

Preparation for colonoscopy

[MORNING PROCEDURE]

You need to purchase **Moviprep** from the pharmacist. The success and safety of the colonoscopy depends on the bowel being as clear as possible. Otherwise the colonoscopy may need to be postponed and the preparation repeated. Please read this information carefully and follow the instructions. If you have any questions, please contact us. You will be helping make sure the examination goes well.

Medications:

Stop iron tablets 1 week before the colonoscopy. Do not take oral medication 1 hour either side of drinking Moviprep. Please follow instructions given to you regarding medications.

If you are taking **oral diabetic** medications, you can still continue the medication(s) but DO NOT take it on the day of the colonoscopy as you will be fasting on that day.

If you are taking **insulin** injection for your diabetes, please half the dosage of your insulin injection during the bowel preparation and DO NOT use any insulin on the day of the colonoscopy as you will be nil by mouth on that day.

You can continue all **other medications** otherwise including Aspirin, Plavix or Warfarin unless instructed by your doctor to stop them. Please inform your doctor if you are on these medications due to its blood thinning effect. INR must be checked by local doctor if you are on Warfarin 2 days prior to colonoscopy.

Two days prior to colonoscopy

Avoid foods that contain nuts, whole grains, skins or seeds.

Allowed foods: White bread, pita/Turkish bread, lean meat, poultry, fish, peeled fruit, peeled vegetables (no beetroot), peeled potato, mash potato, hot chips, crackers, eggs, butter, vegemite, promite, marmite, chesses, custard, ice cream, chocolate (avoid bars containing nuts).

The day before the colonoscopy

You can eat foods as suggested above until 3 pm. Please **start clear fluid at 3PM**. Please drink a couple of glasses of water prior starting the Moviprep.

Approved Clear fluid: water, black tea/coffee, clear soup (e.g strained chicken noodle soup), soft drink (no red or purple), cordial, fruit juice with no pulp, pulp free orange juice or clear apple juice, yellow or orange jelly, sport drinks (no red or purple or blue).

4 PM: Prepare the Moviprep as per instruction. Over the course of the next 1 hour or so drink the 1L Moviprep plus 500mls (2 cups) of clear fluid. Drink approx 1 cup (250mls) every 15 mins.

Commence with Moviprep but clear fluids can be interspersed with Moviprep if preferred. It is important to finish the full 1 L of the Moviprep.

Allows 2 hours for Moviprep to work. You will experience increasingly watery stools, this is normal, so ensure you are close to a toilet.

Continue consuming clear fluid (no food).

8 PM: Prepare your second dose of Moviprep. Over the course of the next 1 hour or so drink the 1L Moviprep plus 500mls (2 cups) of clear fluid. Drink approx 1 cup (250mls) every 15 mins. Commence with Moviprep but clear fluids can be interspersed with Moviprep if preferred. It is important to finish the full 1 L of the Moviprep.

Continue consuming clear fluid (no food).

Nil by mouth from midnight. No food or clear fluid.

The day of the procedure: (please take your blood pressure or heart medications or antiepilepsy medications at 6am with only sips of water- if these are part of your usual medications.

DO not take your insulin or diabetic medications

Date:

Arrival Time:

- You will be able to go home about 3-4 hours later
- **DO NOT DRIVE.** You will need to arrange transport home with a relative or friend.
- You will not be able to go home by public transport unescorted .
- We do not offer long term parking within the grounds but **patient drop off and pick up facilities are available** . For your information there is up to three hour timed parking in the Ramsay Road , and a shopping centre car park across the road.
- **Please do not wear jewellery, watches or nail varnish**
- Pennant Hills Endoscopy Centre is a smoke free Facility. Patients are requested **not to smoke** in the Centre or its grounds.

PATIENT INFORMATION

COLONOSCOPY

What is “Colonoscopy”?

Colonoscopy is a procedure used to examine or inspect the bowel and allows for a variety of operations to be carried out through the colonoscope. These operations may include taking small tissue samples (*biopsy*) and removal of polyps. An alternative method of examining the large bowel is a barium enema. Colonoscopy has the advantage over barium enema of allowing tissue samples or biopsies to be taken.

How are you prepared ?

Prior to the colonoscopy you will be provided with fully explained instructions. For one day before the procedure you will need to follow a fluid only diet and on the day prior to the procedure you will take one of the mixtures which clears the colon of all residue. If you are diabetic, please contact your proceduralist to discuss this prior to the day of the procedure.

You will be given a sedative through a vein in the arm before the procedure to make you more comfortable.

Special considerations

You should advise the nursing staff if you are sensitive (*allergic*) to any drug or other substance. You should cease iron tablets and drugs to stop diarrhoea at least several days before the procedure. If you are taking aspirin or N.S.A.I.D.'s (*arthritis tablets*) you should discuss this matter with your doctor. You should also inform your doctor if you are taking blood thinning tablets, have heart valve disease or have a pacemaker implanted. Precautions taken will usually include providing oxygen during the procedure and all patients are monitored during the procedure with blood pressure and pulse measurements plus oxygen monitoring.

Women should be aware that the absorption of an oral contraceptive pill can be affected by bowel preparation and they should consider alternate contraceptive methods for the month.

What do we do ?

The colonoscope is a long and highly flexible tube about the thickness of your index finger. It is inserted through the rectum into the large intestine to allow inspection of the whole large bowel.

As cancer of the large bowel arises from pre-existing polyps (*a benign wart-like growth*), it is advisable that if any polyps are found they should be removed at the time of examination. Most polyps can be burnt off (*Polypectomy*) by placing a wire snare around the base and applying an electric current.

Colonoscopy

Safety and risks

For inspection of the bowel alone, complications of colonoscopy are uncommon. Most surveys report complications of 1 in 1,000 examinations or fewer, higher if colonoscope used to apply treatment i.e. removal of polyps.

Complications which can occur include an intolerance of the bowel preparation solution or reaction to sedatives used. Complications also include perforation (*making a hole in the bowel*) or major bleeding from the bowel. These complications are extremely rare, but if they occur, may require surgery.

When operations such as removal of polyps are carried out at the time of examination there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed. Late bleeding also may occur following polypectomy (from infection of the diathermied stalk). Typically this is between one and two weeks following the procedure. It usually settles but occasionally requires admission to hospital and blood transfusion.

Complications of sedation are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Patients with severe cardiac or chest disease should notify their proceduralist/anaesthetist prior to the procedure.

A number of rare side effects can occur with any endoscopic procedure. If you wish to discuss and aspect, alternative or rare complication please contact the proceduralist prior to your procedure.

Because of the risk of cancer, it is recommended that all polyps found at the time of colonoscopy be removed. However, it will not be possible to discuss the removal at the time of examination as you will be sedated. Therefore, if you agree to removal of any polyps found during the procedure, please sign the consent form. If you have any queries or reservations about this, please inform your doctor.

Afterwards

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Even when the sedation appears to have worn off, you may find you are unable to recall details of your discussion with your doctor. For this reason, a relative or friend should be available to take you home if possible. If you do not recall discussions following the procedure, you should contact your doctor.

If you have any severe abdominal pain, bleeding from the back passage, fever or other symptoms that cause you concern, you should contact your doctor immediately.

Please phone to clarify any areas of uncertainty prior to your procedure.

How to take MOVIPREP®

1. Each box of MOVIPREP® contains
 - 2 clear bags. Each contains
 - 2 sachets, marked A and B.
2. Open one clear bag and remove sachets A and B.
3. Empty the contents of sachet A and sachet B into an empty jug.
4. Add 1 litre of water (not chilled).
5. Stir the solution until the powder has dissolved and the MOVIPREP® solution is clear or slightly hazy. This may take up to 5 minutes.
6. Over the course of the next 1 1/2 hours or so drink the 1L MOVIPREP plus 500mL (2 cups) of clear fluid
 - Drink approx 1 cup (250mL) every 15 mins
 - Commence with MOVIPREP but clear fluids can be interspersed with MOVIPREP if preferred
 - It is important to finish the full 1L of MOVIPREP

When you are due to take the second litre of MOVIPREP® follow steps 1-6 again for the other sachets A and B in the second clear bag.

