

Dr Susan Shedda

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Colorectal Surgeon

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Bowel Preparation– Afternoon Procedure

It is **very important** that you strictly follow the bowel preparation instructions, as inadequate cleansing of your bowel will prevent adequate examination. If you have any problems with the bowel preparation, please contact our office immediately on 9328 8890.

Please ensure that you obtain Colonlytely from your local chemist in plenty of time prior to the procedure. This preparation is available over the counter, without a prescription.

Please notify us at least 14 days prior to your procedure if you are taking blood-thinning medications, e.g. Aspirin, Plavix, Warfarin or herbal medications e.g. Fish Oil, Glucosamine, Echinacea, or if you have diabetes, heart valve disease or a pacemaker implanted, as otherwise the procedure may be cancelled.

dd/mm/yyyy

3 Days Before

Eat a low fibre diet avoiding grains, nuts, seeds, raw vegetables, raw fruit, brown bread, rice and pasta. Drink at least 12 glasses of clear liquid each day.

STOP iron tablets, Panadine, Lomotil or Normacol until after the procedure.

DO NOT STOP heart or blood pressure tablets.

Low fibre food suggestions:

- Lean chicken, fish, lamb, beef, pork or turkey
- Eggs, milk, margarine, butter or cheese
- Mashed or boiled peeled potatoes or pumpkin
- Well-cooked low fibre vegetables including peeled zucchini, carrots, mushrooms and asparagus
- White rice, noodles and pasta
- Yoghurt, custards or plain biscuits
- Stewed or tinned fruit without skin with ice cream
- White bread, cornflakes or rice bubbles
- Vegemite, jam, smooth peanut butter or honey
- Clear soup, light coloured fruit juice, jelly, soft drink or cordial

dd/mm/yyyy

1 Day Before Test

Light breakfast and lunch but then **CLEAR FLUIDS** only for the remainder of the day. You may have water, strained fruit juice, clear soup, black tea or coffee, Lucozade, soft drinks, lemon or lime cordial, light coloured jelly and icy poles. No milk or alcohol and no red, green or purple coloured liquids or jelly.

Drink at least 1 litre of approved fluids PLUS the preparation liquids below.

At 6.00pm, drink 2 litres of Colonlytely over the next two hours.

<Admission Date>

Day of Admission

At 6:00am drink 1 litres of Colonlytely over the next 1 1/2 hours. No more liquids to be taken after 7:30am.

Arrive at [**PRIVATE HOSPITAL**] at [**TIME**] am. You will be discharged from hospital on [**DURATION OF STAY**]

ADMISSION INFORMATION AND CHECKLIST

✓Please tick ☐ once you have read and completed all relevant tasks.

☐ ANAESTHETIC

The following anaesthetic will be required for your procedure:

- ☐ **Light Sedation**-This involves the administration of an anaesthetic to make the procedure more comfortable. While this is not a general anaesthetic, it will mean that most people do not remember having the procedure. Due to the anaesthetic, you are legally unable to either drive or sign any documentation for the following 24 hours.
- ☐ **General Anaesthetic** – This involves the administration of an anaesthetic to allow the procedure to be performed. Usually, you will not be able to remember the procedure. Due to the anaesthetic, you are legally unable to either drive or sign any documentation for the following 24 hours.

If you are discharged within 24 hours of your procedure, you will need to arrange for someone to drive you home. For other procedures requiring an inpatient stay, Ms Shedda will advise you of any driving restrictions.

☐ MEDICATION

Please inform us at least 14 days before the procedure if you are taking any blood thinning medications, e.g. Warfarin, Plavix, Aspirin or herbal medications e.g. Fish Oil, Glucosamine, Echinacea, Ginseng, as these may lead to bleeding. You will also need to notify us if you are a diabetic, have heart valve disease or a pacemaker implanted.

You should continue to take all your other medications at the usual times with a sip of water. If you have any questions about your medications, please contact us at least 14 days prior to your admission.

Some herbal medications may interact with the anaesthetic, and if you are taking any of the following please stop them 2 – 3 weeks prior to your procedure. For Example:

Herbal Medication	Anaesthetic Considerations
Echinacea	May potentiate barbiturate toxicity. Possible renal involvement of hepatotoxicity.
Ephedra	May interact with volatile anaesthetics.
Garlic	Increased risk of intra-operative bleeding.
Ginkgo Biloba	Increased intra-operative and postoperative bleeding tendencies. May decrease effectiveness of intravenous barbiturates. May cause glucose disturbance. Causes untoward cardiovascular effects.
Ginseng	Increased risk of intra-operative haemodynamic instability. Causes untoward cardiovascular effects. Enhances bleeding potential and potential for prolongation or interference with anaesthetic agents.
Kava Kava	May potentiate the effect of barbiturates/benzodiazepines, thereby resulting in excessive sedation.
St John's Wort	Pseudoephedrine, MAOIs should be avoided. Potential for prolongation or interference with anaesthetic agents.
Ginger	Increased risk of intraoperative haemodynamic instability.
Feverfew	Increased risk of intraoperative bleeding, discontinue 2–3 weeks before surgery
Saw Palmetto	Untoward cardiovascular effect and enhanced bleeding potential

☐ **COMPLICATIONS**

These are rare but general complications include bleeding and infection. They may require further surgery to correct them. Procedure specific complications will be detailed in an additional brochure or discussed at the time of procedure consent with Ms Shedda.

If you have any further questions which have not been answered please contact the rooms on 03 9328 8890, to discuss your questions.

☐ **PREGNANCY**

It is important that you are not pregnant for this procedure, as the unborn child may be exposed to substances not proven to be safe. I would advise that if you are possibly pregnant, this should be excluded prior to proceeding. If you are concerned about this, please contact me.

☐ **HOSPITALBOOKING**

Please ensure you have completed and submitted the hospital admission forms. The hospital will contact you 24 hours prior to your admission. If you have not been contacted, please ring either the hospital or my rooms to confirm your admission.

☐ **BILLING**

Private Health Insurance

You have been provided with an itemised estimated quote for your procedure. I recommend you contact your private health insurer to discuss your level of cover for this admission. Please provide a signed copy of the estimate quote to my office prior to your procedure.

Self Insured

You have been provided with an itemised estimated quote for the cost of your admission. Ms Shedda's account must be paid in full prior to your admission. Please provide a signed copy of the estimate quote to my office prior to your admission.

☐ **DISCHARGE POLICY**

If you are discharged within 24 hours of your procedure our discharge policy is applicable. Our policy does not permit patients to be discharged unaccompanied. Failure to have a responsible adult to collect you, and be with you for 24 hours after the procedure will result in postponement of the procedure until such care can be arranged. A taxi without a known responsible adult will not be acceptable. Please provide a signed copy of the discharge policy to my office prior to your admission.

☐ **FASTING**

Please follow the attached bowel preparation. It is very important that you fast for 6 hours prior to your procedure as failure to do so will result in a delay or possible cancellation of your procedure.