

What are ...Colonoscopy and Gastroscopy?

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.

Gastroscopy involves the use of a flexible tube to examine the upper intestinal tract including the oesophagus, stomach and duodenum. The procedure is commonly undertaken if your doctor suspects that you have an ulcer, inflammation or other abnormality of the oesophagus (the pipe which connects the throat to the stomach), the stomach or duodenum.

How are you prepared? Prior to the colonoscopy you will need to collect the bowel preparation materials from your chemist (**PICOPREP or PICOLAX and COLONLYTELY**). The day before the test you will not be able to eat any solid food. You will also need to take laxatives (**PICOPREP or PICOLAX**). The evening before, or the morning of, the procedure you will need to take **COLONLYTELY** which completely cleanses 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), or 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 own 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. Gastroscopy has even fewer serious risks.

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 endoscopes are complex reusable instruments, which cannot go through a heat sterilisation process, however, after each use they are thoroughly cleaned and then disinfected, using a high level disinfectant. The hospital cleans and disinfects the endoscopes according to the standards set by the Gastroenterological Society of Australia. The possibility of infection being introduced during a 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.

COLONOSCOPY and GASTROSCOPY INSTRUCTIONS

(Note: this preparation uses the following which are NOT suitable for patients with serious kidney problems: PICOLAX or PICOPREP plus COLONLYTELY)

Beginning 5 days before the colonoscopy - stop iron tablets, aspirin, clopidogrel or other blood thinners if possible.

1. Collect two sachets of **PICOLAX** or **PICOPREP** and two sachets of **COLONLYTELY** bowel preparation kit from your chemist. **Please note the times on the box are different to those below. If you are not able to obtain the Colonlytely at the time of your procedure, please purchase one sachet of Glycoprep C.**
2. 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. **Do NOT drink ONLY water, have a range of different clear fluids.**
If possible have another responsible adult with you at home the night before the test.

PLEASE NOTE:

- The preparation will produce diarrhoea. This is important to clean the bowel. The bowel fluid should turn a clear, pale yellow with no solid material within it.
- If you develop troublesome abdominal/tummy/stomach pain or feel very unwell, stop taking the preparation drinks and contact the Hospital for assistance and advice. However, the drinks often cause some nausea.
- It is important to drink lots of clear fluids before during and after taking **PICOLAX** or **PICOPREP** to prevent dehydration and to properly clear the bowel.

FOR MORNING APPOINTMENTS

- a) 2.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP to a glassful (120mL) of water. Stir until stops bubbling. Drink the mixture gradually but completely. You must follow this with plenty of clear fluids (at least one Litre) to prevent dehydration and to flush out the bowel.
- b) 6.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP to a glassful (120mL) of water. Stir until stops bubbling. Drink the mixture gradually but completely. You must follow this with plenty of clear fluids (at least one Litre) to prevent dehydration and to flush out the bowel. Make up both sachets of the COLONLYTELY solution by mixing with 2 liters of water in a jug and then chill the mixture in the fridge.
- c) Before going to bed on the evening before the procedure drink 1 Litre of the COLONLYTELY solution prepared earlier.
- d) 5.00am on the day of the procedure drink the remaining 1 Litre of the COLONLYTELY solution prepared earlier.
- e) You may continue to drink clear fluids up until three (3) hours before your appointment.

FOR AFTERNOON APPOINTMENTS

- a) 6.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP to a glassful (120mL) of water. Stir until stops bubbling. Drink the mixture gradually but completely. You must follow this with plenty of clear fluids (at least one Litre) to prevent dehydration and to flush out the bowel.
- b) 10.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP to a glassful (120mL) of water. Stir until stops bubbling. Drink the mixture gradually but completely. You must follow this with plenty of clear fluids (at least one Litre) to prevent dehydration and to flush out the bowel. . Make up both sachets of the COLONLYTELY solution by mixing with 2 liters of water in a jug and then chill the mixture in the fridge
- c) 6.00am on the morning of the procedure drink 1 Litre of the COLONLYTELY solution prepared the previous night.
- d) 9.00am on the morning of the procedure drink the remaining 1 Litre of the COLONLYTELY solution prepared earlier.
- e) You may continue to drink clear fluids up until three (3) hours before your appointment.

AT THE HOSPITAL

Report to the Hollywood Hospital Gastroenterology Department at the time advised. Bring your referral form, relevant X-Rays and your pre-admission form if you have not already delivered these, and your Medical Insurance and Medicare details.

You will be in the hospital for about two and a half hours. It is unsafe to drive yourself home. **You must not drive or operate machinery or make major decisions for 12 hours after the colonoscopy.** 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 the Gastroenterologist. For this reason, have a relative or friend come with you if possible.

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 Medical Practitioner.

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.