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FOCUS GASTROENTEROLOGY

COLONOSCOPY PREPARATION INSTRUCTIONS FOR PATIENTS OVER 75 – MORNING PROCEDURE

The success of your examination depends on the bowel being as clear as possible, otherwise the examination may need to be postponed and the preparation repeated. Please carefully follow the instructions below.

The week before the colonoscopy:

- Obtain 3 sachets of GLYCOPREP-C (70g) from your chemist. You will not need a prescription
- Notify DR Miller or Dr Lust if you are diabetic, taking blood thinning medication (eg. clopidogrel, warfarin), have a cardiac pacemaker or heart valve disease.
- Stop taking iron tablets or anti-diarrhoeal medications 7 days prior to your colonoscopy.
- All other regular medications can be continued.

Two days before the colonoscopy:

- Maintain a low fibre diet. Avoid brown or wholegrain breads, cereals, and any foods containing seeds, nuts or yellow cheese. Limit your intake of vegetables and fruit.
- You may have egg, steamed white fish, boiled chicken, white bread, white pasta, white rice.

On the day before the colonoscopy:

- You may have a normal breakfast and light lunch (before midday). Thereafter, you may only have approved clear fluids. You must have no solid food or milk products after midday.

Approved clear fluids include water, clear fruit juices (eg. apple juice), clear fruit cordials (lemon/lime), soft drinks, black tea & coffee (no milk), plain jelly (lemon/lime), bonox, lucozade, clear broth, barley sugar. No red or purple colourings.

- Mix each sachet of GLYCOPREP-C with ONE LITRE of water (ie. three litres in total) and refrigerate until required. A small amount of clear cordial can be added to improve the taste.
- **First Dose - 4.00 PM:** Drink first litre of the GLYCOPREP-C solution over approximately one hour (try to drink a glass of the preparation every 15 minutes). If you start to feel nauseated, slow down the rate of intake. Drink at least 2 glasses of approved clear fluids during this time. The laxative bowel preparation usually induces frequent, loose bowel movements so it is best to stay at home within easy reach of toilet facilities.
- **Second Dose - 6.00 PM:** Drink second litre of the GLYCOPREP-C solution over approximately one hour following same instructions as for first dose.
- **Third Dose - 8.00 PM:** Drink third litre of the GLYCOPREP-C solution over approximately one hour following same instructions as for first dose.
- You may continue to drink approved clear fluids until midnight but should have **nothing to eat or drink after midnight**.

On the day of the colonoscopy:

- You should have **nothing to eat or drink**, although you may take your usual medications (excluding those listed above) with a sip of water.

All appointments and enquiries
Suite 419, 100 Victoria Parade
East Melbourne, VIC 3002
Ph: 03 9650 7917
Fax: 03 9650 7910

Also consulting at
Hobson Healthcare Werribee
179 Princes Hwy, Werribee
Hobson Bay Specialist Centre
93 Ferguson St, Williamstown

Endoscopy locations
Epworth Freemasons Medical Centre
320 Victoria Parade, East Melbourne
Hobson Healthcare Werribee
179 Princes Hwy, Werribee
Hobson Healthcare Altona
Cnr Queen and Sargood St, Altona

COLONOSCOPY – PATIENT INFORMATION

What is a colonoscopy and how is it performed?

Colonoscopy is a procedure to inspect the inside of the colon (large bowel) using a thin, flexible, tube introduced via the rectum (back passage). The day before the procedure, you will need to take a special laxative preparation to clean out the bowel (see bowel preparation instructions). An intravenous sedative is given prior to the procedure so that you will be sleepy and comfortable during the examination. The entire procedure usually takes between 15 and 30 minutes. Biopsies (small tissue samples) may be taken and polyps (small growths attached to the lining of the bowel) may be removed if necessary.

What happens after the colonoscopy?

Following the colonoscopy, you will remain in the hospital recovery area for approximately one to two hours until the effect of the medication wears off. You may experience slight discomfort or bloating which usually eases with the passage of wind. If you have a biopsy or polyp removed, you may notice a small amount of blood passed in the toilet. If you develop severe or persistent abdominal pain, bleeding from the back passage or any other symptoms of concern, you should contact your doctor, Dr Miller or Lust, or go to the nearest hospital's Emergency Department. Because the sedation given may interfere with your judgement or ability to concentrate**, you should not drive a motor vehicle, travel on public transport alone, operate dangerous machinery or sign important documents for the remainder of the day. It is necessary to arrange for a relative or friend to take you home from the hospital and stay with you.**

What are the risks of colonoscopy?

Any medical procedure carries some risk but colonoscopy is generally considered a safe procedure and complications are rare. Potential complications may include:

- Intolerance to the laxative bowel preparation (headaches, nausea, vomiting, dehydration)
- Reaction to the sedation / anaesthetic
- Bowel perforation (estimated risk is approximately 1 in 1000).
- Major bleeding (estimated risk is 1 in 3300 for biopsies; 1 in 500 for removal of polyps).

Although rare, perforation or major bleeding can be serious and may require urgent surgery. If you wish to have a more detailed discussion about potential risks, please contact Dr Miller or Dr Lust prior to the procedure (Tel: 9650 7917).

What are the limitations of colonoscopy?

While colonoscopy is the best test for excluding bowel polyps or cancer, it is not perfect and a small proportion of polyps or cancers may escape detection. In about 5% of patients, the entire colon cannot be accurately assessed. This may be due to variations in the structure of the bowel, pathology within the bowel or because of inadequate bowel preparation. If this occurs your colonoscopy may need to be repeated another time or you may need a CT scan or barium x-ray.

Are there any alternatives to colonoscopy?

Alternatives to colonoscopy include a barium enema x-ray or CT colonography. Colonoscopy is usually recommended over the other two tests because it is more accurate and allows biopsies to be taken and polyps to be removed.