

Patient Information Sheet

Colonoscopy



DR NEIL MEULMAN

Oncoplastic Breast & General Surgeon

M.B.,B.S.(Syd), F.R.A.C.S. Provider No 595953L

Colonoscopy is a procedure used to examine or inspect the bowel and allows for a variety of operations to be carried out through the colonoscope.

These operations 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?

You should follow the instructions for the cleansing agent (PICOPREP) one day prior to your procedure.

You will be given a light general anaesthetic during the procedure. This starts with a sedative injection into a vein in the hand before the procedure commences.

Special Considerations

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

You should cease iron tablets and drugs to stop diarrhoea at least several days before the procedure. It is also desirable that you are not taking aspirin or NSAID'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 are taking blood thinning tablets, have heart disease or have a pacemaker implanted.**

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 rectum into the large intestine to allow inspection of the whole large bowel.

As cancer of the large bowel arises from pre-existing polyps (a benign wart-like growth), it is advisable that if any polyps are found they should be removed at the time of examination. Most polyps can be burnt off (polypectomy) by placing a wire snare around the base and applying an electric current.

Safety and Risks

For inspection of the bowel alone, complications of colonoscopy are uncommon.

Most survey report complications are 1 in 1000 examinations or less.

Complications that can occur include intolerance of the bowel preparation solution or reaction to sedatives used. Perforation (making a hole in the bowel) or major bleeding from the bowel is extremely rare, but if this occurs, it may require surgery.

When operations such as removal of polyps are carried out at the time of examination there is a slightly higher risk of perforation or bleeding from the site of where the polyp has been removed.

Complications of anaesthesia are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely however, in patients with severe cardiac or chest disease serious anaesthetic reactions can occur.

A number of rare side effects can occur with any endoscopic procedure. 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.

Because of the risk of cancer, it is recommended that all polyps found at the time of colonoscopy be removed. However, it will not be possible to discuss the removal with you at the time of examination, as you will be sedated. Therefore, if you agree to having any polyps removed found during the procedure, please sign the consent form. If you have any queries or reservations about this, please inform the doctor. In the unlikely event of haemorrhage occurring, blood transfusion may be necessary.

Afterwards

The sedative painkiller you are given during 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 doctor. For this reason, a relative or friend should come with you if possible. If you do not recall discussions following the procedure, you should contact your doctor.

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

After the procedure you may feel bloated and distended. This is quite normal as air is used to inflate the bowel during the procedure. Some colic may be experienced until this wind is passed.

Instructions for colonoscopic examination

You have been booked for a colonoscopy at:

.....
on:.....

It is important that your bowel is clear of any waste material or solid residue, hence the following special preparation is important.

Special Preparation For Your Colon:

One week prior to the colonoscopy:

Cease any iron tablets. All other essential medications should be taken throughout the preparation period. Maintain a normal diet but please avoid eating any foods containing large amounts of seeds e.g. grapes, passionfruit, wholegrain bread etc.

Two days prior to the colonoscopy:

You may have a normal diet, but endeavour to increase your fluid intake as much as possible.

If your bowels have not opened on that day take a mild laxative that evening eg. Senokot Epsom Salts (1 teaspoon in a glass of water) etc.

One day prior to the colonoscopy:

From the time of waking you may have **CLEAR FLUIDS ONLY** – that is no milk and only fluids containing no solid food particles.

Clear Fluids may include fruit juice, soft drinks, cordial, black tea or coffee, bonox, strained soups and jellies. Please try to drink as much fluid as you can comfortably handle. Barley sugar or boiled sweets may be sucked.

- » The bowel cleansing agent is called **PICOPREP (usually three sachets)**, available over the counter at your local pharmacy.
- » In the afternoon on the day prior to the test, at 3pm. Take the first sachet of **Picoprep** followed by a litre of clear fluids. Continue drinking clear fluids at least a glass per hour – the more you drink the better.
- » At **4pm** take the second sachet of **Picoprep** followed by another litre of clear fluids. Continue drinking clear fluids – the more you drink the better.
- » You then take the final sachet of **Picoprep** at around **6pm**.
You may continue to have clear fluids up until 3hrs prior to the scheduled time of your procedure.

PLEASE NOTE: The above times may vary due to your admission time to your hospital on the day. Hospital staff will advise any adjustments when you are contacted with your admission instructions