

What is a Colonoscopy?

Colonoscopy is a procedure used to examine or inspect the large 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 CT colonography. Although CT colonography is less invasive, a colonoscopy has the advantage of allowing tissue samples or biopsies to be taken and polyps to be removed.

How are you prepared?

Prior to the colonoscopy you will need to collect the bowel preparation materials from your chemist (see pg. 4). No prescription is needed.

Please see over for your full preparation instructions and read them carefully well in advance of your procedure.

You should have another responsible adult with you at home the night before the procedure while carrying out the preparation.

What do I do with my current medications?

You should cease:

- Iron tablets **five days prior**
- Drugs to stop diarrhoea **five days prior**
- Clopidogrel (Plavix) **seven days prior (upon advice and confirmation from your General Practitioner or Cardiologist)**
- Other prescription blood thinners such as Warfarin, Eliquis, Pradaxa and Xarelto **two days prior to your procedure (upon advice and confirmation from your General Practitioner or Cardiologist)**
- **N.S.A.I.D's (arthritis tablets) five days prior (upon advice and confirmation from your General Practitioner)**

Please continue to take Asprin if you already do so.

You should also inform Riverview Endoscopy if:

- You have heart disease or have a pacemaker implanted
- You are sensitive (allergic) to any drug or other substances
- You have known kidney disease, electrolyte abnormalities, congestive heart failure, Phenylketonuria or Glucose-6-Phosphate-Dehydrogenase as a prep procedure consultation may be recommended
- You have severe constipation or if previous colonoscopy preparations were inadequate as a modified or more prolonged preparation may be recommended

What happens during a colonoscopy?

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. Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating, or cramping at times during the procedure.

The anaesthetist will administer a sedative through a vein in the arm before the procedure to make you more comfortable. This is called deep sedation and you will not feel the examination being done. It is normal that you might regain awareness towards the end of the procedure and if required, the anaesthetist will administer more medication to make you comfortable again. This is not a general anaesthetic (use of a breathing tube or endotracheal tube) and you will maintain your own breathing.

The procedure will take 15-30 minutes. Extremely rarely, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved due to a variety of reasons. Your doctor will decide if the limited examination is sufficient or if other examinations such as a CT colonography are necessary.

What if the colonoscopy shows any abnormality?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment).

If polyps are found, they are removed using a metal lasso called a snare. None of these additional procedures typically produce pain. Remember, biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What is the accuracy of a colonoscopy?

Colonoscopy is the most accurate method of examining the colon but does not pick up all abnormalities in every situation. This is more likely to occur if other conditions present make the examination difficult or if the bowel has been imperfectly prepared.

What are polyps and why are they removed?

Some polyps are pre-cancerous growths from the lining of the colon. Removal of polyps is therefore an important part of bowel cancer prevention. Most polyps are small and if found will be removed at the time of your procedure. In a minority of cases much larger polyps are found. Although these can still be removed using the colonoscope, often your doctor will want to talk to you about this before attempting to remove these larger polyps and a follow up procedure may need to be scheduled.

What are the associated 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. Bleeding risk from small (<10mm) polypectomy is considered 1%. Perforation at colonoscopy is even rarer and is quoted at 0.5%. 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 cutting them off completely. Most of the polypectomies at present are done without using electric current (cold snare polypectomy). Larger flat polyps and pedunculated polyps will sometimes require application of electric current (hot polypectomy).

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.

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.

What is the risk of transmitting an infection during a colonoscopy?

The possibility of infection being introduced during a procedure cannot be completely ruled out, but seems extremely rare. 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 (GESA).

What happens after the procedure?

You will be given a printed report of your procedure and your doctor will explain it to you. In some circumstances an appointment will need to be made to discuss the results in more detail. A detailed discussion of your symptoms on the day is not possible or advisable as the sedation used may reduce your ability to recall the discussion.

Following the procedure you will be observed in a recovery area for 1-1 ½ hours then a light diet will be given to you and you will be discharged home, preferably with a relative or carer.

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 General Practitioner.

What happens when I arrive on the day?

Report to the Hollywood Hospital Endoscopy Suite at the time advised. Please bring any relevant test results or X-rays and your medical insurance and Medicare details.

Dress in loose comfortable clothing to wear in the procedure room. A hospital gown will be provided to you on arrival to the department.

On arrival:

- A nurse will check your blood pressure and go over your medical history
- An anaesthetist will discuss sedation with you prior to the procedure
- You will receive a consent form - Following discussion with your gastroenterologist, you will be asked to sign a consent form giving your consent for the procedure to be performed. Please ensure you are satisfied that you have received adequate information to make this decision. If you have any queries please arrange a consultation to discuss these prior to the procedure.

What is the cost?

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. Most health funds require you to pay a hospital excess which must be paid on the day. If biopsies are taken you will also receive an account from the Pathologist. For most procedures an Anaesthetist is also present, where possible, this is usually also billed as a no-gap service direct to your health fund.

**Please see next page for instructions on preparing for your procedure.
Please read the instructions carefully.**

COLONOSCOPY PREPARATION INSTRUCTIONS

- **Note:** This preparation uses the following which are NOT suitable for patients with serious kidney problems: **PICOLAX** or **PICOPREP** or **PICOSALAX** plus **COLONLYTELY**. If you do have kidney problems, please call Riverview Endoscopy for an alternative preparation regime.
- It is recommended that certain medications be ceased prior to your procedure. Please refer to page one for further instructions.
- You should have another responsible adult with you at home the night before the test while carrying out your preparation.

What you will need

- **Two sachets of PICOLAX or PICOPREP or PICOSALAX**, and
- **Two sachets of COLONLYTELY** bowel preparation 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.

INSTRUCTIONS FOR MORNING PROCEDURES

No solid food is to be consumed the day before your procedure. You may have a variety of clear liquids.

Examples of clear liquids are:

- Homemade clear soup (broth only)
- Miso soup (no solids)
- Diluted fruit juice (no pulp)
- Cordials, clear jellies, low calorie soft drinks, (no red, purple or green colours)
- Water, soda water, tonic water, flavoured water
- Black tea, black coffee, herbal teas
- Bonox/Vegemite/Promite/Marmite
- Rehydration Solutions e.g. Hydralyte, Gastrolyte, Gatorade

DO NOT HAVE: milk or milk products, pulp, pips or seeds, or green, red or purple food colouring.

DO NOT drink ONLY water, have a range of different clear fluids.

To prepare your bowel

a) 2.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP or PICOSALAX to half a glass (125mL) 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) Make up both sachets of the COLONLYTELY solution by mixing with 2 litres of water in a jug and then chill the mixture in the fridge.

c) 6.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP or PICOSALAX to half a glass (125mL) 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

d) 7:00pm the day before the procedure: drink 1 Litre of the COLONLYTELY solution prepared earlier.

e) 4:30 am on the day of the procedure drink the remaining 1 Litre of the COLONLYTELY solution prepared earlier.

Your 4:30am COLONLYTELY dose is usually your last drink before your procedure.

INSTRUCTIONS FOR AFTERNOON PROCEDURES

You may eat breakfast the MORNING OF THE DAY PRIOR to your procedure date.

Acceptable meals include any combination of the following:

- Cornflakes, rice bubbles or similar with skim milk.
- White toast (crusts removed) with butter or spread (excluding peanut, or nut butter).
- Fried, boiled or poached eggs.
- Pancakes or waffles with syrup.
- Tea or coffee with skim milk, pulp free fruit juice.

DO NOT drink ONLY water, have a range of different clear fluids.

PLEASE AVOID all fruit, vegetables, muesli, oats, nuts, seeds and high fibre breads and cereals.

You may continue to eat until 10:00am THE DAY PRIOR to your procedure date.

No solid food is to be consumed after 10:00am the day before your procedure. You may have a variety of clear liquids.

Examples of clear liquids are:

- Homemade clear soup (both only)
- Miso soup (no solids)
- Diluted fruit juice (no pulp)
- Cordials, clear jellies, low calorie soft drinks, (no red, purple or green colours)
- Water, soda water, tonic water, flavoured water
- Black tea, black coffee, herbal teas
- Bonox/Vegemite/Promite/Marmite
- Rehydration Solutions e.g. Hydralyte, Gastrolyte, Gatorade

To prepare your bowel

a) 6.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP or PICOSALAX to half a glass (125mL) 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) 7.00pm the day before the procedure: Add the entire contents of ONE sachet of PICOLAX or PICOPREP or PICOSALAX to half a glass (125mL) 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.

c) Make up both sachets of the COLONLYTELY solution by mixing with 2 litres of water in a jug and then chill the mixture in the fridge

d) 6.00am on the morning of the procedure drink 1 Litre of the COLONLYTELY solution prepared the previous night.

e) 9.00am on the morning of the procedure drink the remaining 1 Litre of the COLONLYTELY solution prepared earlier.

You may continue to drink clear fluids up until 3 hours before your appointment

If you have any questions regarding the preparation, please don't hesitate to call Riverview Endoscopy on 9385 6938