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COLONOSCOPY PREPARATION INSTRUCTIONS:

You need to obtain **Prepkit Orange** (or an equivalent) from our rooms or your pharmacy. You do not need a prescription for this.

Please follow the following instructions, not the instructions on the box or packet.

Colonoscopy involves examination of the lining of your bowel, of your large intestine or colon, success depends on your bowel being as clean as possible. The preparation will cause multiple loose watery bowel actions, often two to five hours after taking the first dose. Please remain within easy access to toilet facilities after taking the bowel preparation.

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.

WHAT ABOUT MY CURRENT MEDICATIONS ?

If you are taking blood-thinning medications or diabetic medications, please contact the rooms. If you are taking oral iron supplements, these need to be ceased seven days before procedure.

Most medications may be continued as usual, but some medications can interfere with the preparation or the examination. It is therefore best to inform us of your current medications as well as any allergies to medications several days prior to the examination.

The use of blood thinners such as **warfarin, xarelto, pradaxa brilinta and eliquis;** and forms of the injectable diabetic medication **insulin**, need to be discussed prior to the examination. Aspirin however is safe

It is also essential that you alert us if you require antibiotics prior to dental procedures, as you may need antibiotics prior to colonoscopy a well.

If you are taking one of the following '**SGLT2I' drugs for diabetes**

Forxiga	(Dapagliflozin)
Xigduo XR	(Dapagliflozin + metformin)
Jardiance	(Empagliflozin)
Jardiamet	(Empagliflozin + metformin)
Steglatro	(Ertugliflozin)
Qtern	(Saxagliptin + dapagliflozin)
Glyxambi	(Empagliflozin + linagliptin)
Steglujan	(Ertugliflozin and sitsitagliptin)
Segluromet	(Ertuglifozin and metformin)

These drugs need to be ceased two days prior to colonoscopy and on the day of the procedure (total of three days). They may be associated with a form of euglycaemic (normal glucose level) diabetic ketoacidosis and it is important that these instructions are followed carefully. They may be recommenced the following day once oral intake has been resumed.

If the drug is not ceased, then the procedure may be cancelled on the day.

THREE DAYS BEFORE THE EXAMINATION:

Start eating a LOW-RESIDUE DIET. Cut out whole grains, grain bread - nuts, seeds, dried fruit or raw fruits or raw vegetables.

TWO DAYS BEFORE THE EXAMINATION:

Follow the white diet highlighted, permitted foods include:

White Diet

1. Milk, plain yoghurt, margarine/butter, vanilla ice cream/lemon sorbet.
2. Plain cream cheese, cottage cheese, ricotta cheese, tasty cheese, feta cheese.
3. Egg whites, mayonnaise, white sauce, cream, sour cream.
4. White rice/pasta/peeled potatoes.
5. White bread/toast, plain rice crackers, rice bubbles.
6. Chicken breast (no skin), grilled white fish.

Plus any desired fluid.

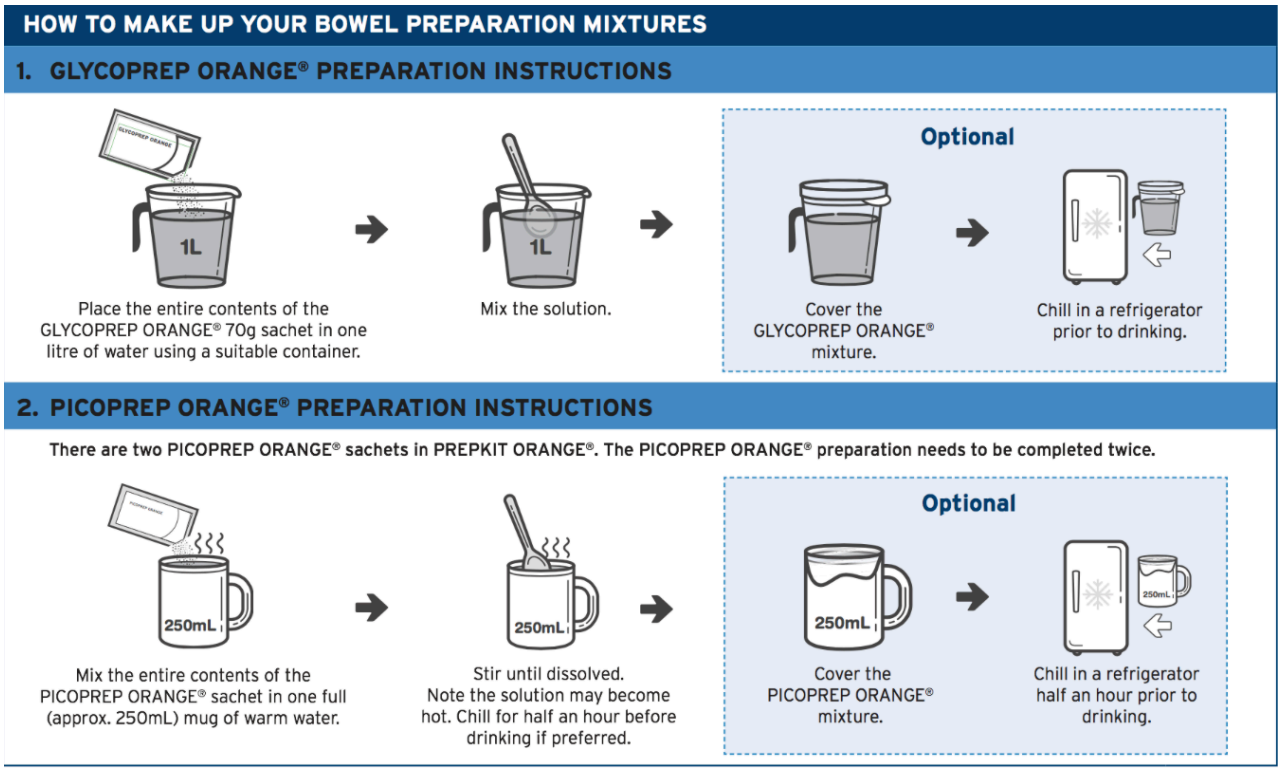
ONE DAY BEFORE THE EXAMINATION:

Follow the white diet for breakfast and lunch, and then after an **early and light lunch**, only **approved clear fluids.**

APPROVED CLEAR FLUIDS:

Water, clear fruit juice (apple/pear), plain jelly (NOT RED), carbonated beverages, sports drinks.
Lucozade/Hydralyte/clear fruit cordials (lemon/lime/orange) - NOT red, purple.
Black tea/coffee/Bonox/clear soup or clear stock soups including chicken noodle soup (strain noodles).
Clear lemonade icy-poles or lemon sorbet/barley sugar.

BOWEL PREPARATION (LAXATIVES)



4.00pm First Dose

Add the entire contents of one sachet of Picoprep Orange in a glass of warm water (approx.250ml) and stir until dissolved. If preferred chill for half an hour before drinking. Drink mixture slowly but completely. This should be followed by adequate amounts of 'Approved Clear Liquids' (at least a glass an hour), in order to maintain hydration.

5.00pm Second Dose

Dilute the entire pack of GlycoPrep Orange 70g in a litre of warm water and stir until dissolved. This can be made up in the morning and placed in the refrigerator to chill. You should try to drink a glass of the preparation about every 15 minutes. Total intake time should be 45 minutes . If you start to feel nauseated whist drinking the preparation, slow down the rate of intake.

6-7.00pm Third Dose

As for the 'First Dose', add the entire contents of one sachet of Picoprep Orange in a glass of warm water (approx. 250ml) and stir until dissolved. Chill for half an hour in the refrigerator if preferred. Drink mixture slowly but completely. This should be followed by adequate 'Approved Clear Liquids'.

FOR MORNING PROCEDURE

Stop consuming fluids at midnight before the procedure.

On the day of the colonoscopy you can take your medications (except diabetic medication and blood thinners) with a sip of water. Please bring diabetic medications along with you to take AFTER the procedure.

IMPORTANT:

As you will be having an anaesthetic for the procedure, you will need someone to drop you off and drive you home and be with you overnight post procedure.

You must not drive for the remainder of the day of procedure.

Please bring a list of your current medications.

Please bring your up-to-date referral.

Kind regards
A/PROF HENRY DEBINSKI

RISKS OF GASTROSCOPY AND COLONOSCOPY

COMMON PROBLEMS	WHAT OCCURS	TREATMENT
Bloating & Discomfort	There may be some air remaining in the large bowel as a result of the procedure.	Usually no treatment is required. Walking and moving around helps to pass the trapped air. Use of peppermint tea, antacids and antispasmodics may help.
Nausea and Vomiting. Bruising at Injection Site	Some people experience nausea and/or vomiting as a result of the anaesthetic. Some patients may experience soreness, reddening or bleeding at the injection site.	Medication can be given for nausea and vomiting and generally relieve symptoms quickly. Applying pressure to the area will stop bleeding. A pressure bandage and cold packs may be applied to minimise bruising.
Reaction to Bowel Preparation	Occasionally patients may experience headaches. Poor absorption of oral medications including birth control and anticonvulsant medicine is common. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before the preparation is advised. We may administer fluids to you and medicine intravenously to relieve headache and nausea. Additional methods of contraception are suggested until the next menstrual cycle.
UNCOMMON PROBLEMS	**WHAT OCCURS**	**TREATMENT**
Bleeding	Major bleeding from the stomach or bowel can occur in I in 10,000 people following a biopsy, and I in 1,000 after the removal of polyp. Occasionally bleeding may occur up to 2 weeks after the procedure.	Bleeding usually settles without further treatment. Occasionally another gastroscopy or colonoscopy is needed to stop the bleeding. Rarely, transfer to hospital for observation, a blood transfusion, or surgery may be necessary.
Abdominal Pain	Burn injury to the bowel wall following removal of polyps can occur in I in 5 0 0 people. This may cause severe abdominal pain, rapid pulse and fever up to five days after the procedure.	Most problems settle within 48 hours, but you should contact us or your local doctor and go to hospital for a check up to ensure that the bowel is not perforated. It may be necessary to give antibiotics, arrange x-rays, blood tests and observation in hospital. A surgical opinion may be required
RARE PROBLEMS	**WHAT OCCURS**	**TREATMENT**
Perforation (Puncture or tear of the large intestine, stomach or oesophagus)	At Colonoscopy perforation of the large intestine may occur in I in 5000 cases. The risk is higher, up to I in 100 cases, if a large polyp is removed. At Gastroscopy, the risk of perforation of the gullet (oesophagus) is I in 100 if a dilatation is performed.	Fluids and antibiotics may be given via an intravenous drip and the tear may require surgical repair.
Intra abdominal injury (including splenic contusion)	Injury to the wall of the large intestine and spleen may occur resulting in bruising and inflammation.	Admission into a ward for observation. Some patients require surgical intervention.
Anaesthetic Risks	About I in 10,000 people may experience heart or lung problems such as; low blood pressure, irregular heartbeat or low oxygen levels. People with ill health are at greater risk.	Medication may be given to reverse the effects of sedation. Medical resuscitation may be required. Please discuss concerns with your anaesthetist.
Aspiration	Some patients may vomit during the procedure, and rarely some of the stomach contents can enter the lungs and cause pneumonia. This is referred to as aspiration.	If pneumonia occurs, you may be transferred to the ward for observation as an inpatient and given intravenous fluids and antibiotics.
Drug Reaction	Some patients may experience an allergic reaction to one or more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction and admission as an inpatient for ongoing observation.
Missed Cancer	Due to the nature of the anatomy and preparation of the gut, it is possible to miss small cancers and other disorders in approximately one in 1000 procedures.	
Damage to Teeth	All attempts are made to protect teeth however, it is possible for teeth or crowns to be damaged during the procedure.	
Procedure related mortality is rare (< 0.01 %)		