

## PATIENT INFORMATION FORM – PREP C – SCONE/COONABARABRAN

### Gastrointestinal Endoscopy

Gastrointestinal endoscopy includes both gastroscopy and colonoscopy.

#### **What is Gastroscopy?**

Gastroscopy (or oesophagogastroduodenoscopy) is an examination of the oesophagus (gullet), stomach and duodenum (first part of the small bowel) using a flexible tube about the thickness of your little finger. The examination is commonly undertaken if your doctor suspects that you have inflammation, an ulcer, bleeding, anaemia or some other related problem. Conditions that can become cancerous such as Barrett Oesophagus may require more regular gastroscopies. Sometimes if your doctor suspects swallowing problems caused by a narrowing of the gullet, oesophageal dilation may be recommended. This is where the gullet is gently stretched.

#### **What is Colonoscopy?**

Colonoscopy is a procedure used to examine or inspect the large bowel. The test is undertaken to investigate a variety of symptoms including but not limited to blood loss, diarrhoea, pain, weight loss or anaemia. People who have had a positive faecal occult blood test (FOBT) will be advised to have a colonoscopy. Some patients who have no symptoms but who have a family history of bowel cancer will be advised to have a colonoscopy.

In a well prepared bowel the procedure allows a good view of the lining of the bowel wall and such conditions as bowel cancer, polyps, diverticulosis (pockets) and types of inflammation can be found. Because some polyps can turn into bowel cancer it is usually recommended that polyps are removed at the time of examination. Alternative methods of examining the bowel include barium enema and virtual colonoscopy, a type of CT scan, involving x-rays. However x-ray examinations do not allow removal of polyps or biopsies of other lesions that may be found.

If patients are having both gastroscopy and colonoscopy, usually both procedures will be done at the same visit.

#### **How are you prepared? (See page 4 for colonoscopy preparation)**

Patients who are only having a gastroscopy will need to be fasted but no special bowel preparation is required. No solid food is to be taken on the day of the procedure but clear fluids may be consumed until 3 hours before your arrival at the hospital. Avoid diabetic tablets and insulin dose should be discussed with Dr McInerney or the Anaesthetist prior to the procedure. All other medications should be taken with a sip of water on the morning of the procedure.

Patients who are having a colonoscopy will need careful bowel preparation because if the bowel is not properly cleaned, the procedure may be incomplete. You will need to make some minor adjustments to your diet for a few days before the procedure. On the day before the procedure you will need to commence clear fluids after breakfast. You will need to obtain **2 sachets of PICOPREP and 1 sachet of GLYCOPREP-C (70gms)** from your pharmacist. No prescription is necessary. Please follow the instructions on page 4 of these notes for the times to take the sachets. Patients who are prone to constipation may require extra tablets as well.

Some patients will require more intensive bowel preparation and there will be separate instructions for this.

### **Special Considerations**

You should advise the doctor or nursing staff if you are sensitive or allergic to any drug or other substance. You should cease iron tablets and drugs to stop diarrhoea several days before the procedure. You should also inform the doctor if you are taking blood thinning tablets; if you have heart stents; if you have heart valve disease; or if you have a pacemaker or defibrillator implanted. Continue to take your usual heart and blood pressure tablets each day leading up to the procedure **and also on the day of the procedure unless advised differently by Dr. McInerney or the Anaesthetist.**

### **What we do?**

Gastroscopy and colonoscopy are carried out in the operating suite at the local hospital. When you arrive at the operating theatre, an intravenous cannula will be inserted. Because you are not having a general anaesthetic you may have some awareness. Occasionally patients do not tolerate the procedure with twilight sedation alone because of discomfort, and heavier sedation or even anaesthesia may be required. Often, patients do not have any recall of the procedure.

While you are sedated your vital signs (pulse, blood pressure and oxygen saturation) are carefully monitored. Once sedated, the gastroscopy and/or colonoscopy are performed. If required, biopsies can be taken. As most cancers of the large bowel arise in pre-existing polyps, **it is advisable that any polyps are removed at the time of colonoscopy. Occasionally, polyps are found during gastroscopy and also may need to be removed.** Most polyps can be burned off by placing a wire snare around the base of the polyp and applying an electric current (polypectomy). The polyp is then retrieved and sent to the laboratory for examination.

### **Safety and Risks**

Serious complications are uncommon. Most surveys report complications in 1 per 1,000 examinations or less. Complication rates are greater if polypectomies or other procedures are performed at the time of colonoscopy or gastroscopy.

Complications which can occur include:-

- Reaction to the sedatives being used
- Intolerance of the procedure due to discomfort, in spite of sedation
- Intolerance of bowel preparation
- Perforation (making a hole in the oesophagus, stomach or bowel) or severe bleeding are unlikely complications which may require urgent surgery, and transfer to another hospital. A colostomy bag may be required temporarily if such surgery is required. Minor bleeding at the site of a polypectomy is not unusual.
- In the rare circumstance of severe bleeding (which can occur in any operation), blood transfusion may be required. If a polyp is removed the risk of bleeding can last for up to 2 weeks after the procedure
- Injury to the spleen can occur during colonoscopy but is rare

- A small number of rare side effects can occur with any endoscopic procedure. If you wish to discuss these, please indicate this to your doctor.

As mentioned earlier, we recommend removal of polyps at the time of colonoscopy. However, it will not be possible to discuss the removal with you at the time because you will be sedated. Therefore, you will be asked to sign a consent form allowing the doctor to perform polypectomy just in case any polyps are found. If you have any concerns or reservations about this, please inform Dr. McInerney.

Gastroscopy and colonoscopy are accurate diagnostic tools for stomach and large bowel problems. However even with this procedure and in spite of close scrutiny, certain problems including cancers and polyps may remain undetected.

### **Treatment of Haemorrhoids.**

Some patients have rectal bleeding due to haemorrhoids (swollen veins just inside the anus) and it may be possible to treat this by placing rubber bands around the haemorrhoids during the colonoscopy. No extra preparation is required. There is a 10 – 20% risk of rather severe anal pain after the procedure. This can be treated with pain killers, but may last for 48 hours. You may notice some bleeding about ten days later. It may take one month to notice any benefit.

### **Afterwards**

The sedative/pain killer you are given prior to the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Dr McInerney will see you soon after the procedure, but you may have no recollection of this or what information he gives you. Therefore you may have another person with you for this discussion. Please inform nursing staff if you would like someone with you for this discussion. It is also desirable that you have a follow up appointment with your general practitioner a few weeks after the procedure. This will allow time for any histology results from the pathology laboratory to be available. You are required to remain in hospital after the procedure until you are deemed able to go home. You should go home in the company of a responsible adult.

On the day of the procedure, you must not:-

- **Drive a vehicle of any sort (for 24 hours)**
- **Travel unaccompanied on public transport**
- **Sign any important documents**
- **Drink alcohol**

After certain procedures, you may have to remain in hospital overnight. If you have any abdominal pain, bleeding from the rectum (back passage), vomiting blood, fever, or any other symptoms that cause you concern, please contact your doctor, or the local hospital immediately.

If you elect not to have this procedure performed for any reason, the risks could include a possible missed diagnosis.

**Please notify your local hospital as soon as possible if you are unable to keep your appointment for this procedure as failure to attend may deny another patient a timely procedure.**

## COLONOSCOPY PREPARATION INSTRUCTIONS – PREP C

For a successful colonoscopy it is very important that the bowel is thoroughly cleaned so that the lining can be clearly seen. Experience has shown that it is preferable to follow these instructions rather than those that come with the sachets as the timing is a little different.

Please follow the instructions listed below if you are having a colonoscopy.

- **For 3 days before the procedure, you will need to have a low residue diet (see last page). Essentially, you will need to limit fruit and vegetables and avoid foods with seeds and brown rice, celery, corn, grapes and similar foods.**
- Cease iron tablets 5 days before colonoscopy.
- If you are prone to constipation or not having at least one bowel motion per day, take Senokot tablets, 2 each night for up to 5 nights immediately leading up to the procedure.
- Discuss Warfarin, Clopidogrel, Plavix, Iscover and other blood thinners with Dr. McInerney as these medications may need to be ceased up to 7 days before the procedure. Please notify the doctor if you have a heart stent. You may not be permitted to stop your blood thinners if you have a heart stent, but biopsies may not be performed and polyps may not be removed if you remain on your blood thinners. Your GP in consultation with your Cardiologist may have to decide if you can stop your blood thinners.
- Do not take your diabetic tablets (Diamicon, Diafomin, Avandia etc.), on the morning of your procedure. If you take insulin, please discuss the dose to have on the procedure day with Dr. McInerney or the Anaesthetist.

### DAY BEFORE EXAMINATION

Between 7.00 – 8.00am have a light breakfast (white toast – as much as you like) and milk or juice. After breakfast take 2 Senokot tablets. **Do not eat any food after this until your procedure has been completed** (unless exceptional circumstances exist, see below).

Drink clear fluids only\* for lunch and dinner. At **2.00pm** mix one sachet of PicoPrep in a glass of warm water (chill if desired) and drink straight down. This must be followed by 3 glasses of water or clear fruit juice (as listed below).

At **7.00pm** mix the Glycoprep-C (70gms) in one litre of water and drink over one hour.

Between **2.00 – 9.00pm** drink plenty of clear fluids, at least 1 ½ litres. You may continue to drink clear fluids until 4 hours prior to the admission time on the morning of the procedure.

### DAY OF EXAMINATION

3 ½ hours prior to your admission time you need to drink the last sachet of PicoPrep. Again, this needs to be mixed with a glass of warm water and drunk straight down, followed by 3 more glasses of water or clear fruit juice. All clear fluids, including water must be ceased 3 hours prior to your admission time and then you are to have nothing further to drink until after your procedure has been completed.

**Before your procedure your bowel motions should be of a clear liquid nature. If not, please advise the nurse at the time of your admission.**

Individual responses to laxatives do vary. This preparation may cause multiple bowel movements. It usually induces frequent loose bowel movements within only 2 to 3 hours of taking a dose. If pain relief is needed, Paracetamol may be taken.

Be prepared – purchase your choice of clear liquids, make up the jellies etc. prior to starting the preparation as once you commence the bowel preparation you will need to stay near toilet facilities.

Have a soothing lotion or cream on hand and apply to the anus as soon as bowel motions commence to help to prevent soreness.

**\*Clear fluids include:-** Water, clear fruit juice (apple, blackcurrant, pear, grape, cranberry or strained orange juice), plain jelly (any flavour but no ice cream, cream or fruit pieces), broth, clear chicken soup, as much as you like (Cup-A-Soup – strain all noodles and particles, drinking only clear fluid), black tea or coffee (no milk), Bonox, Lucozade (no fizzy soft drinks) and barley sugar lollies.

Please contact the hospital one business day before your procedure to confirm your arrival time at the hospital.






You will be at the hospital for several hours. Please be aware that unscheduled emergencies may delay your procedure time. We apologise in advance for any inconvenience caused. Please bring a book to read or something to do whilst waiting, and relax.

Please arrange for someone to collect you and drive you home following your procedure. **You cannot drive home.** Someone should stay with you on the night following your procedure.

You will be able to resume normal activities the following day.  
Please direct any enquiries to Dr. McInerney at the Scone Medical Practice for Scone Patients on **02 6545 1600** and for Coonabarabran Patients – **please contact your usual GP or Dr. McInerney on 02 6545 1600.**

**Revised May 2015**

## LOW RESIDUE DIET

FOOD GROUPS	FOODS ALLOWED	FOODS NOT ALLOWED
<p><b>BREAD / CEREAL</b></p> 	<p>White bread, white rice, white pasta with oil or cream sauce. Refined breakfast cereals (e.g. Cornflakes, Special K, Rice Bubbles) White flour, plain biscuits (made with white flour &amp; allowed ingredients), plain rice cakes and crackers.</p>	<p>Wholemeal, multi-grain, rye bread or white bread with added bran. Brown rice, wholemeal pasta with chunky" sauce. Wholegrain breakfast cereals (e.g. muesli, Rolled oats, porridge, All bran.) Wholemeal flour. Biscuits, cakes &amp; crackers made on wholemeal flour or containing fruit &amp; nuts.</p>
<p><b>FRUIT</b></p> 	<p><b>AVOID SKIN &amp; SEEDS</b> Honeydew, rockmelon, watermelon, grapes, peaches, pineapple, pawpaw, apple, apricots, ripe bananas. Tinned/stewed apples, peaches and pears.</p>	<p>All other fruit. Dried fruit.</p>
<p><b>VEGETABLES</b></p> 	<p><b>AVOID SKINS &amp; SEEDS</b> Potato, carrot, choko, marrow, squash, pumpkin, onion, asparagus tips, cauliflower tips, cucumber, tomato</p>	<p>All other vegetables</p>
<p><b>MEAT / FISH / EGGS</b></p> 	<p>All meat, fish &amp; poultry. Eggs</p>	
<p><b>MILK / DIARY</b></p> 	<p>Milk, cream, butter, cheese, plain yoghurt</p>	<p>Fruit yoghurt</p>
<p><b>OILS / NUTS</b></p>	<p>Margarine, oil</p>	<p>Nuts &amp; nut products.</p>
<p><b>MISCELLANEOUS</b></p>	<p>Most soft drinks &amp; cordials, tea, coffee, alcohol</p>	<p>Drinks which have <b>RED</b> or <b>PURPLE FOOD</b></p>
	<p>in moderation, lollies, plain chocolate, toffees, sugar, vegemite, honey, salt, pepper, herbs &amp; spices.</p>	<p><b>COLOURING.</b> Fruit and/or nut chocolate, marzipan, marmalade, jams, fruit mince pies, popcorn.</p>

# **COUNT DOWN TO COLONOSCOPY**

## **7 DAYS BEFORE**

- Get bowel prep from pharmacy (no prescription required)
- Stop Clopidogrel (Plavix/Iscover) if recommended by doctor.

## **5 DAYS BEFORE**

- Stop Iron tablets
- Start aperients (Senokot) if not having daily bowel actions or if advised.
- Stop Warfarin if doctor advised.

## **3 DAYS BEFORE**

- Start Low Residue Diet (see Dr McInerney's instructions)

## **24 HOURS BEFORE**

- Light breakfast only, then CLEAR FLUIDS (water, cordial, black tea, plain jelly etc).
- Senokot tablets
- Make up bowel prep and store in refrigerator

## **AFTERNOON BEFORE**

- Start sachets of bowel prep and follow Dr. McInerney's instructions.

## **3 HOURS BEFORE ARRIVAL AT HOSPITAL.**

- Nil by mouth.

## **CONTACT NUMBERS**

SCONE HOSPITAL	6540 2100
COONABARABRAN HOSPITAL	6826 6100
DR. MCINERNEY (SCONE MEDICAL PRACTICE)	6545 1600