

The list of necessary examinations prior to colonoscopy/esophagogastroduodenoscopy/enteroscopy with intravenous anesthesia for subsequent removal of polyps/tumors, as well as prior to bronchoscopy.

I. Test results (performed no sooner than 10 days before the examination):

1. **Complete blood count** (leukocytes, erythrocytes, hemoglobin, thrombocytes, Arneth's index, ESR);
2. **Common urine analysis;**
3. **Biochemical blood assay:** total protein, total and direct bilirubin, glucose, ALT, AST, CPK, LDH, ferritin, C-reactive protein, urea, creatinine, electrolytes (Na, K, Cl, Ca, Fe);
4. **Coagulogram** (PTT, TT, PTT, INR, fibrinogen);
5. **Blood type and Rh-factor (only original reports bearing signatures and seals!);**
6. **For the admittance to inpatient facilities and polyp removal: Blood HIV, syphilis, type B and C hepatitis (up to one month old).**

Analysis results shall be stated on individual report forms, and be signed by the physician performing the study.

II. Examinations:

1. **ECG** (no older than 10 days + report). * If any abnormalities are found by ECG examination, earlier ECG studies shall be presented and a cardiologist shall be consulted;
2. **X-ray imaging of thoracic cage organs (X-ray fluorography) (up to 1 year old).**
3. **Gynecologist's examination** up to 1 year old (for women).
4. **External respiration test (spirometry) *results are mandatory only for bronchoscopy tests.***

III. Outpatient medical record (stating the report of primary care therapist) (up to 1 month old)

!!! Outdated analysis reports and absence of any reports may result in cancellation of a planned hospitalization and refusal to administer anesthesia and perform polypectomy.

**** Note:**

1. if medical history states an acute cardiologic and/or neurologic pathology during the last year, a cardiologist and/or neurologist shall be consulted. Note
2. in cases of insulin-dependent diabetes mellitus, an endocrinologist shall be consulted to adjust insulin therapy during the perioperative period (before, during and after the examination). Note
3. During the administration of indirect anticoagulants (warfarin), novel oral anticoagulants (xarelto, pradaxa), antiaggregant (clopidogrel, ticlopidine) -- consultation of a cardiologist/therapist is required to adjust the therapy during the perioperative period. Note
4. **An RCHCC anesthesiologist's consultation is required in cases of any deviations of the test results from normal values and/or generally poor status. It is recommended that the patient makes a visit no less than one day before the examination to develop the tactics and completeness of preparation to the examination, take measures to reduce the risk of complications and evaluate the advisability of anesthesia (8:00 to 15:00, Office C514).**

5. The following is strictly forbidden:

- eating and drinking at the day of examination;

- operating a vehicle/hazardous machines or performing potentially dangerous activities that require elevated reaction for 24 hours following the examination due to aftereffects of pharmaceuticals that slow psychomotor actions.