 mL
  - 10 years and older: 15 mL

- **Senna (Ex-Lax Chocolated 15 mg oral chewable tablet)**
  - 2 years – 5 years: 7.5 mg = 1/2 tablet
  - 5 years and older: 15 mg = 1 tablet

- **Bisacodyl (5 mg oral delayed release tablet)**
  - 5 years – 12 years: 5 mg = 1 tablet
  - 12 years and older: 10 mg = 2 tablets