



How do I prepare for the procedure?

- **You must have a driver** who is 18 years or older present at check in and discharge **if you plan on having sedation for your procedure**. If you do not have a driver with you at check in, we will need to reschedule your appointment. This person must remain in the unit during your entire visit so that they are available as soon as you are ready to be discharged. You will not be discharged unless this person is in the unit. Because your judgment may be impaired after this procedure, you will not be released to take public transportation, a taxicab, or even walk home without another responsible adult present to accompany you.
 - The entire procedure appointment may take at least 1 to 3 hours to complete. Please advise your driver that they will need to remain in the facility for the duration of the procedure.
- **Please leave all jewelry and personal items at home**. If you bring jewelry to your appointment, we may have to ask you to remove it.
- **Please do not wear contact lenses**.
- If you have diabetes, ask your health care provider for diet and medicine instructions.
- **View the video describing risks and benefits of Ileoscopy:**
Visit: <http://michmed.org/MYLwZ>
- If you must cancel or reschedule your appointment, please call the Endoscopy Call Center as soon as possible at:
 - (734) 936-9250 or toll-free (877) 758-2626.

Below are your instructions for taking medicines and preparing for your procedure. **Follow the instructions carefully** to ensure a successful exam.

7 days before your ileoscopy:

- If you take aspirin or NSAIDs such as Advil®, Motrin®, Celebrex®, or ibuprofen, you may continue to take them as usual.
- If you take a blood thinner like Plavix®, Pradaxa®, Clopidogrel®, Coumadin®, warfarin, Effient®, Prasugrel® or Lovenox® ask your health care provider for specific instructions.
- Stop taking Phentermine (Adipex-P, Lomira, Fastin, Phentercot) Phentermine + topiramate (Qsymia). This is a weight loss medication.

1 day before your ileoscopy:

No solid food from now until your procedure is done. Begin a clear liquid diet (see table below).

You may drink these clear liquids:	Do not drink these liquids:
<ul style="list-style-type: none"> ● Gatorade, Crystal Light Lemonade®, Pedialyte® or Powerade® ● Coffee or tea (black only) ● Carbonated or non-carbonated soda ● Fruit-flavored drinks ● Apple juice, white cranberry juice or white grape juice ● Jell-O (gelatin) or popsicles 	<ul style="list-style-type: none"> ● Chicken, beef or vegetable broth ● Alcohol ● Milk or non-dairy creamer ● Juice with pulp ● Any liquid you cannot see through ● Hard candy <p>Note: Nothing Red or Purple</p>

Day of your ileoscopy:

Nothing by mouth 6 hours before your appointment.

- You may take all of your morning medicines (except for oral diabetes pills) as usual with 4 oz. of water up to 4 hours before your procedure.
- If you take oral diabetes medicine (pills): **do not** take the medicine the morning of your test.

Bring a list of all of your current medicines with you, including any over-the-counter medicines.

When should I call the call center?

If you have been ill and have had any of the following symptoms within 48 hours of your appointment, please call the call center at (734) 936-9250 or toll-free at (877) 758-2626.

- Fever greater than 100.6
- Productive cough (where your cough is producing phlegm)
- Diarrhea
- Vomiting (not related to taking the bowel prep)

Turn the page to learn about the benefits, risks and alternatives for ileoscopy>>

What are the Benefits, Risks and Alternatives for an Ileoscopy?

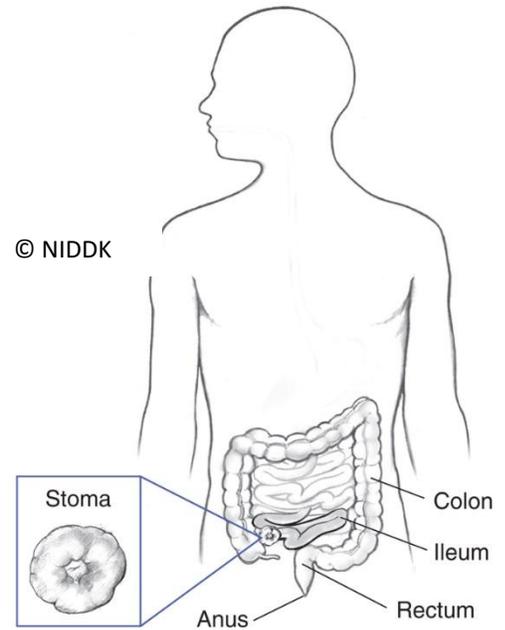
Before starting the procedure, a member of our team will ask you to sign an informed consent indicating that you understand the procedure, its benefits and risks, and the alternatives for an ileoscopy.

Read this handout or view the video at:

<http://michmed.org/MYLwZ> to understand your informed consent.

What is the purpose of an ileoscopy?

An ileoscopy is a procedure in which a doctor uses a flexible, narrow tube with a light and tiny camera on one end, called an endoscope to look inside the last part of the small bowel (intestine) called the ileum. Ileoscopy is performed through an ileostomy. An ileostomy is an artificial opening that enables removing waste out of the body if the colon or rectum do not work properly or are absent.



What are the benefits of an ileoscopy?

Ileoscopy is most often used to diagnose the cause of bleeding, high ileostomy fluid output and Crohn's disease.

It is also possible to take a small sample of tissue (biopsy) during the procedure and send it to analyze in the lab. This is very helpful to diagnose and plan treatment for people with Crohn disease, inflammatory bowel disease, colitis and other problems in the small intestine.

What are the risks of an ileoscopy?

The risks of complications from a ileoscopy are low, but may include:

- A reaction to the sedating medication, including breathing or heart problems.
- Bleeding. Occurs in less than 1 out of 100 patients (less than 1%).
- Perforation: a tear or a hole in bowel. Occurs in less than 1 in 100 patients (less than 1%).
- Infection. Occurs in less than 1 out of 100 patients (less than 1%)
- Aspiration: stomach contents may get into the lungs leading to a lung infection (pneumonia). Occurs in less than 1 in 100 patients (less than 1%)

Rarely blood transfusion or surgery are needed to treat these conditions.

Risks are higher in in people taking steroids or anti-coagulation medicines, or in people that have certain serious diseases.

What are the alternatives?

Imaging of the small bowel with specialized CT or MRI scans is an alternative to ileoscopy but they are not as accurate in detecting abnormalities in the lining of the small bowel. Imaging tests also do not allow taking a biopsy of the ileal surface.

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Edited by: Karelyn Munro BA

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