

PREPARATION FOR COLONOSCOPY

You will need to purchase **PrepKit-C** from your pharmacist. Allow a few days for your pharmacist to order this if necessary. This kit contains one Glycoprep-C 70g sachet, and two PicoPrep 15.5g sachets.

The success of your examination depends on the bowel being as clear as possible, otherwise the examination may need to be postponed and the preparation repeated.

STOP ALL IRON CONTAINING MEDICATIONS at least one week prior to your procedure (continue with any other regular medications).

TWO DAYS BEFORE EXAMINATION

- Stop eating brown bread, cereals,
- Do not have anything with seeds in it
- Do not have any yellow cheese

SUNDAY

You may eat egg, steamed white fish, boiled chicken, cottage cheese, low fat plain yogurt white bread, white pasta, white rice, clear fruit juices (apple & pear) plain jelly, skim milk and well cooked pumpkin or well cooked peeled potato.

In the evening make up the sachet of Glycoprep C 70g with 1 litre of water, following the INSTRUCTIONS on the back of the packet. Chill in the refrigerator until required to drink the following day. **Do not discard empty pack to ensure directions to make up the solution are followed completely.**

Please follow the diet instructions on these information sheets and disregard those on the pack as they do conflict. You do not need to use sugar-free products unless you are diabetic or are instructed by the proceduralist.

DAY BEFORE EXAMINATION

MONDAY

DURING THE DAY, DRINK AT LEAST THREE LITRES OF APPROVED CLEAR LIQUIDS (PLUS PREPARATION LIQUIDS)

No solid foods, no milk products allowed

Drink only **approved** clear liquids ** all day

APPROVED CLEAR LIQUIDS: (A good combination of these clear fluids, including strained chicken noodle soup, will give you a variation in fluid intake).

Water, clear salty fluids (eg strained chicken noodle soup) clear broth/bouillon, clear fruit juices (apple and pear), plain jelly, black tea or coffee (**no milk**), sports drinks, carbonated beverages, barley sugar, clear fruit cordials, (clear lemon/lime). No red or purple colourings.

Individual responses to laxatives do vary. This preparation may cause multiple bowel movements. It usually induces frequent, loose bowel movements within two to three hours of taking the first dose. Please remain within easy reach of toilet facilities.

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1. FIRST DOSE:

3.00 pm

Add the entire contents of ONE sachet of PICOPREP in a glass of warm water (approx 250 ml) and stir until dissolved. Chill for half an hour before drinking if preferred. Drink mixture slowly but completely. This should be followed by adequate glasses of water or Approved Clear Liquids (at least a glass per hour) in order to retain hydration throughout your body.

2. SECOND DOSE:

6.00 pm

Remove the made up Glycoprep-C from the refrigerator following the INSTRUCTIONS on the back of the GlycoPrep-C packet. You should try to drink a glass of the preparation about every 15 minutes. Total intake time should take approximately 1 hour in duration. If you start to feel nauseated whilst drinking the preparation, slow down the rate of intake.

3. THIRD DOSE:

9.00 pm

Add the entire contents of ONE sachet of PICOPREP in a glass of warm water (approx 250 ml) and stir until dissolved. Chill for half an hour in the refrigerator if preferred. Drink mixture slowly but completely. This should be followed by adequate glasses of water or Approved Clear Liquids (at least a glass per hour) in order to retain hydration throughout the body.

FROM MIDNIGHT: NOTHING TO EAT OR DRINK- including water

**ANY ESSENTIAL REGULAR MEDICATION TO BE TAKEN WITH
THE SMALLEST SIP OF WATER POSSIBLE**

PROCEDURE DATE:

ADMISSION TIME:

- You will be able to go home about 2½ - 3 hours later
- **DO NOT DRIVE.** You will need to arrange transport home with a relative or friend
- We do not offer long term parking within the grounds but **patient drop off and pick up facilities are available** . For your information three hour parking is available in the street, and there is a shopping centre car park across the road. You will not be permitted to go home by public transport.
- Please do not wear valuable jewellery or nail varnish

Please complete and return to Pennant Hills Day Endoscopy Centre at least one week prior to your appointment (or as soon as possible) the enclosed DAY SURGERY HISTORY SHEET and HOSPITAL ADMISSION FORM.

Prior to procedure please check with your fund regarding your level of cover. This centre is a DAY ONLY HOSPITAL. It is accredited and is a “participating” or “network” hospital with most funds. The item number for colonoscopy is 32090 and, in the event that a polyp is removed, the item number is 32093.

Uninsured patients should ask the staff about fees prior to the procedure.

Dr John Napoli, Governing Director Pennant Hills Day Endoscopy Centre

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PATIENT INFORMATION COLONOSCOPY

Services and function of this Centre

The Centre conducts investigations of the upper and lower gastrointestinal tract. One of these investigations is a 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 in allowing tissue samples or biopsies to be taken.

How are you prepared ?

Prior to the colonoscopy you will be provided with detailed instructions. For one day before the procedure you will need to follow a fluid only diet and 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. Generally, you will not take your medication on the day of the examination, and the procedure will be scheduled early. Please bring all your medication with you.

Special considerations

You should advise the nursing staff if you are sensitive (*allergic*) to any drug or other substance. You should cease taking iron tablets and drugs to stop diarrhoea 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 usually include providing oxygen during the procedure. 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 entire 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 of the polyp and applying an electric current.

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 is used to apply treatment i.e. removal of polyps.

Colonoscopy Safety and Risks

Complications that can occur include 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 a 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 any 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.

Patients should be aware that although colonoscopy is the best test to examine the colon it is possible for even the most skilled doctors to miss or overlook an abnormal area in the colon.

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.

Costs of your procedure:

Proceduralist's account will be sent directly to your Health Fund for payment. You should receive a letter from your fund advising payment has been made. There may be a small out of pocket gap for you to pay – depending on your fund.

Hospital Day Care fees will be forwarded to your hospital fund for payment (less any excess due).

It would be appreciated if all out of pocket gaps and excesses could be paid on the day of your procedure.

Prior to the procedure please check with your health fund regarding your level of cover. This Centre is accredited and is a "participating hospital" with most health funds.

The item number for colonoscopy is 32090 and, in the event that a polyp is removed, the item number is 32093.

Patients who do not have Private Hospital cover will be entitled to a rebate from Medicare for accounts from the proceduralist, anaesthetist and pathologist but will not receive any reimbursement for Private Hospital Day Care Fees. Please check with reception staff if you are not clear about your out-of-pocket expenses.

Other costs :

Anaesthetist fees – please see attached sheet for information regarding fees

Pathology – Any pathology charges will be charged at the schedule fee, and in most cases will be sent directly to your fund for payment. Exceptions to this are pathology accounts for NIB members.

Please note your procedure may involve the use of single use clips or loops at a cost of \$135 each. These will be charged in the first instance to your fund, and in the event that your fund does not reimburse us, then payment will be requested from you.

By signing the Consent to the procedure and Admission forms you acknowledge that you have read and understood all of the information given to you regarding the procedure, all risks and outcomes and you accept responsibility for payment of all fees incurred for your procedure.

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