

## **COLONOSCOPY WITH LAVAGE PREPARATION**

**Colonoscopy** is a procedure used to examine or inspect the bowel and allows for a variety of interventions to be carried out through the colonoscope. These interventions may include taking small tissue samples (biopsies) and removal of polyps. An alternative method of examining the large bowel is 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 need to collect the bowel preparation materials from your chemist (COLONLYTELY or GLYCOPREP or GOLITELY). The day before the test you will not be able to eat any solid food. The evening before, or the morning of, the procedure you will need to take COLONLYTELY or GLYCOPREP or GOLITELY to completely cleanse the colon. You must fast (no foods or fluids) completely for **3 hours** before your admission time. (Please see over for complete instructions).

You should cease iron tablets and drugs to stop diarrhoea five days before the procedure. It is also desirable that you are not taking Aspirin, Clopidogrel (Plavix), other blood thinners (e.g Warfarin) or N.S.A.I.D's (arthritis tablets). If you are on these medications, you should discuss the matter with your doctor. You should also inform your doctor if you have heart valve disease or have a pacemaker implanted.

You should advise the nursing staff if you are sensitive (allergic) to any drug or other substance.

**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 back passage (rectum) into the large intestine to allow inspection of the whole large bowel.

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

**Safety and Risks.** Colonoscopy is usually simple and safe. Most surveys report complications in only 1 in 1,000 examinations or less. These rare complications include bleeding and perforation of the bowel. Severe bleeding or perforation may require an operation.

Because cancer can develop from pre-existing polyps (benign wart-like growths), it is recommended that all polyps found at the time of colonoscopy be removed (polypectomy) by placing a wire snare around the base and applying an electric current. When interventions such as removal of polyps are carried out there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed.

Complications of sedation are uncommon. Rarely, however, in patients with severe heart or chest disease serious sedation reactions can occur. Patients with such problems must tell the doctor. Special precautions are taken to avoid complications including administering oxygen during the procedure and monitoring oxygen levels in the blood, and monitoring the pulse rate.

The colonoscope is a complex reusable instrument, which cannot go through a heat sterilisation process, however, after each use it is thoroughly cleaned and then disinfected, using a high level disinfectant. The hospital cleans and disinfects the colonoscope according to the standards set by the Gastroenterological Society of Australia. The possibility of infection being introduced during the procedure cannot be completely ruled out, but seems extremely rare. Occasionally the laxative preparations can cause clinically serious changes in salt and water concentrations in some people. Death is a remote possibility with any interventional procedure. If you wish to have full details of rare complications, you should indicate to your doctor before the procedure that you wish for all possible complications to be fully discussed.

**Afterwards** The sedative pain-killer 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 sedative 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 come with you if possible. **You must not drive or operate machinery or make major decisions for 12 hours after the colonoscopy.** You may have some wind pain after the pain killers wear off.

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

(Note: this preparation for patients with serious kidney problems)

## LAVAGE PREPARATION

For any enquiries or to change your booking phone 9346 6494

1. Beginning **5 days before** the test - stop iron tablets and aspirin.
2. Beginning **two days before** the test eat a low residue/low fibre diet. Avoid fruit and vegetables, milk or milk products, butter, margarine and oils, high fibre breads, cakes, biscuits and high fibre cereals.
3. The day immediately prior to the test, **clear fluids only** are to be taken. - Examples of clear liquids are: clear soup, diluted fruit juice, cordials, clear jellies, low calorie soft drinks, (not red, purple or green), soda or tonic water, black tea, black coffee, Bonox, Rehydration solutions, and water. **DO NOT HAVE:** milk or milk products, pulp, pips or seeds, stock cubes, or green, red or purple food colouring. **NO milk products, NO solid food.**
4. Collect bowel preparation kit from your chemist (no prescription is required). Suitable brands include **Colonlytely, Glycoprep-C, and Golytley**. Follow the instructions in the pack. It is best to have another adult with you the night before the test.

### For Morning Appointments

At **6 pm on the day before** begin drinking the bowel preparation fluid.

1 Litre at 6 pm, 1 Litre at 7 pm, and 1 Litre at 8 pm

Diarrhoea will occur and the bowel discharge should become clear yellow fluid. If it is not clear have a further 1 litre at 10 pm. On the morning of the colonoscopy you may have clear fluids up until 3 hours before your appointment.

### For Afternoon Appointments

Overnight you may have clear fluids. Have **nothing** to eat on the morning of the test. At **6 am** begin drinking the bowel preparation fluid.

1 Litre at 6 am, 1 Litre at 7 am, and 1 Litre at 8 am

Diarrhoea will occur and the bowel discharge should become clear yellow fluid. If it is not clear have a further 1 litre at 9 am. You should continue to drink clear fluids and may do so up until 3 hours before your appointment.

5. It is important to clean the bowel, but stop taking the preparation drink if you develop troublesome abdominal/tummy/stomach pain or feel very unwell. Some nausea is common. It is best to have another adult with you the night before the test. Contact the Hospital for assistance and advice.
6. Report to the hospital at the time advised. Bring this form, your referral form and your pre-admission form if you have not already delivered these, and your Medical Insurance Details.
7. It is unsafe to drive yourself home. You must not drive or operate machinery or make major decisions for 12 hours after the test. 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 sedative 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 come with you if possible.
8. You may have some wind pain after the pain killers wear off. If you have any severe abdominal pain, bleeding from the back passage, fever, or other symptoms that cause you concern, you should contact the Hospital.
9. In most instances health funds accept Riverview Endoscopy accounts for direct no-gap billing. If not, you will be given an invoice for the doctor's services. Payment will be your responsibility, but the majority of the cost will be reimbursed by Medicare and your private health fund. If paying on the day a receipt will be issued for you to claim from your health fund and Medicare. A separate account is issued by the Hospital for the Bed Fee. With some funds there is a \$50 Hospital gap (similar at all hospitals) which must be paid on the day. If biopsies are taken you will also receive an account from the Pathologist. For most procedures an Anesthetist is also present, and a further account is raised by that doctor.