

Welcome to Our GI Practice

Thank you for choosing Sonoma Valley Hospital Gastroenterology. This packet has been prepared to help you understand what to expect during your care, prepare for common GI procedures, and maintain your digestive health between visits.

Our Commitment to You

We aim to provide you with the highest-quality, evidence-based gastroenterology care in a setting that respects your time, dignity, and individual health goals. Please don't hesitate to ask questions — no concern is too small.

Preparing for Your First Visit

What to Bring

- Photo ID and insurance card(s)
- Completed patient intake form (if not submitted in advance)
- List of all current medications, including supplements and vitamins
- Records of prior GI procedures, pathology reports, or imaging (colonoscopy, endoscopy, CT, MRI)
- Names and contact information for your primary care physician and any other specialists
- List of questions you would like to discuss

What to Expect

Your first appointment will typically last 45–60 minutes. Dr. Okolo will review your medical history in detail, discuss your symptoms, and perform a focused physical examination. Together, you will develop a diagnostic and treatment plan tailored to your needs.

Depending on your condition, your visit may include discussion of laboratory tests, imaging studies, or a recommendation for an endoscopic procedure such as colonoscopy or upper endoscopy.

Colonoscopy: What You Need to Know

A colonoscopy is a safe, highly effective procedure that allows your doctor to examine the lining of your large intestine (colon). It is the gold standard for colorectal cancer screening and is used to evaluate symptoms such as rectal bleeding, abdominal pain, or changes in bowel habits.

Why Colonoscopy Matters

- Colorectal cancer is the 3rd most common cancer in the United States — but it is highly preventable.
- Screening colonoscopy can detect and remove pre-cancerous polyps before they become cancer.
- The American Cancer Society recommends screening beginning at age 45 for average-risk individuals.
- Earlier screening is recommended if you have a family history of colorectal cancer or polyps.

The Day Before: Bowel Preparation

A thorough bowel prep is the most important factor in the quality of your colonoscopy. An excellent prep allows the doctor to see the entire colon clearly and reduces the need for repeat procedures.

Important: Follow Your Specific Prep Instructions

You will receive detailed, personalized bowel preparation instructions at your pre-procedure visit or by phone. The information below is general guidance only. Always follow the specific instructions provided by our office.

Colonoscopy Prep Checklist

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| <input type="checkbox"/> Purchase prescribed prep solution from pharmacy | <input type="checkbox"/> Arrange for a driver (required — no exceptions) |
| <input type="checkbox"/> Stop blood thinners if instructed by your doctor | <input type="checkbox"/> Stop iron supplements 5 days before |
| <input type="checkbox"/> Clear liquid diet the day before procedure | <input type="checkbox"/> Take prep solution as instructed (split-dose recommended) |
| <input type="checkbox"/> Nothing to eat or drink after midnight (except prep) | <input type="checkbox"/> Bring insurance card and ID on procedure day |
| <input type="checkbox"/> Wear comfortable, loose clothing | <input type="checkbox"/> Expect to be at the facility 2–3 hours total |

Approved Clear Liquids

During your prep day, you may consume clear liquids only. These include:

- Water, clear broth (chicken, beef, or vegetable — no solids)
- Apple juice, white grape juice, lemonade (no pulp)
- Clear sports drinks (Gatorade, Powerade — avoid red or purple)
- Plain gelatin/Jell-O (avoid red or purple colors)
- Plain popsicles (no fruit pieces, no red or purple)
- Black coffee or plain tea (no milk or cream)

Avoid These Colors

Do NOT consume anything red, purple, or blue — these can mimic blood in the colon and affect the quality of your exam.

During the Procedure

You will receive sedation (IV conscious sedation or monitored anesthesia care) to keep you comfortable. Most patients experience little to no discomfort and have no memory of the procedure. The colonoscopy itself typically takes 20–45 minutes.

If polyps are found, they can often be removed during the same procedure. Tissue samples (biopsies) may also be taken for laboratory analysis.

After Your Colonoscopy

- You will rest in a recovery area for 30–60 minutes after the procedure.
- You MUST have a responsible adult drive you home — sedation affects your reflexes and judgment for the rest of the day.
- You may feel bloating or mild cramping from air introduced during the procedure — this is normal and resolves quickly.
- You may resume a normal diet the same day unless instructed otherwise.
- Results and pathology findings will be discussed with you promptly.

When to Call Us After a Colonoscopy

Contact our office immediately if you experience: severe abdominal pain, heavy rectal bleeding (more than a small amount), fever above 101°F, or persistent vomiting. Call 911 or go to the Emergency Department at Sonoma Valley Hospital if symptoms are severe.

Upper Endoscopy (EGD): What You Need to Know

An upper endoscopy — also called esophagogastroduodenoscopy (EGD) — allows your doctor to examine the lining of your esophagus, stomach, and the first part of your small intestine (duodenum). It is used to evaluate and treat conditions such as GERD, ulcers, difficulty swallowing, and unexplained upper abdominal pain.

Preparing for an Upper Endoscopy

- Do NOT eat or drink anything for at least 6–8 hours before the procedure (nothing after midnight the night before, unless instructed otherwise).
- Take essential morning medications with a small sip of water only if approved by our office.
- Arrange for a driver — sedation is used and you cannot drive yourself home.
- Inform our team of any allergies, blood thinners, or diabetes medications.

During and After the Procedure

The procedure takes approximately 10–20 minutes. You will receive sedation for comfort. Afterward, you may have a mild sore throat or bloating, which resolves within a few hours. You may eat and drink once your gag reflex returns (usually within 1–2 hours).

Common GI Conditions: A Brief Guide

Gastroesophageal Reflux Disease (GERD)

GERD occurs when stomach acid flows back into the esophagus, causing heartburn, regurgitation, or chest discomfort. Lifestyle modifications are first-line treatment.

- Elevate the head of your bed 6–8 inches
- Avoid eating within 3 hours of bedtime
- Limit alcohol, caffeine, fatty foods, and chocolate
- Maintain a healthy weight — even modest weight loss improves symptoms
- Do not smoke — smoking worsens GERD significantly

Irritable Bowel Syndrome (IBS)

IBS is a common functional disorder causing abdominal pain, bloating, and altered bowel habits (diarrhea, constipation, or both). It does not cause permanent damage to the intestines.

- A low-FODMAP diet has strong evidence for symptom relief — our office can provide a referral to a GI dietitian.
- Regular physical activity and stress management are important components of care.
- Keep a symptom diary to identify personal food triggers.
- Probiotics may help some patients — discuss with your physician before starting.

Inflammatory Bowel Disease (IBD): Crohn's & Ulcerative Colitis

IBD involves chronic inflammation of the digestive tract. Unlike IBS, IBD causes measurable damage and requires ongoing medical management.

- Adherence to prescribed medications is critical — do not stop without consulting your doctor.
- Regular monitoring (lab work, colonoscopy) is essential even when feeling well.
- Inform all other providers that you have IBD — some medications and vaccines require special consideration.
- Smoking significantly worsens Crohn's disease — cessation support is available.

Colorectal Polyps

Colorectal polyps are growths on the inner lining of the colon. Most are benign, but some types (adenomas) can become cancerous over time. Removal during colonoscopy is highly effective prevention.

- After polyp removal, you will need follow-up colonoscopy — the timing depends on polyp type, size, and number.
- A high-fiber diet and healthy weight support colon health.
- Aspirin use for polyp prevention should only be discussed with your physician.

Hemorrhoids

Hemorrhoids are swollen veins in the rectum or anus. They are very common and usually manageable with conservative measures.

- Increase dietary fiber gradually to 25–35 grams per day
- Stay well-hydrated — aim for 6–8 glasses of water daily
- Avoid straining during bowel movements
- Sitz baths (warm water soaks 10–15 minutes) provide relief

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- Over-the-counter creams (hydrocortisone, witch hazel) may offer temporary comfort

Important: Rectal bleeding should always be evaluated by a physician. Do not assume bleeding is from hemorrhoids without professional assessment.

Maintaining a Healthy Digestive System

Diet and Nutrition

- Eat a diet rich in fruits, vegetables, whole grains, and legumes — aim for 25–35g of fiber daily.
- Limit processed foods, red meat, and saturated fats.
- Stay well hydrated — water is best. Limit sugary beverages.
- Eat slowly and mindfully. Avoid large meals late in the evening.
- If you suspect a food intolerance, keep a food and symptom diary before eliminating entire food groups.

Lifestyle

- Maintain a healthy weight — obesity is a risk factor for GERD, colon cancer, fatty liver disease, and gallstones.
- Exercise regularly — even 30 minutes of moderate activity most days benefits gut motility and overall health.
- Limit alcohol: no more than 1 drink/day for women, 2 drinks/day for men.
- Do not smoke — tobacco use is a risk factor for esophageal cancer, Crohn's disease, and colon cancer.
- Manage stress through exercise, sleep, mindfulness, or counseling — the gut-brain connection is real and significant.

Medications That Affect the GI Tract

Several common medications can impact your digestive system. Always inform our office about all medications you take, including over-the-counter drugs and supplements.

- NSAIDs (ibuprofen, naproxen, aspirin): Can cause stomach ulcers and GI bleeding. Use with caution and food. Discuss alternatives if you need these frequently.
- Proton pump inhibitors (omeprazole, pantoprazole): Effective for acid suppression, but long-term use should be periodically reassessed.
- Antibiotics: Can disrupt gut microbiome. Take probiotics (2 hours after antibiotic dose) during and after antibiotic courses.
- Iron supplements: Commonly cause constipation and dark stools — inform your doctor so it is not confused with GI bleeding.
- Blood thinners (warfarin, apixaban, rivaroxaban): Must be managed carefully around GI procedures. Never stop without guidance from your prescribing physician and our office.

Contact Information & Resources

GI Practice Office

Phone: (707) 935-5000
347 Andrieux Street
Sonoma, CA 95476

Sonoma Valley Hospital

Main: (707) 935-5000
Emergency Department: (707) 935-5030
sonomavalleyhospital.org

When to Seek Immediate Medical Attention

Go to the Emergency Department or call 911 if you experience:

• Severe abdominal pain, especially if sudden onset • Vomiting blood or material that looks like coffee grounds • Heavy rectal bleeding or black, tarry stools • Signs of obstruction: inability to pass gas or stool with severe distension • Yellowing of skin or eyes (jaundice) with severe pain or fever • Fainting or signs of shock (rapid heart rate, dizziness, confusion)

Trusted Patient Resources

- American Gastroenterological Association: www.gastro.org/patient-care
- Crohn's & Colitis Foundation: www.crohnscolitisfoundation.org
- Colorectal Cancer Alliance: www.ccalliance.org
- American Cancer Society (Colorectal Cancer): www.cancer.org
- National Institute of Diabetes and Digestive and Kidney Diseases: www.niddk.nih.gov

A Note from Dr. Okolo

Your digestive health is deeply connected to your overall wellbeing. I look forward to partnering with you in your care — please bring your questions, concerns, and goals to every visit. Together, we will work toward the best possible outcomes.

— Patrick I. Okolo III, MD, MPH