

PREPARATION FOR COLONOSCOPY

YOU MUST HAVE A RESPONSIBLE ADULT WITH YOU TO DRIVE YOU HOME AND STAY WITH YOU FOR 12 HOURS

If you are taking Asasantin, Eliquis, Iscover, Persantin, Plavix, Pradaxa, Warfarin / Marevan, or Xarelto please discuss with your GP ceasing or not, one week prior to procedure

If you are a diabetic or taking any of the above please make sure the receptionist and doctor is aware of this.

Please bring the following:

- 0 Your medicare card, pension card
- 0 Your current medication or a list of what you are taking and any relevant x-rays from the previous three months.
- 0 Your referral letter (if not already given to doctor).

DISREGARD THE INSTRUCTIONS PRINTED ON THE PACKET AND STRICTLY FOLLOW THOSE BELOW

If you have been advised by the Nurse or Doctor to take Epsom Salts prior to the procedure. See instructions in the "results and Hints".

ONE WEEK PRIOR TEST: Stop taking iron tablets. Continue all other medications.

3 DAYS BEFORE EXAMINATION: STOP TAKING ANY FIBRE SUPPLIMENTS (ie Metamucil, Psyllium or Benefiber) and COMMENCE A LOW FIBRE DIET

Choose	Avoid
CHOOSE - Breads and cereals Plain white bread/ toast Plain cakes/biscuits Plain muffins Plain pancakes/ pikelets /crumpets Plain bread rolls White rice Plain croissants White pasta Pita bread Couscous Refined cereals: Cornflakes, Rice Bubbles	AVOID Wholemeal, brown and rye breads Multigrain bread and Muffins Wholegrain cereals eg Bran, Weetbix, Vitabrits Cakes and biscuits Containing nuts, dried Fruit Brown rice Brown pasta Unprocessed bran Rolled oats/porridge Muesli Brown crumpets Muffins with fruit Wholemeal flour and Oatmeal
CHOOSE - Vegetables and fruit – remove skin and seeds from all fruit and vegetables on this list Potato, pumpkin Peeled peach or pear Marrow/ squash/ choko Rock/watermelon Avocado Canned/cooked: pear, Mushroom peach, apple, apricot Ripe banana, pawpaw	AVOID all other fruit and vegetables, including salad vegetables and onion.
CHOOSE - Meat and other protein foods Beef Pork Veal Lamb Poultry and eggs Fish and shell fish	AVOID Baked beans Rissoles Casseroles Stir fry meals Lentils Nuts and seeds Legumes Pizza
CHOOSE – Dairy food Milk, custard, ice cream Vanilla/plain yoghurt Cheese- plain/cottage Cream/sour cream Rice pudding Condensed milk Evaporated milk Butter/margarine Powdered milk	AVOID Dairy products with fruit and seeds
CHOOSE – Other food Boiled lollies, clear jelly (not red) , sugar, chocolate, honey, jellied strained jams, vegemite	AVOID Jams with skins and seeds, peanut butter, dried fruit and nuts, marmalade

Drink 2 litres of fluid each day to avoid dehydration

COLONOSCOPY

THE DAY PRIOR TO YOUR EXAMINATION

Make up your kit in the morning – refrigerate if desired

- 1. Magnesium Citrate** – Add the contents of the sachet to half a glass of hot water. When fizzing stops fill the glass with tap water.
- 2. Glycoprep** – Mix the powder with three litres of water and stir until dissolved .

No dairy products to be consumed – no milk in tea or coffee.

You may have a low fibre breakfast and lunch. NO FURTHER SOLID FOOD

Drink plenty of clear fluid during the day (ONLY: water, clear, pulp free juice, black tea or coffee).

4pm Take the 3 Bisacodyl tablets with a glass of water.

5pm Drink Magnesium Citrate mixture followed by a glass of water

6pm Commence drinking **2 litres** of the Glycoprep. Drink 1 glass every 15 minutes.

DAY OF PROCEDURE

No alcohol to be consumed and stop smoking 12 hours before your procedure

No solid food to be consumed before examination – continue clear fluids

At least 4 hours before your appointment time - commence drinking the remaining Glycoprep – 1 glass every 15 minutes. Continue drinking 1 glass of water every hour until 2 hours before procedure time.

Heart and blood pressure tablets should be taken as usual at least 2 hours prior to examination. Other medications can be taken after the examination.

STOP ALL FLUID INTAKE 2 HOURS BEFORE APPOINTMENT TIME

RESULTS AND HINTS

- o Your bowel motion should be clear (and look like urine) and be free from particles
- o Drink the solution quickly through a straw.
- o Strained lime juice (not cordial) may be added to prep if desired - 45ml per litre. Available Coles/W.
- o Apply protective cream (Lanolin/ Pawpaw ointment) to anal area to reduce excoriation.
- o If you feel nauseated while taking prep – have a half hour break. Have a hot drink and walk around.
- o If you feel bloated – walk around, suck a peppermint/drink peppermint tea
- o If you become ill and have severe pain – seek medical advice from your GP or the nearest Emergency Medical Centre
- o **EPSOM SALTS: If you have been asked by the doctor or nurse to take Epsom Salts prior to your examination - the instructions are: Take 1-2 teaspoons per day for 5-7 days prior to the colonoscopy preparation. Dissolve in 1/3rd glass of warm water to drink, then drink 2 extra glasses of water.**

**IF YOU HAVE ANY PROBLEMS UNDERSTANDING THESE INSTRUCTIONS PLEASE PHONE:
1300 733 801 to speak with a nurse.**

PATIENT INFORMATION

COLONOSCOPY

What is Colonoscopy?

Colonoscopy is a procedure used to examine or inspect the inside surface of the large bowel, which also allows a variety of therapeutic procedures to be carried out through the instrument. Such procedures may include the taking of tissue samples (biopsies) and removal of polyps (benign wart like growths).

How are you prepared?

Prior to the examination you will be provided with a kit containing full instructions. If you have serious heart or chest problems or drug allergies, special precautions need to be taken to reduce any risk. You should therefore inform the doctor of any serious conditions of this nature. You should cease taking Iron tablets one week before test and if you are taking Warfarin or Plavix please discuss this with your doctor. For a few days prior to the procedure you will need to follow a low residue diet. The night before the examination you will need to take laxatives and further preparation, usually a quantity of salty tasting solution which completely flushes out the colon. You will be given sedation before the procedure begins and usually you will not remember anything about the examination.

What we do

The colonoscope is a long highly flexible tube about the thickness of your index finger. It is inserted through the rectum and allows inspection of the whole of the large bowel. Occasionally narrowing of the bowel or other diseases may prevent the instrument being inserted through the full length of the colon. As colon cancer arises from pre-existing polyps (benign tumours), it is advisable that if any polyps are found, they be removed at the time of examination. Most polyps can be burnt off by placing a wire snare around the base and applying an electric current.

Afterwards

You will be given time to recover from your procedure in an observed recovery area, during which time you will given a drink with biscuits.

The doctor will:

- * Talk with you and discuss any findings
Give you a hand written report regarding your procedure and any follow up instructions
- * Send a detailed report to your doctor

The sedation you will be given is very effective in reducing any discomfort and although you will be awake relatively quickly afterwards, the effects of the sedation will remain in your system for up to 12 hours. For this reason you will be unable to drive until the next day after the procedure. You must have someone with you to drive you home and stay with you for 12 hours after discharge.

You will be in the facility for approximately 2 hours.

COLONOSCOPY Risks and complications: For inspection of the bowel alone, complications of colonoscopy are very uncommon. Most surveys report complications of 1:1000 examinations or less.

Complications which can occur include an intolerance of the bowel preparation solution or reaction to the sedative used. Perforation (making a hole in bowel) or major bleeding from the bowel is extremely rare, but if it occurs may require surgery.

When operations, such as removal of polyps, are carried out at the time of procedure, there is a slightly higher risk of perforation or bleeding from the site where the polyp was removed.

Complications of sedation are uncommon and are usually avoided by administering oxygen during the procedure and monitoring pulse and oxygen levels in the blood.

A number of rare side-effects can occur with any endoscope procedure. If you wish to have full details of such complications explained to you please discuss this with the doctor prior to the examination.

Because of the risk of cancer, it is recommended that all polyps found be removed at the time of colonoscopy. Due to sedation, it will not be possible to discuss the removal at the time, therefore if you have any queries regarding polyp removal please discuss this prior to the procedure. In the unlikely event of haemorrhage occurring, blood transfusion may be necessary.

It is important to realize that no test is perfect and small lesions, and rarely even cancers, can be missed during colonoscopy. (The rate of missed cancer is 0.6 - 2/1000 patient years) For this reason, follow up colonoscopy is recommended and if there is a change in your symptoms, these should be discussed with your doctor even if you have previously had a colonoscopy.

For the colonoscopy to be performed a consent form is required to be signed by you on the day of the procedure.