

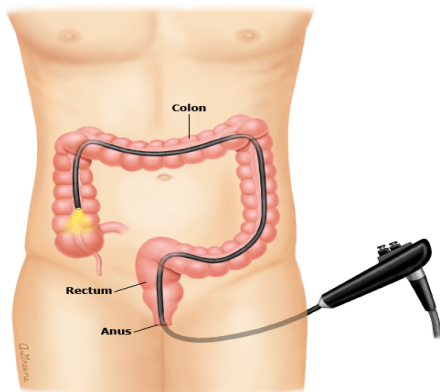
Colonoscopy Procedure

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

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:

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

Aspirin should be continued for your colonoscopy

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

Bowel Preparation for Afternoon 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 TWIN SACHETS
2. 3 BISACODYL TABLETS
3. ColonLYTELY or GLYCOPREP C – 2 sachets

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

The preparation begins 3 days prior to the procedure

Day 1

Low residue diet (low fibre) – see overleaf

No laxatives today

Day 2

1. Clear liquid diet – see overleaf
2. PICOSALAX – Dissolve the contents in 240mls of cold water
4pm Drink this slowly over 1 hour
6pm Take the 3 small yellow tablets (Bisacodyl)
3. ColonLYTELY- At any time during the evening dissolve the 2 sachets in 2 litres of tap water (not cordial fruit juice) and refrigerate overnight.

Day 3 Procedure Day

1. 7.30am Begin drinking the 2 litres of ColonLYTELY mixture at about 1 litre per hour so as to obtain the best results.
You may drink any amount of clear fluids once you have completed the ColonLYTELY up to 4 hours prior to your admission time to hospital
You then need to fast to the time of your procedure (do not drink anything 4 hours prior to the procedure).
2. 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

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

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