

314 WARRIGAL ROAD, GLEN IRIS,
Telephone: 9808 2311, Option 2. Email: admin@glenirisgastro.com.au

MORNING PROCEDURE

PLENVU bowel preparation Instructions

(Please buy PLENVU AND 1 sachet of PICOPREP from a larger pharmacy)

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. Individual responses to laxatives vary. This preparation may cause multiple bowel movements. It usually induces frequent, loose bowel movements within 2-3 hours of taking the first dose. Please remain within easy reach of toilet facilities.

MEDICATIONS (as previously discussed at time of making appointment)

- * If you are taking blood thinning medication or Iron supplements, please contact us on 9808 2311.
- * If you are a diabetic, please consult your GP to see if your medication should be altered while fasting. You **must** bring your diabetic medication with you on the day of your appointment, to take after the procedure.

ONE DAY BEFORE TO EXAMINATION

WHITE DIET

Breakfast: White bread toast with margarine

Lunch: Chicken or cheese sandwich on white bread ONLY

Dinner: Chicken or cheese sandwich on white bread ONLY

- May substitute noodles, rice or pasta instead of white bread
- May substitute fish instead of chicken
- Gluten free white bread is acceptable
- Rice crackers may be used for snacks

APPROVED CLEAR LIQUIDS

Water, clear fruit juice (apple, pear or white grape), plain jellies, tea or coffee, Bonox, Lucozade, carbonated beverages, sports drinks, barley sugar, clear broth or clear bullion, clear fruit cordials (lemon or lime).

No red or purple colours.

7.00pm First dose of preparation

Prepare 1 sachet PICOPREP as per packet instructions and continue to drink clear fluids in order to retain hydration throughout your body.

9.00pm Second dose of preparation

Prepare Dose 1 according to leaflet in the PLENVU box. Chill if desired. Drink the mixture of PLENVU over 30 minutes. Follow with 500ml of clear fluids. Continue to drink clear fluids in order to retain hydration throughout your body.

DAY OF PROCEDURE

3 hours prior to admission – Third dose of preparation

Prepare Dose 2 according to leaflet in the PLENVU box. Chill if desired. Drink the mixture of PLENVU over 30 minutes. Follow with 500ml of clear fluids. Continue to drink clear fluids in order to retain hydration throughout your body. **IMPORTANT: NO FLUIDS FROM 2 HOURS PRIOR TO ADMISSION**

- * You are to wear loose fitting comfortable clothing on the day *Do not bring valuables to the hospital.
- * Do not wear jewellery, nail polish or make up on the day. * You are to bring a list of your current medications.
- * Please arrange for someone to drive you home, you **MUST NOT** drive for the remainder of the day.

PATIENT INFORMATION FORM

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. The operations may include taking small tissue samples (biopsy) and removal of polyps. An alternative method of examining the large bowel is CT colonography. Colonoscopy has the advantage over CT colonography of allowing tissue samples or biopsies to be taken and polyps to be removed.

HOW ARE YOU PREPARED?

Prior to the colonoscopy you will be given information regarding the preparation kit. This enables the bowel to be cleaned out to provide good views of the bowel. You will be given the opportunity to speak to an anaesthetist prior to the procedure. You will then be given a light general anaesthetic.

SPECIAL CONSIDERATIONS

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

You should cease iron tablets and drugs to stop diarrhoea at least 5 days before the procedure. You should inform your doctor if you are taking blood thinning medication, have heart valve 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 removed (Polypectomy) by placing a wire snare around the base and cutting through the polyp, with an electrical current used if necessary.

SAFETY AND RISKS

For inspection of the bowel alone, complications of the colonoscopy are uncommon. Most surveys report complications in 1 in 1,000 examinations or less.

Complications, which can occur, include an intolerance of bowel preparation solution or reaction to anaesthetics used. Perforation (making a hole in the bowel) or major bleeding from the bowel is rare, but if it occurs, 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 where the polyp has been removed.

Complications of sedation 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 sedation reaction can occur.

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with an 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, it is necessary that you agree to having removed any polyps found during the procedure. If you have any queries or reservations about this please inform your doctor.

In the unlikely event of haemorrhage occurring, blood transfusion may be necessary.

AFTERWARDS

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. If you do not recall discussions with your doctor following the procedure, you should contact his rooms for clarification. If you have any severe abdominal pain, bleeding from the back passage, fever, or any other symptoms that cause you concern, you should contact us immediately on 9808 2311. If you have any problems contacting us, please see your local doctor or present to the nearest emergency department.