

Sawbones 567: Colonoscopy Preparation

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Clint: Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it!

["Medicines" by The Taxpayers plays]

Justin: Hello, everybody, and welcome to Sawbones, a marital tour of misguided medicine. I'm your co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And what a week it has been! What a week it has been.

Sydnee: Yes, that's true, Justin.

Justin: It's been a thrilling 24 hours since I was—not 24 hours, that's not a week. Seven days since I finished my colonoscopy prep.

Sydnee: Yes.

Justin: Which is short for preparations, I believe, is that right?

Sydnee: Yeah, did you not know that?

Justin: Well, I just don't think we ever clarified.

Sydnee: Okay.

Justin: So, my preparations for my colonoscopy.

Sydnee: Yes.

Justin: Which I, again, just to recap, if you missed last week's thrilling episode, I turned 45 and was inspired by James Van Der Beek and his message of, you know, getting screened when you—when you hit that age. And I went and just got my colonoscopy, a screening colonoscopy. I gotta say, when the doctor saw my age and he saw—and I told him I was just there for just a screening colonoscopy, I sensed pride. There was a pride there. I sensed he was proud of me, like I had done a good job.

Sydnee: I think he was proud of you. I think he was impressed by your diligence.

Justin: Mm-hm.

Sydnee: It is not easy to talk patients into colonoscopies, I will say. Most people, not all, some people are fine with it, but most people are not thrilled about the idea, and are resistant and try to come up with reasons like, "Well, let's not schedule it just yet." Like kind of that, "I'm not saying no, I just, it's not a good time." And they kind of do a procrastination thing.

Justin: Mm-hm.

Sydnee: Or they'll opt for one of the less invasive screening methods.

Justin: Mm-hm.

Sydnee: So, I do think he was impressed.

Justin: I do feel that I am merely a steward for my vessel here. I want to give the people as many years with Justin McElroy as they deserve, you know? I don't—I want to keep these—I want to make sure I'm a good steward of my gifts, and I'm preserving them for mankind to enjoy for as many years as I can.

Sydnee: Of your gifts, and of you as a gift. You are the gift.

Justin: I am—I am the gift. That's beautiful.

Sydnee: The gift was you.

Justin: So, let me talk—let me talk about this process, okay? First off, a week out, had to stop a few medications. Like my multivitamin, had to stop that. And I'm pretty good about my ritual, typically, but not at this moment.

Sydnee: Can I interrupt for one second? Will you back up to, you knew you're 45.

Justin: Yes.

Sydnee: James Van Der Beek inspired you to get a colonoscopy.

Justin: Yes.

Sydnee: What did you do to achieve that goal?

Justin: Oh, okay, so I—

Sydnee: And this is obviously in the American healthcare system. It would be different in other places. But what did you have to do?

Justin: For me, I had an appointment with our primary care physician.

Sydnee: Mm-hm, our family doctor.

Justin: Our family doctor. And I talked to her about—I was about to turn 45 and she put an order in the chart to, basically, once I had turned 45, to have that department reach out to me to schedule a colonoscopy.

Sydnee: Yes. So, that's a great way. I think it's good to point that out. How I can I—

Justin: I didn't have to wait for an appointment, though. I could have called her office directly to make the request, right? To say—

Sydnee: I think she would. Now, every office is different.

Justin: Sure, sure.

Sydnee: And some may ask you to come in so that they can discuss with you the different screening methods and risks and benefits. And then if for some reason you may be higher risk to get a colonoscopy, they might want to talk to you about that beforehand, if you decide that's the way to go. There are plenty of offices where you could call and just say, "Hey, I realized I turned 45 and I would like an order for a screening colonoscopy."

Justin: Mm-hm.

Sydnee: And then they will send it to—it's usually either a gastroenterologist or a surgeon who's going to perform that procedure. Both receive the appropriate training.

Justin: Yeah.

Sydnee: In your case, it was a gastroenterologist. I think it was just whoever they can get you in with that has openings and can do it soonest. So, that's how you get the order and somebody calls you and says, "Okay, yes, we have you scheduled. You can get a colonoscopy."

Justin: Yeah.

Sydnee: Sorry, carry on. You had to stop medicines.

Justin: So, yeah, I had to stop medicines. No ibuprofen, which, that'll come up at the end of the story, I think. [chuckles] No ibuprofen for a week before, right? Because it thins your blood, I guess?

Sydnee: Yes, Mm-hm.

Justin: I believe. I'm guessing, obviously, I don't—

Sydnee: Yes.

Justin: So, I did that. And then there was like a list of instructions, pretty like detailed list of instructions. And I—don't quote me on this. I don't have the list in front of me. It's upstairs somewhere in my—I laminated it and put

it in my keepsakes drawer, I'm sure. [chuckles] But basically, there were certain foods that I needed to try to avoid for a couple days leading up to it.

Sydnee: Mm-hm.

Justin: Things that would kind of stuff me up or maybe create like residue.

Sydnee: Right. Like they were trying to limit high fiber foods, I believe.

Justin: Right, yes.

Sydnee: Things—one, anything that might constipate you, because part of what you're gonna do before a colonoscopy is clean everything out of there. So, anything that might slow that down or—

Justin: And, hey, guys? Hey, folks? She means *everything*! Everything, brother! *Everything*.

Sydnee: [chuckles] There are some foods that will leave more residue in your colon, and so—they usually will provide a pretty detailed list of—I mean, even down to the nitty gritty of like vegetables, cooked, okay.

Justin: Some not—

Sydnee: Raw, not okay. You know, corn—

Justin: It said—it said—

Sydnee: Things that you probably would think of, but they'll give you a list.

Justin: It said in capitals "no salads." And I was like, [sighs] hah... fine. [chuckles] If I have to, for two days, I could do without.

Sydnee: Yeah. So, they'll give you a list of things to try to avoid for a couple days beforehand. And then the day before...

Justin: The day before, that's when things get interesting. So, when I picked up my prescription, I got some laxatives, which I think were just kind of over the counter like Dulcolax, basically.

Sydnee: Mm-hm, they were, yeah.

Justin: And a jug, a four-liter jug, was empty, largely, and there was about maybe an inch of goop at the bottom, and that was concentrated. And I knew that one of the things I heard is like drinking this jug was tough for folks. And I was thinking like, I drink a lot of water. Like, I like to stay hydrated. This is going to be no problem for me. But it's not something that is going to start at the beginning of the day. There's a window for this big jug of laxatives. So, at the beginning of the day before, there really wasn't much for me to do except not eat food.

Sydnee: Mm-hm. Yes. And you could have, though—you said not eat food, but you could have...

Justin: [sings] J-E-L-L-O.

Sydnee: Yes, and—

Justin: Delicious.

Sydnee: Not red.

Justin: Not red.

Sydnee: Or I think—

Justin: [sings] B-L-U-E, thanks.

Sydnee: Yes, no—and we avoided pink and orange as well.

Justin: And I'm purple and—purple—

Sydnee: And purple.

Justin: Purple and—

Sydnee: And purple.

Justin: Purple too, because I know my color spectrum. I know my—

Sydnee: Yeah.

Justin: You know.

Sydnee: Just because then that could be mistaken, if you're looking through the colon for blood.

Justin: For blood.

Sydnee: You just don't want anything that could be confused for blood.

Justin: So, I—

Sydnee: And you can have broth.

Justin: So, I did rock some beef broth.

Sydnee: Mm-hm.

Justin: And some chicken broth. I don't know what—from the time I was a little kid, I—like whenever I had to do broth or like I'd be sick enough that like I wasn't gonna do soup, my mom would always make it from like the cubes.

Sydnee: Mm-hm.

Justin: Like Wyler's chicken bouillon. And we have better—like we have nicer broth creation methods in our fridge, you know what I mean?

Sydnee: Yeah.

Justin: We have different broths and stuff we got but like, I need the cubes. Like, I got the cubes of broth—

Sydnee: I need the cubes.

Justin: And I'm gonna drink it. I need the cubes to drink. So, I got the cubes. By the way, if you don't have a little jar of cubes in your house? Talk about an easy way to elevate your cooking. You chuck those in, ah, man, delicious, flavorful, fantastic. So, I drank a lot of flippin' broth, man. Like a lot. Because it was the closest thing to kind of a meal that I could kind of do.

Sydnee: Mm-hm.

Justin: So I did a lot of broth.

Sydnee: And I will... I feel bad because it was a day where—so, it was a Sunday, right? And so, the kids were not in school, and we were all just kind of hanging out. It was—we were getting prepared to go back to school after Christmas break. And so, we were just chilling, watching Stranger Things, eating whatever we wanted. [chuckles]

Justin: I made monkey bread at the beginning of the day, in a—in a gesture of magnanimity that I soon regretted. And I made this monkey bread and I put it out, and it—and the kids ate some and Syd ate some. And then like literally an hour later, I went to go clean it up and Syd's like, "You're not throwing that away, are you?" I was like, "Oh, no, no, no, no, no, dear, I'll leave it here." Literally like all day, this tray of monkey bread just sat there as people—

Sydnee: We were still picking on it?

Justin: At one point, they had a—[laughs]

Sydnee: We asked—so, Charlie asked for popcorn.

Justin: [laughs]

Sydnee: And now, you also have to understand, you made it much more of a production than it had to be. It could have just been a bag in a microwave, but you take your popcorn seriously.

Justin: Saying that I made it a bigger production than it had to be would imply that I have some bags of microwave popcorn—

Sydnee: We do! We do have bags of microwave popcorn!

Justin: Oh, what, Syd? Like I'm gonna make you guys some decrepit old box of Orville Redenbacher that I found in some cupboard? No way, man, you're my family. You're not a bunch of Jehovah's Witnesses that just showed up I'm trying to get rid of. You're my family!

Sydnee: Justin's very particular about his popcorn technique. It was delicious. It was delicious popcorn. You did an excellent job, and it was absolutely delicious.

Justin: Do we have time...

Sydnee: Do you wanna—

Justin: Listen, how's your minute—here's a minute on popcorn, okay? Here's how I do it. Here's how I've been doing it for a long time, okay? You get a big pot, set it to like medium, okay? And you do like a couple tablespoons of coconut oil in there, and that gets melted. You throw in a half cup of popcorn kernels. Oh, those are starting to go. And then I like a half teaspoon of Flavacol, that's the flavor salt that's the—that's the yellow popcorn salt. Get that, just buy that. Just do the right thing and buy that. Sprinkle that on there. And then I like a little MSG, king of flavor.

Sydnee: I love MSG.

Justin: King of flavor. Sprinkle that on there. And then you swirl it around as the popcorn pops. Keep it moving. Keep it moving. When it's done, it's done. Don't burn it, you goof. And that's how I do it. And it will make some really outrageous popcorn.

Sydnee: It was delicious. And we were watching—

Justin: A lid, by the way. Did you get a lid at the beginning? I didn't say get a lid. Did you have a lid? Get a lid! You need a lid. [chuckles]

Sydnee: It was delicious, and the girls were sort of like tossing it back and forth to each other like, "Oh, this popcorn is so good! Ha-ha-ha, catch!" And it was very—it felt—

Justin: And by the girls, she means herself also.

Sydnee: I did not—I did not instigate that, I just participated when the girls asked me to.

Justin: "We love—it's so fun! Oh, it's falling everywhere. Who cares? It's just food!"

Sydnee: In case—in case we were not clear, you cannot eat popcorn on the day before your colonoscopy.

Justin: You can't eat anything on the day before your colonoscopy. And like, I know that other people have not eaten, okay? I know this isn't the biggest deal in the world. I'm just trying to tell you what the experience is like. And I'm kind of a baby about stuff like this, okay?

Sydnee: Now, what was really interesting, I thought, is that I always assumed, because you have to know, like as the family doctor, I have referred many, many people for colonoscopies. And I've talked to people about like generally what it's going to be like. You're going to have to—there'll be a day where you only have clear liquids, and where you will have to—and every, I will say, every person who performs them kind of has their own like prep that they like patients to do. For some, it's those Dulcolax pills that you talked about, and then combined with like either MiraLAX, or Ex-Lax is what you had. There are other preparations that some people prefer, and the—in terms of how much and the timing. It can be very different. And so, I usually speak generally, like you're going to take a lot of laxatives, you're going to go to the bathroom a lot. And the goal is that it has to be clear. What's coming out of you has to be pretty much clear by the time you

go in for the scope, so that they get a good picture. But I have never walked somebody through the particulars, because it's always different. So, when I saw exactly what you had to do, I was a little surprised you didn't drink the entire jug the night before.

Justin: No!

Sydnee: What did you put in your—water?

Justin: First of all, I did pop—I had been popping—in addition to water throughout the day, I had been popping laxatives throughout.

Sydnee: Like Dulcolax.

Justin: Dulcolax. And then, okay, here was the schedule, right? At 6PM, I filled up this four-liter jug with water, and the, you know, the mix that was—

Sydnee: It has the Ex-Lax.

Justin: Ex-Lax in there.

Sydnee: Polyethylene glycol—

Justin: Mixed—yeah.

Sydnee: And electrolytes.

Justin: Yeah. Mixed it all up, and it's this huge, clear jug of like, basically, at this point, flavorless liquid. They did include a packet of lemonade mix that looked pretty scrouty-route. It reminded me of the, you know, the packet of like plant food that you get at the grocery store—for the grocery store plants? You're like, "I do not need to preserve these this long, thank you." It was like that, but to put in my body.

Sydnee: But you know, it was very interesting, I don't know if you read this on the jug, because I was looking at the lemon flavor packet and I thought, oh, we forgot to add that. And then I was like, well, it's just flavor, so I

guess you didn't want it. It said so like clearly on the jug, "Must be added by pharmacist."

Justin: Yeah.

Sydnee: "Do not add at home. The pharmacist must add the lemon flavor." So, my question is, did they ask you?

Justin: No, they just handed it to me as is. I don't know.

Sydnee: Hm...

Justin: I don't know.

Sydnee: I mean, we probably could have figured it out.

Justin: I did not use that packet. I had some like MiO whatever flavor additives that I used. I just avoided, you know, red and the colors I wasn't supposed to.

Sydnee: Mm-hm.

Justin: So, that and some like lemonade mix. But I did—so, I started that at six, right? And at six, I drank a cup of it, and then I had to keep drinking a cup of it. And I don't mean—I mean a literal cup, not like—like a cup of it every 15 minutes.

Sydnee: Mm-hm. He had to set a timer.

Justin: I had to set a timer and it's like, oh, time for more! And it didn't taste like bad, but it did—it didn't taste terrible, but it was like... you know that like just like, that salty just like *ugh*. Just like you're swallowing it and it's just like that thickness?

Sydnee: Because it's got the electrolytes in it too.

Justin: Yeah.

Sydnee: Like to—it's formulated in part to keep you from getting dehydrated, because we are going to try to empty everything out of your bowels.

Justin: That started.

Sydnee: And so, dehydration would be a risk.

Justin: Right.

Sydnee: And so, this is to do that while also combating the dehydration.

Justin: So, yeah, so let me accelerate things a little bit, because that's exactly what the laxative did.

Sydnee: Yes.

Justin: I started using the bathroom, and then I didn't stop using the bathroom. And I just kind of kept using the bathroom and then drinking the stuff, and then using the bathroom again and then drinking the stuff again. And this went on for three hours. Three hours of this. [titters] But the use the bathroom actually continued after that. That didn't stop. The drinking stopped, but that didn't stop. But there was still a fourth of the bottle left, Syd!

Sydnee: Because you were doing what was called a split prep.

Justin: Preparation.

Sydnee: Preparation. Which is not—so, again, I was not as familiar with the particulars of the prep, and so this was really interesting for me to read about. Because Justin asked the question—when we read the instructions, you stop drinking it, and then four hours prior, is that what it was?

Justin: Six hours. Six.

Sydnee: Six hours prior to the procedure, you start it back up again.

Justin: Yeah!

Sydnee: Which for us would mean 2AM.

Justin: "Us." Hm, that's an interesting—that's an interesting—

Sydnee: I was there with you through all of it.

Justin: "Us." At 2AM?

Sydnee: Well, no, at 2AM, you got up and went to the living room to drink stuff and watch... what'd you watch?

Justin: I don't know, Syd. I told you once. Stand by your man, Syd. What did I watch? Remember?

Sydnee: It was a cartoon version of something.

Justin: Okay, good.

Sydnee: It was an animated—

Justin: Good, yes, yes, yes, this is good. I remember your review of it was, "God, I'm glad you watched that at two in the morning by yourself, because there is no way on Earth I would ever want to watch it. Predator: Killer of Killers—

Sydnee: The Predator—

Justin: The Predator.

Sydnee: Yeah, I would not have wanted to watch that.

Justin: Ah, yeah, so I watched Predator: Killer of Killers. I woke up at 2AM, middle of the night, and just drank more laxative! [chuckles] And the only real—there was like less in the bottle, so this only took like... four cups was left, so it took, you know, an hour.

Sydnee: An hour.

Justin: An hour to drink it all. But then it was still kind of this lingering question of like, how much longer should I stay awake? Because... things are still—at this point, it was... They give you a chart. And the chart is like, here's what your BMs should be looking like. And it's like, if you're doing it right, it looks—

Sydnee: They give you pictures.

Justin: They give you pictures. Like if you're doing it right, it should look clear. And it was clear.

Sydnee: They give you actual photos—

Justin: Photographs.

Sydnee: Of the toilet, of like a toilet bowl. Like the—like, it is a photo—it's not a rendering. [chuckles]

Justin: Yeah.

Sydnee: It is a photo, and they show you what it should look like. But I do think, on that note, you asked the question, "Can't I just drink the whole jug before I go to bed?"

Justin: Yes.

Sydnee: There is some evidence that split preps like that, where you do part of it and then do more of it later, one, are easier to tolerate for patients, that's part of why they do that. Because a lot of people don't finish it.

Justin: Mm-hm.

Sydnee: I know this is true. A lot of people do not finish them. So, it's easier to tolerate, so it increases the likelihood they finish it. And two, that last bit you do right before the colonoscopy may clean things out a little

better, get those last little lingering bits of residue and stuff better. So, all in all, more and more people are moving towards a split prep as something better, to ensure that the study is as, you know, as good as it could be. So, that is why the split prep is done, and that is why I told you you did have to wake up at two AM and do it.

Justin: Yeah, and I will say, all in all, this experience, I know I'm kind of like complaining about it for entertainment value, it was not that big of a deal. Honestly, Syd and the kids were real good about it, and it wasn't—I mean, it was—it was... annoying. I was lucky I didn't have to work that day. Which like, you should take the day off of work, if you weren't planning on it. [chuckles] Because you're gonna be under anesthesia.

Sydnee: Yeah.

Justin: But yeah, it was not—it was not terrible. I went to sleep that night, woke up the next morning. And we should stop there, in the interim between the two days.

Sydnee: Yes. And then we can talk about...

Justin: The day of.

Sydnee: The day of.

Justin: Okay.

Sydnee: So, let's go to the Billing Department.

Justin: Let's go.

[theme music plays]

[ad read]

Justin: So, after I finished the split prep, there was no liquids, no nothing.

Sydnee: No.

Justin: Kept it completely clear. I do want to talk—can we talk about the insurance thing?

Sydnee: I was gonna say, it's very appropriate that we just came back from the Billing Department, because the first thing we encountered—and I will own that I should have thought about this. So, if you—if you do not live in the United States, you may—

Justin: This next part is gonna seem pretty wild! [chuckles]

Sydnee: And even if you live in the US, there is an... the number that we're going to say here still shocked me.

Justin: Yeah.

Sydnee: And I work in healthcare. So, we had our—had this colonoscopy approved for you. Like we had to make sure that our insurance was going to pay for it, right?

Justin: Yeah.

Sydnee: And we did that in 2025.

Justin: Right.

Sydnee: Under the insurance that we had in 2025.

Justin: But then our company changed insurance providers in the interim between the year—

Sydnee: So, that rolled over on January 1st.

Justin: Right.

Sydnee: So, when we arrived at the hospital and Justin gave them his insurance card, this is a different insurance. And this insurance company had not addressed whether or not they were going to pay for this colonoscopy.

Justin: So, here we find ourselves at something of a crossroads, because I have the option now of just rolling with it and hoping that my new provider is going to pay for it, or bailing on the whole thing and doing the prep again. So, these are like two equally pretty disastrous outcomes, one of which though short-term Justin, who is quite hungry and thirsty, he was really being quite vocal about this—

Sydnee: Let's just get this done.

Justin: In my—there were two wolves in my head, and the one who was winning is the one who had just watched Predator: Killer of Killers and pooped all night long.

Sydnee: [titters] And I mean, it was reasonable to believe, based on my understanding of our benefits, that the new insurance carrier would indeed cover this.

Justin: Yeah.

Sydnee: I mean, that was my thought.

Justin: Yes.

Sydnee: They had called. I will say, the hospital made the attempt to call and—but it was really early in the morning, and they couldn't get anybody on the phone. And that's not atypical.

Justin: So luckily, we were—as we were going in pretty much, I got the text that this was approved. But they did—in the interim, we did get a look at this number that this would have—if this hadn't gone through.

Sydnee: What we would be on the hook for, personally.

Justin: \$30,000.

Sydnee: No, \$41,000, my love.

Justin: Sorry.

Sydnee: You were under the influence of anesthesia.

Justin: Check.

Sydnee: 41, about, it was like 40,000 and something. It was around \$41,000.

Justin: That I would have—we would have—not I, we would have had to personally say like, yeah, we will pay for this if the insurance won't. And that's like, that's not an isolated thing. That's not that strange of a thing. To a lot of people, that won't come as a huge surprise, but it is something to think about like when we talk about how ruinous just basic medical care in this country, like how devastating it can be financially for people. That's how it happens, that kind of thing.

Sydnee: And I will say, on that note, not to sidetrack too much, if you are listening and you're thinking, "I'm uninsured, what in the world am I going to do?" There are, I know in our community, there's a program that I used to—I don't do traditional family medicine anymore, so this really doesn't come up in my practice now.

But in my practice previously, there were some grant funded programs in our community, where I could help uninsured patients access preventive health services like colonoscopies, mammograms, you know, cervical cancer screenings. So, it is worth looking into in your community, there are often some programs that will help with that kind of thing.

I'm not saying that's right or good. Everybody should have access to healthcare. It should be paid for by a single payer healthcare system. None of this should exist. But do not feel hopeless. There are other ways to obtain preventive health services, even if you're—even if you don't have insurance.

Justin: Right. This was—this was more an unfortunate timing thing that we were able to work out. And it was a minor inconvenience at the end of the day for us, but it was a good reminder of like just how scary this system can be to navigate. But I get upstairs pretty quickly, I get into a bed pretty quickly. They put the needle in the arm. I don't—

Sydnee: It's an IV.

Justin: It's a... what? That's a needle, right? Isn't that a needle?

Sydnee: So, they use a needle to insert it, but then it's a little flexible plastic catheter that's actually in there.

Justin: That's not still a needle in there?

Sydnee: No, there's not still a needle in there.

Justin: I didn't know that!

Sydnee: Yeah, no, the needle inserts it, and then it's a little...

Justin: I'll be danged. Okay, I learned something new, cool. So anyway, I got the IV in there. This is embarrassing. They hooked me up with the IV to like just saline, basically, to keep you hydrated. And then they brought Sydnee in. Sydnee had to stay in the waiting room and they brought Sydnee in. And I—[laughs] I said, "How long before the anesthesia kicks in?" And she then told me that it was just saline. And I had been fully in my head like, "Man, I'm starting to get drowsy. I'm feeling it a lot." [chuckles]

Sydnee: Not to—not to get too technical, but it was actually lactated ringers, which is a slightly different replacement fluid, that I'll just, as I noted—

Justin: This is why we don't get invited to places anymore, Syd.

Sydnee: Is beloved by surgeons.

Justin: We used to be.

Sydnee: I know you surgeons, you love your LR. Anyway—

Justin: This is good, this is much better audio—

Sydnee: It's hydration.

Justin: Than I was doing, Sydnee. This narrow casting to surgeons is much better.

Sydnee: You're just getting hydrated.

Justin: I was getting hydrated. I wasn't getting any of the things. I was in a... sort of like a cordoned off room, and hung out there.

Sydnee: There was curtains around us.

Justin: Curtains, yeah.

Sydnee: We could hear all the patients on either side and all that.

Justin: It was really hard to not eavesdrop, but it's like very difficult because there's other people in very personal situations who are like being asked very personal questions. And it's like, I don't have anything to pretend I'm doing, but I don't know, it was very awkward.

Sydnee: And I don't—yeah, I don't want to share any of it, because a lot of it is—we live in West Virginia, and I get to—and we get to enjoy that we live in West Virginia and all that that entails as much as we want to. And you can move here if you want to come enjoy it with us.

Justin: Yeah, but it's great.

Sydnee: [chuckles]

Justin: So, we had a great time there, waiting. And then eventually this like—all right, we're gonna get—we're gonna get going. And they ask a bunch of questions, a lot of questions about, you know, my health and my prep and everything. And then eventually, I got wheeled into this exam room or operating room? What's the—procedure room? What do they call it?

Sydnee: Endoscopy suite.

Justin: Ooh.

Sydnee: Or endo suite, for short.

Justin: Sweet it was! And it—man, it's like, there's always this moment, every time that I've done—like been not adjacent to like anything surgical, but like when the girls were born and this. And like, there is this like... it feels like you're going on to a stage, almost, when you go into those rooms. Because there's like already people in there, and this—

Sydnee: Mm-hm.

Justin: You feel like you're entering a conversation that's already begun, or a scene that's already begun without you. You know what I mean? It's a very—I always find it very—

Sydnee: Well, I mean, it has, I guess, in that sense. Like, they've been in there preparing everything and getting everything ready before that, yes.

Justin: It feels like you're walking into a really crummy surprise party that they prepared for you like, "And here he is! The guest of honor!" [chuckles] Like, "Okay..." So, that was actually so fast. I mean, because like that—I got rolled in there and I saw the camera, the screen, and I was like, oh, god, that's gonna be fun. I hope they enjoy that. And then I rolled over, and I was just talking to the lady. And she had a comically large—what seemed to me in the moment, a comically large plunger to put the anesthesia in. [chuckles]

Sydnee: Mm-hm, of some propofol there.

Justin: Yeah. Then the last thing I remember thinking is like, "I wonder how long it'll take to..." And then I was in the room that I had started—[chuckles] I started out in. I was... or was it? Or was it a different room?

Sydnee: No, we were right across the hall from it.

Justin: Across the hall. I was—

Sydnee: There's the pre-procedures on one side of the hall, and then—

Justin: Well, Syd, you could probably describe that part, because you were a little more cognizant than me.

Sydnee: Yes. So, I was out in the waiting room, and they called for the McElroy family. So, I came. And the doctors, there were two—

Justin: Travis and Griffin didn't! So, thanks, guys. Cool.

Sydnee: [titters] There were two docs standing next to your bed, and then the RN, who was checking your vitals, because—and that's pretty standard after a lot of different procedures. They check your vitals at pretty close intervals, like every 5, 10, 15—whatever the protocol is, until they ensure that your vitals are stable and that you're coming out of the anesthesia and that kind of thing. Monitor you, make sure that you're coping with it well. And the two docs were standing there to chat with me about what they found. Do you want me to talk about what we found?

Justin: Yeah.

Sydnee: Would you like me to share that?

Justin: Yeah, yeah, yeah.

Sydnee: It's your private—

Justin: Actually, can I—can I actually touch on one thing, the anesthesia?

Sydnee: Yeah.

Justin: I know that freaks people out. There's people—a lot of people our age that are getting to that point where they're getting stuff like this, and maybe going under for the first time. Like, I had to do it with wisdom teeth. I understand why that's the—anesthesia and that kind of stuff can be disorienting, but—

Sydnee: Sure.

Justin: It's really... it's not a big deal. You're gonna be fine. I know that there—like, it really—you don't have a sense of anything, you know what I mean? It's more of a sense of like being asleep, or whatever.

Sydnee: Mm-hm.

Justin: It's not—there is that sense of like, wow, I like must have fallen asleep very quickly, is what it feels like happened. But you can handle it. You're gonna be fine. It's not that scary. Sorry, go ahead.

Sydnee: No, that's good. That is a good note, because it is intimidating for a lot of people.

Justin: Yeah.

Sydnee: The idea that you're put to sleep.

Justin: I thought it was kind of fun! But you know—[chuckles] I don't know.

Sydnee: Don't get—hey, listen... So, the docs were waiting to talk to me, I think they had already told you—actually, no, I know they had already told you everything before I got there.

Justin: Mm-hm.

Sydnee: But I don't know that you remember that?

Justin: No.

Sydnee: And he said that. "We've told him, but he won't remember."
[chuckles]

Justin: Cool.

Sydnee: So, they told me. First of all, the good news, nothing serious.

Justin: Yup.

Sydnee: There were no polyps, there were no—nothing that they felt the need to remove, or that they felt was indicative of a pre-cancerous or possible cancer, or anything like that. So, that was the—that's the headline. That's the good news. That's what we wanted to hear.

Justin: Yeah.

Sydnee: They did find, in one part of your intestine called the ileum, they found some inflammation.

Justin: Mm-hm.

Sydnee: And inflammation in the ileum can mean a lot—there can be a lot of different reasons for that. There can be acute things, things that you're ingesting, it can be a part of some larger illness. There's lots of reasons for it, so just seeing it there doesn't tell you much. They took a little biopsy of it, and we haven't gotten those results yet. But then afterwards, I guess they asked you after the procedure was over, and I don't know if you remember them asking you and you telling them about your ibuprofen use.

Justin: I don't know, they didn't—they did ask, and I'm sure I was pretty honest with them, which is to say, yeah, man, I take a lot of ibuprofen. [chuckles] Me and my—my bone—I'm old. My bones hurt and my hands hurt, my wrists hurt from carpal tunnel a lot. And I take that to reduce the inflammation of carpal tunnel syndrome. And yeah, I take a lot of ibuprofen.

Sydnee: So—

Justin: Probably too much.

Sydnee: Once they found that—

Justin: Not probably too much, science has now told me it's too much! [chuckles]

Sydnee: Yeah, your ileum has told you too much. So the—yeah, the doctors were concerned about—they were less concerned about the existence of the inflammation once they found out about your ibuprofen use, because that's

a really good explanation for it. Kind of an Occam's razor. "This is probably why this is there. This pathology probably is not going to show us anything new."

Justin: I actually—

Sydnee: And there's probably nothing else going on.

Justin: You remember the part about me not remembering this stuff? I, until this exact moment, didn't realize that there was pathology we were waiting on. So, that is truly interesting. I did not—I did not know that.

Sydnee: You know what's funny about that, is—

Justin: Not much, to me at the moment. [chuckles] But I'm trying to get there, hold on.

Sydnee: They were—and let me say, the gastroenterologist was really clear. He said, "This is almost certainly related to the amount of ibuprofen he's taking. We would recommend backing off of that." He didn't say you have to quit it completely, but try to take much, much less. And he is not concerned—

Justin: I was gonna say, "You can pry it from my cold, dead hands," but I've already made it clear that that would be pretty easy. [chuckles] I do, I do suffer from pretty bad carpal tunnel syndrome. You can just take it. Just like, "There we go. Thanks. Okay."

Sydnee: No, but—[titters] no, he was—the good news is that it gave him an explanation, and so he wasn't as concerned, right? When we have an answer that makes sense, we're not as worried. If you had said, "No, I don't take any ibuprofen," then why was that inflammation there would be a pending question. We probably would have an appointment to go see this physician to investigate this further. As it stands, he didn't feel the need to do any of that. The pathology, you said, in recovery, the nurse said the pathology will take, and you answered for her, you finished the sentence, you said, "It could take a week or two, because they send it off to Mayo Clinic. I know." Because they told you that, and you repeated it back to them. [titters]

Justin: Yeah. Huh, that's—see, that's really interesting, because that's a memory that I did have at that moment that I no longer possess.

Sydnee: Yes.

Justin: Wow.

Sydnee: But they do, they send—and that's just—that's not every colonoscopy or every doctor or any—that's just this particular physician's practice. They send it off and—

Justin: Did I—did I sound like a huge jerk when I said that?

Sydnee: No! You sounded like you had studied.

Justin: Your rendition of it wasn't in the most pleasing light. [chuckles]

Sydnee: No, the—let me say, in recovery, if you do not remember well, the staff was delighted by you.

Justin: Oh, yeah?

Sydnee: They were delighted by you. They were enjoying your presence. I mean, I am not—I'm not messing with you, I'm not being sarcastic. You were polite and friendly. You were joking, in an appropriate way. You were being a little silly, but not like—some people, I think when they're in a—coming out of anesthesia, kind of like lean into it, you know? Like when you're young and you've never had alcohol, and you have like half of a Zima, and you're like, "Aah."

Justin: Mm-hm.

Sydnee: Some people I think lean into it a little. You were not doing that. You were just like—like you whispered to me a couple times, except you didn't really whisper.

Justin: Hey, listen—

Sydnee: It was—it was very cute and you were not obnoxious. They were—they were loving you.

Justin: I did—I do remember saying that I had farted twice.

Sydnee: Yes. Well, you said "tooted."

Justin: Nice. That was classy.

Sydnee: Yeah, you—

Justin: Good for me.

Sydnee: But you whispered it to me, but not really.

Justin: But that was practical! You said that they would be holding me in observation to see if I was passing gas.

Sydnee: To make sure that gas was coming back out.

Justin: I wanted to let you know that it was... flowing.

Sydnee: Now, they did tell me—I thought this was really interesting, I didn't know this either. Because I did—I observed scopes during my training. It's pretty standard as a medical student and as a resident.

Justin: Not this one.

Sydnee: No, not this one. You go in—

Justin: I'm gonna try to log on to the patient portal, by the way, while we're talking, to see if I can find a picture of—

Sydnee: Okay.

Justin: If they did upload any.

Sydnee: You can—as a student and as a resident, it's not uncommon, even though I went into family medicine, where I don't do those procedures, to observe some of them in your training. And I don't remember this piece of it, but I guess they... suck the air back out. I mentioned in our previous episode that they inflate the colon—

Justin: Speak on that, speak on that. What could that—what could that mean?

Sydnee: And then they pull it back out, so that you're not passing a ton of gas when you leave. And I wonder if that happened sometime in the last, I mean, gosh, I've been a doctor a long time, if that happened at some point in my training after, I would have known. I also have a memory—

Justin: Some new—some new farts—

Sydnee: Some now technology—

Justin: Some new farts—[chuckles]

Sydnee: Some new fart vacuum. [titters]

Justin: [claps and chortles] Thank you for saying that, Syd. Thank you for saying that.

Sydnee: I'm just saying, I didn't—I don't think I knew that was a thing.

Justin: Thank you for saying it.

Sydnee: But she mentioned that. She said, "So there shouldn't be too much gas left to pass."

Justin: [chuckles]

Sydnee: We did—we also had a very enjoyable conversation about, this hospital has an affinity for Shasta, or at least they continue to order it. Back when I worked at this hospital, there was only ever Shasta. They didn't have like name brand sodas available, you just have like Shasta cola, diet Shasta

or lemon lime Shasta. I don't understand this. I am assuming that this hospital signed like an infinite contract with Shasta.

Justin: There's been Shasta here like... since you were a resident. I mean, it's been 20 years, like it's been—

Sydnee: Oh, as long as—as long as I can remember. And it's funny because this hospital and the other hospital in town combined, and they're all one thing, I don't know, whatever.

Justin: It's a nightmare. [titters]

Sydnee: [titters] The point is, the point is the other hospital still like gets like name brand soda, like the good stuff, but this hospital still just has Shasta. And so, we had a whole conversation about how you were thirsty, and she offered you a Shasta, and you made a face like, "Oh, no." And she was like, "No, I know."

Justin: Ah, Shasta.

Sydnee: But then she handed you the Shasta, and man, you were loving that Shasta.

Justin: Y'all, well, think—I have not had *liquids* since 2AM. That Shasta *hit*! It was so good! Yeah, I did—I don't regret my—I don't—

Sydnee: No one has ever felt that a Shasta hit.

Justin: I was not hyping it up. I will say, I have a very clear memory of the refreshment I experienced with that Shasta, 100%. Yeah, that was legit.

Sydnee: So, we talked about Shasta for a while. She was—the nurse was bemoaning that they continued to buy Shasta. I was agreeing.

Justin: I will say that as the anesthesia wore off and as my hydration levels increased beyond the critical levels, the enjoyment dipped pretty considerably. Like, as I was finishing this, honestly, only like six ounce can, it was just like a little—

Sydnee: Yeah, they were the teeny little ones.

Justin: Little guy pie. As I was still in the midst of this, like the pleasure—the novelty started to wear off of the Shasta. [chuckles]

Sydnee: But it's a—the whole post procedure—and obviously, this varies depending on your own anesthesia tolerance. For some people, it might take a little longer to come out of. I mean, you know, it's patient specific. But we were not there very long. It was another 20-ish minutes, probably, chatting with the—with the staff. They were all very—they were all very—I mean, it was a great experience from like the patient and like family member end, I will say. Everyone was very attentive and kind. They answered our questions. I don't know, I felt like on that end, it was a really nice experience.

Justin: Yeah, it was a really good—

Sydnee: Everybody was—yeah, it was a good experience. And it was very quick and efficient.

Justin: They also knew you were a doctor.

Sydnee: I don't—that might have changed things. I don't know.

Justin: I don't know.

Sydnee: Can I say—

Justin: I've heard very good things about the people involved in this.

Sydnee: Yes.

Justin: In this.

Sydnee: They are. And can I also say too, I did not tell them I was a doctor, you did. I just feel like that's important to—I don't want you to think that

I'm one of those people who comes in and is like, "Hi, I'm a doctor, just so you know. Give me special treatment."

Justin: Yeah, I am, though. Not the special treatment, but I am so proud of Sydnee, I will introduce her as a doctor every chance I get. Especially when we're in a medical setting. It drives me crazy if a man especially starts—a male doctor, tarts talking to Sydnee like she doesn't know what she's talking about. I wanted to save the awkwardness, so I just introduce her as a doctor in these contexts, because it's better for me.

Sydnee: He did, that—well, I appreciate that you're proud of me. But he—that is the only reason they knew, is he introduced me as, "This is my wife, Dr. McElroy." And so then they said, "Oh, where are you a doctor?"

Justin: And I'm—

Sydnee: And we had a chat about that.

Justin: And I'm Justin McElroy, a notary public. [titters]

Sydnee: [titters] No, but I normally don't. I do think sometimes it helps if they're trying to explain a complex medical thing for me or a family member. Sometimes I'll say, "Hey, just so you know, I'm a physician," so that we can like speak in our—in our doctor language. You know, it makes it easier.

Justin: Ah, yeah.

Sydnee: Like we—I can shorten the interaction and make it easier for them, if they know like they can—we can use our common language. Does that make sense? I know that sounds weird.

Justin: [yells out] Sydnee!

Sydnee: But most the time, I won't. Justin just found all the—

Justin: We did it!

Sydnee: Pictures of his—

Justin: We did it!

Sydnee: Colon.

Justin: We did it! Oh my god!

Sydnee: Look at that!

Justin: Oh my god! If you—you know what I'm gonna do?

Sydnee: There's your anus.

Justin: You know what I'm gonna do? It's beautiful this time of year. Hey, you know what I'm gonna do?

Sydnee: Mm-hm?

Justin: If you are a Max Fun member—

Sydnee: Hey, you do have hemorrhoids.

Justin: Head on over—[chuckles]

Sydnee: [titters]

Justin: Anyway, I was fine and it wasn't that bad. And if you need to get a colonoscopy, you should get one.

Sydnee: Can I—can I say? Can I mention that on that note, when part of the—like Justin introduced me as a doctor, and it didn't really click I think immediately what he had said. But then we had to revisit it, because he asked, who diagnosed your hemorrhoids? Because we said Justin has hemorrhoids. And they said, who diagnosed them? And there was this pause, because then I had to say me. [chuckles]

Which is—I think would be odd if I didn't give the context, I am a family doctor. Like, this is not—this wasn't just we were kind of figuring things out at home with some YouTube videos. Like, I have some—I have training. I can diagnose hemorrhoids. Anyway, but that was an awkward moment.

Justin: Yeah, so anyway, that was the—that was the whole kit and caboodle. I went home and I was still pretty—Syd drove me home.

Sydnee: You're not supposed to drive afterwards.

Justin: Right.

Sydnee: Yeah, what were the instructions? Don't drive, don't—

Justin: Don't drive.

Sydnee: Operate any heavy machinery.

Justin: Don't make big decisions.

Sydnee: Don't make—I thought that was interesting, don't make any big life decisions. Like don't—she said don't sign any contracts or wills or anything.

Justin: Yeah.

Sydnee: And don't drink alcohol or... was it just alcohol? Is that the only thing?

Justin: I think so, yeah.

Sydnee: Yeah. Those were—those were the major things. And the instructions might vary. If you're on certain medications, there may be time frames. Like blood thinner, specifically, like start it back at this time after your procedure, based on what they had to do. So, it's always important to ask about things like that before you leave like, "When can I take my medicines? When can I—" You can pretty much, and generally, this would be true, eat and drink as soon as you leave. As with anything, I would take it

slow. Don't, you know, don't eat a hamburger straight out the gate. Like, you know, drink some fluids, make sure you're tolerating it okay.

Justin: Yeah, I—the first thing I ate... didn't exactly follow that rule, Syd.

Sydnee: Well, no, you drank a Shasta.

Justin: I did enjoy a Shasta. Yeah, and then Syd—I told Sydnee the night before the thing I'd really been craving—gosh, this is embarrassing, is a—

Sydnee: No.

Justin: A McGriddle. I really wanted a McGriddle. And Syd had ordered a McGriddle and got it delivered to her mom, who then brought it out to us after, because I would have been out too late to get my McGriddle. So, that's what I ate. Syd had to heat up a McGriddle for me.

Sydnee: McDonald's breakfast ends at 10AM, for anyone who doesn't know that. And so, I had to order—and we weren't out before then, so I had to order.

Justin: McGriddles and ramen was my—the thing I was most looking forward to. Anyway, it wasn't that bad! And if you've been me—if you need to get one, that's what it's like. It's, you know... it was interesting. By the end of that day, I felt absolutely fine.

Sydnee: Yeah.

Justin: And yeah. And you know what? Beyond that, it is 10 years, right? Before I have to worry about checking my colon again.

Sydnee: Yeah, Justin doesn't have to get one for another 10 years.

Justin: Fantastic.

Sydnee: So, there's your—there's your encouragement. You should get your screening colonoscopies, and all of your wellness and preventive health screening tests.

Justin: Do you think that, Syd? Do you think that?

Sydnee: I'm not due for one yet? I'm 42.

Justin: Oh, really? Well, but all of 'em you think are really important, Syd?

Sydnee: Don't start lecturing me.

Justin: Okay. Hey, thank you so much for listening to our podcast. We hope you've enjoyed it. Thanks to the Taxpayers for the use of their song "Medicines" as the intro and outro of our program. And thanks to you for listening!

Sydnee: And get all of your vaccines.

Justin: Get all your vaccines. Oh, yeah, I'm so sorry, Syd.

Sydnee: And can I say one other thing?

Justin: Yeah.

Sydnee: It is—not only is it flu season, as always, we are having a historic flu season. Well, I don't know, historic may be—we're gonna see. But the point is, the numbers are really high. There's a lot of flu. We are seeing a really increased number of cases of influenza this year.

Please, if you haven't already, please go get your flu shot. Everybody needs their—well, unless you have some specific reason not to, you should get a flu shot. There is also a lot of whooping cough going around, or pertussis. Please, if you are not up to date, consider getting a Tdap, which is the tetanus, diphtheria and pertussis booster.

Justin: Mm-hm.

Sydnee: If you haven't had one in 10 years, get one. If you're not sure... you should probably just get one. There's no risk. I got 'em three and five

years, because of various reasons. It's not a big deal. But you need to get these vaccines.

The new recommendations that RFK Jr. and the CDC issued in regards to pediatric vaccines, where they changed from the 17 recommended to only 11 are recommended, is not in any way evidence-based. There is no new evidence that would suggest we need to change the pediatric vaccine schedule. This is not coming from any new studies, from anything new in the world of science that told us to change this.

This seems to be motivated by personal belief, personal opinion, political motivations. It has nothing to do with science or medicine. I would stick to the vaccine schedule that continues to be recommended by every major medical organization outside of the CDC.

So, go to the AAP, the American Academy of Pediatrics, the AFP, family practice, American College of Obstetrics and Gynecology, the Infectious Disease Society of America, every other major medical organization will tell you, stick with the vaccine schedule that we've always used.

Please. Please. Children's lives are at stake, immunocompromised people, vulnerable people, the elderly people's lives are at stake if we don't get our vaccines. So, get your vaccines. And especially right now, if you're not—if you haven't. Please get your flu shot.

Justin: That's gonna do it for us on Sawbones, until next time. My name is Justin McElroy.

Sydney: I'm Sydney McElroy.

Justin: And as always, don't drill a hole in your head.

["Medicines" by The Taxpayers plays]

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