

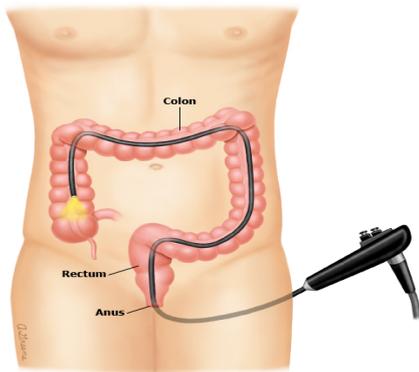
## Colonoscopy Procedure

**What is a colonoscopy?** — A colonoscopy is a test that looks at the inner lining of a person's large bowel (colon).

**Screening for bowel cancer** - Often, people have colonoscopy as a screening test to check for polyps or for cancer in the colon. Polyps are growths in the colon that might turn into cancer. If you have polyps, the doctor can take them out during the colonoscopy. People can also have colonoscopy if they have any of the symptoms listed below. Cancer screening tests are tests that are done to try and find cancer early, before a person has symptoms. Cancer that is found early often is small and can be cured or treated easily.

Doctors can use several different tests to screen for colon cancer. But most doctors think that colonoscopy is the best test to screen for colon cancer.

**When should I have colon cancer screening?** — Doctors recommend that most people begin having colon cancer screening at age 50. Some people have an increased chance of getting colon cancer, because of a strong family history or certain medical conditions. These people might begin screening at a younger age.



**What are other reasons my doctor might order a colonoscopy?** — Your doctor might refer you for a colonoscopy if you have:

- Blood in your bowel movements
- A change in your bowel habits
- Anemia or iron deficiency that can cause fatigue and weakness
- Long-term belly or rectal pain that you cannot explain
- Abnormal results from a different type of colon test
- A family history of colon cancer or polyps
- Prior colon cancer or polyps

**What happens during a colonoscopy?** — You will receive sedation through a vein to make you feel relaxed. Then he or she will put a thin tube with a camera and light on the end into your anus and up into the rectum and colon. Your doctor will look at the inside lining of the whole colon. The procedure takes about 20 – 40 minutes. During the procedure, your doctor might do a test called a biopsy. During a biopsy, a doctor takes a small piece of tissue from the colon. Then he or she looks at the tissue under a microscope to see if it has cancer.

**Polyps** - Your doctor might also remove growths (polyps) that he or she sees in the colon. Removal of polyps prevents them developing into cancer. You will not feel it if the doctor takes a biopsy or removes a polyp.

**Colonoscopy Complications** — Colonoscopy is a safe procedure, and overall complications are rare but can occur:

- **Bleeding** - can occur from biopsies or the removal of polyps, but it is usually minimal and can be controlled. If bleeding is heavy, this requires immediate attention at your closest emergency department (take your colonoscopy report with you).
- **Perforation** - The colonoscope can cause a tear or hole in the colon (perforation) that may result in peritonitis and may require open surgery to repair. This is a serious problem, but it does not happen commonly. It may also occur following removal of large, flat polyps.
- **Sedation** - Side effects from the sedative medicines are uncommon but include breathing problems and aspiration. You will be closely monitored for these throughout the procedure by a specialist anaesthetist.
- **Missed lesions** - Although colonoscopy is the best test to examine the colon, it is possible for even the most skilled doctors to miss or overlook an abnormal area in the colon.

**What happens after a colonoscopy?** — Most people can eat as usual. You **must not** drive or go to work for the rest of the day. Your doctor will tell you when to start taking any medicines you had to stop before the test.

**When should I call my doctor or nurse?** — Call your doctor or nurse immediately if you have any of the following problems after your colonoscopy:

- Belly pain that is much worse than gas pain or cramps
- A bloated and hard belly
- Vomiting
- Fever
- A lot of bleeding from your anus

**Medications** prior to colonoscopy – if you have heart stents, please let us know

1. Stop all **iron** preparations 1 week before
2. **Blood thinners:** If you are on any of the following blood thinners, please let us know at least a week before and we will advise you if they need to be stopped. We may ask you to check with your GP or cardiologist prior to stopping the following:

○ Clopidogrel (Plavix, co-plavix, iscover)	Prasugrel (Effient)
○ Warfarin (Coumadin, Marevan)	Ticagrelor (Brilinta)
○ Apixaban (Eliquis)	Dabigatran (Pradaxa)
	Rivaroxaban (Xarelto)

**Aspirin** should be continued for your colonoscopy – do not stop aspirin

### 3. Diabetic Medication

- a. Insulin injections – let us know if you are on insulin and we will give you instructions on what to take prior to the procedure
- b. Diabetic pills
  - i. Metformin should be continued
  - ii. Other diabetic pills may need to be stopped – check with your doctor or us and we will give you instructions

## **Bowel Preparation for Morning Colonoscopy**

The bowel must be perfectly clean for an accurate colonoscopy and therefore you must follow the instructions below perfectly.

**STOP ALL IRON PREPARATIONS 1 WEEK BEFORE THE PROCEDURE**

The preparation involves diet and laxatives to clean the bowel, allowing clear views

You will require three types of laxatives:

1. PICOSALAX 4 SACHETS
2. 3 BISACODYL TABLETS
3. ColonLYTELY or GLYCOPREP C – 1 sachet

These are available at any pharmacy, you do not need a prescription

The preparation begins 3 days prior to the procedure

### Day 1

1. Low residue diet (low fibre) – see overleaf
2. ColonLYTELY or GLYCOPREP C Preparation - Dissolve 1 sachet in 1 litre of tap water (not cordial or juice) and refrigerate for the next day.

### Day 2

1. Clear liquid diet all day – see overleaf
2. Bisacodyl - 4:00pm take 3 yellow tablets
3. PICOSALAX 2 sachets – Dissolve the contents in 250mls of cold water  
5:30pm - Drink this followed by 1L of water over 1 hour

It is important to continue to drink other fluids after you have taken the mixture and tablets to assist the laxative action and prevent dehydration.

4. **7:30pm** Drink 1 litre of ColonLYTELY or GLYCOPREP C over an hour

Diarrhoea is likely to begin but do not be disturbed if this is not the case. Continue to drink clear fluids after this.

### Day 3 **Procedure Day – you need to wake up early at 4:30am**

5. PICOSALAX 2 sachets – Dissolve the contents in 250mls of cold water  
4:30am - Drink this followed by 1L of water over 1 hour, then stop drinking at 5:30am (do not drink anything after this time)

**Please note: You must stop drinking 2 hours before your admission time. This is for anaesthetic safety.**

Report to the hospital at your allotted time .....

## DIET PREPARATION FOR COLONOSCOPY

\* STOP ALL IRON MEDICATIONS AT LEAST 7 DAYS BEFORE COLONOSCOPY

*to be followed in conjunction with instructions overleaf*

### **MINIMUM RESIDUE DIET (Day 1)**

#### Foods Allowed

Strained fruit juice  
Rice Bubbles  
Eggs  
Cracker biscuits  
Honey/vegemite  
Sugar/salt  
Tea/coffee  
Clear soups  
Chicken/turkey (no skin)  
Rice/spaghetti/noodles  
Plain jelly (NOT red, green or orange)

#### Foods Not Allowed

Vegetables  
Fruits  
Butter/Margarine/Oil  
Wholemeal crackers  
Meat/Fish  
Milk/Soy Milk  
Bread  
Alcohol  
Cereals, grains  
Fibre supplements

### **CLEAR LIQUID DIET (Day2)**

A clear liquid diet consists of clear jelly, clear soup, strained fruit juice, cool drinks, cordials, soda or tonic water, tea and coffee, water. Barley sugar may be eaten.

#### Sample Menu

Breakfast	Clear soup/Bonox Strained fruit juice Black tea/coffee (with sugar if desired)
Lunch and Dinner	Clear/strained soup Strained fruit juice Clear jelly (lemon NOT red, green or orange)
In between meals	Cool drinks/cordials Strained fruit juice/lemonade Barley sugar

**Dr Nick Kontorinis**