

Scheduling An Appointment

Stanford Radiology Scheduling Center

Phone: 650-723-6855 • Fax: 650-723-6036

For maps and directions, go to:
<http://stanfordhealthcare.org/ctvirtualcolonoscopy>

Redwood City Stanford Medicine Outpatient Center

450 Broadway Pavilion B,
Redwood City, CA 94063

Services: MRI, CT, Diagnostic X-Ray, US, Bone Density

Directions: From South (San Jose)-Take US-101 North toward San Francisco. Exit CA-84/Woodside Road West (18 miles). Take Woodside Road to Broadway Street (.7 mile). Turn left on Broadway Street. Stanford Medicine Outpatient Center will be on the left (.6 mile).

From North (San Francisco)- Take US-101 South toward San Jose. Exit CA-84/Woodside Road West (25 miles). Take Woodside Road to Broadway Street (.3 mile). Turn left on Broadway Street. Stanford Medicine Outpatient Center will be on the left (.6 mile).



Your appointment is scheduled for:

Date: _____
Sun Mon Tue Wed Thur Fri Sat
Time: _____

Virtual Colonoscopy Exam Preparation

For 7 days before the test:

DO NOT take iron pills (Ferrous Sulfate).

DO NOT EAT foods with *seeds* such as poppy, tomatoes, watermelon, or cucumbers. **DO NOT EAT** celery, grapes, green peas, beans, seaweed, popcorn and nuts.

Day before the test:

Starting at midnight, drink clear liquids only: Clear liquids are water, tea with no milk, black coffee, 7-UP, ginger ale, apple juice, white grape juice, white cranberry juice (no juice that is red or purple), clear soup broth, gelatin (no red, blue, green or purple), popsicles (no red or purple).

You may place the kit in the refrigerator to make the contents more pleasant to drink. Or, you may drink them at room temperature.

Do not drink alcohol. Do not eat any solid food or drink dairy products.

Step One - 11:00 am	Take two Bisacodyl® (Dulcolax) tablets (5 mg each) with 1 glass of clear liquids.
Step Two - 2:00 pm	Drink one bottle (296 mL) of magnesium citrate. Follow this with 6 cups of clear liquids over the next 90 minutes.
Step Three - 5:00 pm	Mix package of barium sulfate (EZ CAT) with 450 mL of water. Drink.
Step Four - 5:30 pm	Drink the second bottle (296 mL) of magnesium citrate. Follow this with 6 cups of clear liquids over the next 90 minutes.
Step Five - 8:00 pm	Mix 2 bottles (60 mL total) of diatrizoate (Gastrografin) in 1 glass of clear juice, soda, or water. Drink.
12:00 MIDNIGHT	No Food or Liquids

On the day of the test, be sure to take your routine blood pressure and heart medication with a sip of water. Do not eat or drink anything else.

Special Precautions

In general, you can (and should) continue to take any routine prescribed **medications** during the preparation. However, take them 1 hour before or at least one hour after taking the laxative (magnesium citrate).

In the event that polyps are found on the virtual colonoscopy, certain **eligible** patients may choose to undergo same day traditional colonoscopy for removal of polyps (polypectomy). For this reason, patient taking anticoagulants, aspirin, NSAIDS (e.g., Advil, Aleve, Motrin), plavix, supplements and/or vitamins should consult with their physician before scheduling a virtual colonoscopy.

If you are taking **INSULIN** the dosage may need to be adjusted the day prior and the morning of the test. Contact the doctor who manages your diabetes for instructions regarding dosage.

CT Virtual Colonoscopy

Stanford Medicine Imaging



Information for Patients and Families

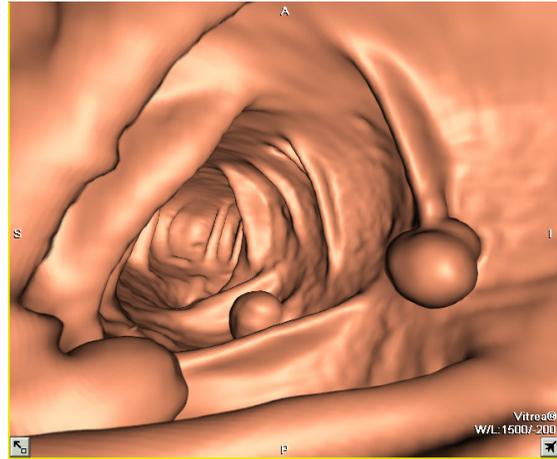


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What is CT Virtual Colonoscopy?

Virtual Colonoscopy is a medical imaging procedure which uses computed tomography (CT), sometimes called a CAT scan, and advanced computer software to produce two- and three-dimensional images of the colon that can be viewed on a computer monitor.

The major reason for performing virtual colonoscopy is to screen for polyps or cancers in the large intestine. Polyps are growths that arise from the inner lining of the intestine. Some polyps may grow and turn into cancers. The goal of screening with colonoscopy is to find these growths in their early stages, so that they can be removed before cancer has had a chance to develop.



Pictured above is an example of how polyps may appear to a Radiologist when viewing a Virtual Colonoscopy

American Cancer Society

The American Cancer Society estimates that nearly 150,000 men and woman are diagnosed with colorectal cancer (CRC) and almost 50,000 will die of the disease every year - this is the 3rd most common cancer diagnosed and the 2nd leading cause of death from cancer in the United

States. In 2008 the American Cancer Society approved virtual colonoscopy as an alternative to traditional colonoscopy.

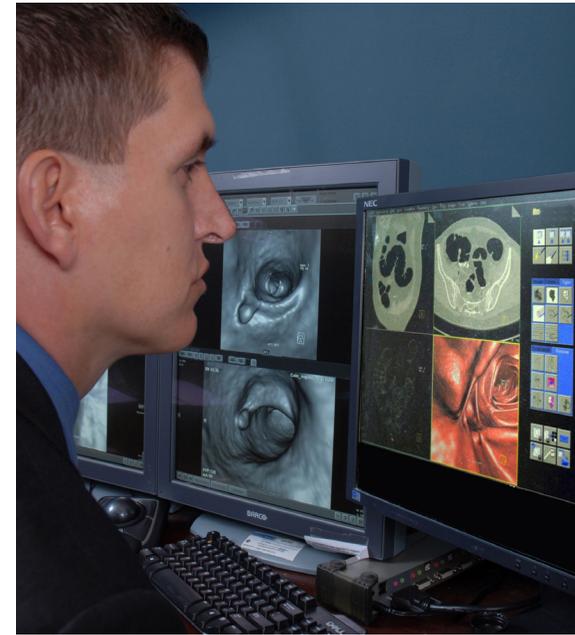
ACS guidelines for colorectal cancer early detection:

- Beginning at age 50 both men and women at average risk for developing CRC
- People at increased or high risk of CRC, should begin screening before age 50 and/or be screened more often. The following make your risk higher than average:
 - A personal history of CRC or adenomatous polyps
 - A personal history of chronic inflammatory bowel disease (Crohns disease or ulcerative colitis)
 - A strong family history of colorectal cancer or polyps (cancer or polyps in a first-degree relative [parent, sibling, or child] younger than 60 or in 2 or more first-degree relatives of any age)
 - A known family history of hereditary CRC syndromes such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC).

*For more information, go to:
<http://tinyurl.com/acs-crc>*

The Stanford Diagnostic Imaging Advantage

- State-of-the-Art Technology: The latest generation 64- and 128-Row CT scanners
- Abdominal radiology subspecialist interpretations
- Extensive experience in 3D Imaging
- If polyps are found, Stanford Diagnostic Imaging can coordinate eligible patients a same-day traditional colonoscopy with the Stanford Gastroenterology Clinic
- Stanford Diagnostic Imaging utilizes CO2 gas



Radiologist, Peter Poullos M.D.

- instead of air to inflate the colon. The gas is absorbed by the body and causes less cramping and bloating than air, thus ensuring that patients have a better experience.
- Patient-Centric Environment

What are the benefits of Virtual Colonoscopy?

- Less invasive than traditional colonoscopy
- Procedure takes less time (30 minutes) than a traditional colonoscopy
- Sedation and pain relievers are not needed, so there is no recovery period
- Patients can return to normal activities immediately after the procedure
- Lower risk of complications than traditional colonoscopy
- Ideal for patients with an increased risk of complications, or elderly patients who cannot tolerate a traditional colonoscopy

- Helpful when traditional colonoscopy cannot be completed because the bowel is too narrow, obstructed, elongated, or tortuous
- Visualizes the entire bowel
- Proven effective in large clinical trials

What happens during the test?

After changing into a gown you will lie on your right side on the CT scanner table. A nurse will place a small soft tube into your rectum and administer CO2 gas. As your bowel distends you may experience a bloated feeling and mild discomfort. You will be scanned initially lying on your back, then on your right side. If needed, you may be scanned lying on your stomach.

Virtual Colonoscopy Exam Preparation Kit

WALGREENS

875 Blake Wilbur Drive, Suite CC1101
Palo Alto, CA 94305
(inside the Stanford Advanced Medicine Cancer Center)

PHONE: 650-838-0429

FAX: 650-838-0447

Mon-Fri 8am-7pm; Sat 9am-3pm;
Sun CLOSED

CTVC-KIT (Bisacodyl @Dulcolax), EZ CAT, Gastrografin)

CTVC-KIT is available at this location only.
Pick-Up or Mail Delivery available

Magnesium Citrate – Over the counter & available at any local pharmacy. Mail delivery not available.