



Mr Derek Chen
General | Upper GI Surgeon
MBBS (WA), FRACS

suite 1, 96 farrington rd | leeming | wa 6149
T (08) 9312 1888 | F (08) 9238 0765
provider no. 226795jt

AFTERNOON COLONOSCOPY INSTRUCTIONS (lavage)

Make sure you read ALL instructions on both sides of this information sheet

BOWEL PREPARATION :

- The better your bowel preparation, the higher the quality of your colonoscopy, and the safer it will be
- You will need to purchase **COLONLYTELY** (4 sachets) from your pharmacy. If COLONLYTELY is unavailable, use GLYCOPREP or GOLYTELY as a substitute. You do not need a prescription
- **4 DAYS BEFORE** your colonoscopy, stop eating nuts, grains, seeds, fibrous goods, vegetable and fruit skins. Instead, eat foods low in fibre eg. white bread, crackers, rice, pasta, fish, meat etc. If you are prone to constipation, start 2-4 sachets of movicol per day at this time (this can be purchased from any pharmacy)
- **THE DAY BEFORE YOUR PROCEDURE YOU MUST NOT EAT ANY SOLID FOODS.** You may only have clear fluids such as apple juice, clear soup, jelly, cordial (except red jelly or cordial), black tea or black coffee.
- Drink frequent amounts of water and other clear fluids to prevent dehydration
- For any advice regarding any of your medications, please see next page

AFTERNOON COLONOSCOPY :

On the day of your procedure, please DO NOT eat or drink anything from 9am (except water only, which can be drunk up to 2 hours before your procedure)

BEFORE YOUR PROCEDURE :

- You can only have a light breakfast the day before the procedure. From **10am**, do not have any solid food - CLEAR FLUIDS ONLY.

ON THE DAY OF YOUR PROCEDURE :

- At **6am** - drink 1L of Colonlytely solution. Frequent watery bowel motions will occur soon after. Take your regular medications with a sip of water at 6am
- At **7am** - drink 1L of Colonlytely solution
- At **8am** - drink 1L of Colonlytely solution
- If your stools are still not clear (like clear apple juice), drink an extra litre of Colonlytely
- From **9am** - do not have anything to eat or drink until the procedure (except water only, which can be drunk up to 2 hours before your procedure)

all correspondence to:
p.o. box 4571 | myaree bc | wa 6960

consulting at:
suite 1, 96 farrington rd | leeming | wa 6149

operating at:
sjog hospital murdoch
fiona stanley hospital

specialising in:
advanced laparoscopic surgery
upper gi surgery | abdominal surgery
hernia repairs | cholecystectomy
gastroscopy & colonoscopy (open access)

What is a colonoscopy ?

- It is a procedure that allows the doctor to look inside the bowel with an instrument called an endoscope
- A colonoscopy examines the whole large bowel and allows the doctor to take biopsies (small tissue samples) of the bowel wall and remove polyps (pre-cancerous growths)
- A colonoscopy enables the doctor to detect inflamed tissue, ulcers and abnormal growths, such as polyps or bowel cancer
- They can help the doctor diagnose unexplained changes in bowel habit, abdominal pain, bleeding from the bowel and weight loss
- They are appropriate tests of patients with a family history of bowel cancer or polyps
- They are reasonably safe procedures. Complications occur in approximately 1 in 1000 examinations. These may include bleeding requiring a blood transfusion, perforation of the bowel requiring emergency surgery, damage to surrounding organs or complications of sedation

Things to consider :

- Getting to & from the hospital & care at home after the procedure - On the day of your procedure you must **NOT DRIVE OR TRAVEL HOME IN A TAXI OR ON PUBLIC TRANSPORT UNACCOMPANIED**. Please arrange for someone to drive you to and from the hospital. you will require someone to keep an eye on you the night after your procedure. If you live alone you may need to ask someone to stay with you overnight.
- Fasting - Please make sure that you have fasted (no food or fluids) according to the information above. Inadequate fasting increases the risk of complications and may cause your procedure to be delayed or rescheduled.
- Blood thinning medications - Aspirin and clopidogrel (Plavix) do not need to be stopped. However if you are taking other blood thinners such as **Ticagrelor (Brillinta), Warfarin, Dabigatran (Pradaxa), Apixaban (Eliquis) or Rivaroxaban (Xarelto)**, please discuss these with your GP or specialist as these medications may have to be stopped. If you are in doubt, please contact the rooms prior to your procedure on 9312 1888
- Diabetic Patients - please read the information handout with the SJOG Endoscopy Suite brochure or discuss with the Anaesthetist for your procedure 1 week beforehand
- Other Medications - please take all other usual medications with a sip of water on the day of your procedure, at least 2 hours before you are due to attend the hospital

After the procedure - if you have severe pain, vomiting, fever, or other symptoms that cause your concern, you must contact SJOG Hospital Murdoch, the rooms (office hours) or your GP. Patients with severe symptoms may need to attend their nearest Emergency Department

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If you have diabetes please inform your surgeon as soon as possible.

Pre-Surgery Information for Patients with Diabetes

If you are taking any of the following medications, contact your Surgeon / Anaesthetist immediately for instructions on withholding this medication, otherwise the following may occur:

- Your procedure may be cancelled or rescheduled
- You may become unwell
- You may require admission to the intensive care unit (ICU) for an intravenous insulin infusion.
- **Forxiga** (Dapagliflozin)
- **Xigduo** (Dapagliflozin and Metformin)
- **Qtern** (Dapagliflozin and Saxagliptin)
- **Jardiance** (Empagliflozin)
- **Jardiamet** (Empagliflozin and Metformin)
- **Glyxambi** (Empagliflozin and Linagliptin)
- **Steglatro** (Ertugliflozin)
- **Segluromet** (Ertugliflozin and Metformin)
- **Steglujan** (Ertugliflozin and Sitagliptin)

NOTE: These drugs are associated with a risk of Diabetic Ketoacidosis (DKA) if the person has been fasting, has undergone surgery, has a restricted dietary intake (carbohydrates in particular), undertaken bowel preparation for a procedure, is dehydrated or has an infection.



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Other Diabetes Medications and Insulin

- Seek advice from your surgeon or diabetes health professional prior to your surgery for any changes to your oral medications, non-insulin injections and insulin doses whilst fasting.
- It is advisable that patients requiring insulin do not drive themselves to hospital if they are fasting due to the risk of hypoglycaemia. Check your blood glucose levels every 2 hours on the morning of your procedure prior to arrival at the hospital.
- Make note of the insulin doses taken the day before and/or day of admission.

General Information

- To minimise the risk of wound infection post-surgery, blood glucose levels need to be within an optimum range. If your blood glucose levels have been unstable or your most recent HbA1c result was > 9.0%, organise a review with your GP, Endocrinologist or Diabetes Educator prior to admission.
- Bring with you to hospital your diabetes medications in their original packaging or an up to date list of medications.
- If you have a Continuous Subcutaneous Insulin Infusion Pump, please bring all the necessary supplies with you. The hospital does not supply consumables for pumps. Confirm with your admitting doctor if the pump will need to be detached for any investigation or procedures during admission.

100 Murdoch Drive, Murdoch WA 6150
T. (08) 9438 9000 E. info.murdoch@sjog.org.au

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