

COLONOSCOPY PREPARATION INSTRUCTIONS - PICOSALAX

Morning Procedure

2x Picosalax sachets and 1x Colonlytely sachet

Please follow the instructions below, NOT the instructions on the packaging. Individual responses to laxatives vary. They usually induce frequent, loose bowel movements within two to three hours of taking the first dose. Please remain within easy reach of toilet facilities.

The quality of the bowel preparation directly affects the accuracy of your test. The success of your examination depends on the bowel being as clean as possible, otherwise your colonoscopy may need to be postponed and the preparation repeated on another day.

MEDICATIONS

NSAID arthritis tablets (e.g. Voltaren, Indocid, Naprosyn) should generally be ceased for 7 days prior to the procedure. Aspirin has NOT been shown to increase the risk of post-polypectomy bleeding, so it can be safely continued.

Clopidogrel [Plavix, Iscover], Prasugrel [Effient], Warfarin [Marevan, Coumadin], Rivaroxaban [Xarelto], Ticagrelor [Brilinta], Apixaban [Eliquis], or Dabigatran [Pradaxa] may need to be stopped depending on the reason they are being used. You may continue taking Aspirin. If you have a coronary stent or are at high risk for blood clots, strokes, or heart attacks, then these medications generally cannot be stopped. This should be discussed with Dr Fanning. It may also require discussion with your Cardiologist.

Diabetic medications and Insulin doses will need to be adjusted. Please discuss this with Dr Fanning before your procedure. All other medications should generally be taken as normal throughout the preparation, **unless** advised to discontinue by Dr Fanning.

3 DAYS PRIOR TO COLONOSCOPY

Begin low residue food diet (see below) until the procedure is performed. Stop Iron tablets if you are taking them. If your bowel motions are not regular, please take 2x DuroLax/Dulcolax or Senna-based laxative tablets daily.

FOODS ALLOWED TO BE EATEN:

Cornflakes, rice bubbles, white bread, toast, margarine, butter, honey, chicken, white fish, eggs, milk, cottage cheese, plain yoghurt, well-cooked peeled pumpkin or potato, oranges, apples, plain biscuits. Plentiful 'Approved clear liquids' as listed below.

FOODS NOT ALLOWED TO BE EATEN:

Brown bread, cereals, meat, other fruits and vegetables, any foods with seeds or nuts.

ONE DAY PRIOR TO COLONOSCOPY

BREAKFAST:

You may have breakfast according to the diet above then nothing solid to eat thereafter.

AFTER BREAKFAST AND DURING THE DAY:

Ensure you continue a HIGH intake of "**Approved Clear Liquids**" throughout the day and until bedtime. No solid food or milk products allowed. It is very important to drink as much clear fluid as can be tolerated.

APPROVED CLEAR LIQUIDS

Water or Lime/Lemon Cordial

Clear fruit juices and cordials (not red or purple)

Clear broth

Tea or coffee (no milk allowed)

Sports drinks (not red or purple)

Clear salty fluids (eg. strained chicken soup)

Plain jelly (only yellow or orange)

Lucozade or Soft drinks – lemonade, ginger ale

HELPFUL TIPS DURING PREPARATION

- * Drink plenty of clear fluids
- * Apply protective cream (e.g. Lanoline) around your anal area to reduce discomfort
- * Keep warm
- * If you feel nauseated while taking the preparation, stop for 30 minutes and try a hot clear drink
- * If you feel bloated, try walking around, suck some peppermints or drink peppermint tea.

COMMENCE BOWEL PREPARATION – DAY PRIOR TO PROCEDURE

The bowel preparation may be more palatable if chilled. You may prepare and refrigerate it prior to use.

5.00pm First Dose - Picosalax

Add the contents of ONE sachet of PICOSALAX to a large glass of water (approx. 250ml), and stir until dissolved. Drink mixture slowly but completely. This should be followed by at least 4-5 glasses of Approved Clear Liquids.

8.00pm Second Dose - Colonlytely

Dilute the entire pack of COLONLYTELY in one Litre (1L) of water and stir until dissolved. You should try to drink a glass every 15 minutes. Total intake time should be approx. 1 hour. If you feel nauseated whilst drinking the preparation, slow down the rate of intake. This should be followed by at least 2 glasses of Approved Clear Liquids, and then at least a glass per hour in order to remain hydrated. Clear liquids may be continued overnight if desired.

COMPLETE BOWEL PREPARATION - DAY OF COLONOSCOPY

The bowel preparation may be more palatable if chilled. You may prepare and refrigerate it prior to use.

5.00 - 6.00am Third Dose - Picosalax

Add the contents of ONE sachet of PICOSALAX to a large glass of water (approx. 250ml), and stir until dissolved. Drink mixture slowly but completely, followed by 3 glasses of Approved Clear Liquids. You must NOT EAT anything today.

You may drink water up until TWO (2) hours prior to your admission time, then completely NIL BY MOUTH until your procedure.

Please arrive at the hospital at the scheduled admission time.

Your bowel motions should be of a clear liquid nature. If not, please advise the Nurse at the time of admission.

Someone MUST accompany you home from the procedure because of the sedatives used during the examination. Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day. YOU MUST NOT DRIVE OR OPERATE MACHINERY UNTIL THE NEXT DAY.

If you experience any complications after the procedure please contact Dr Fanning immediately, or proceed to the Emergency Department if this occurs after hours or on the weekend.

COLONOSCOPY INFORMATION SHEET

What is a Colonoscopy?

Colonoscopy (also known as lower GI endoscopy) is a procedure that enables a Gastroenterologist to examine the lining of the large bowel (colon) using a thin flexible tube with a camera lens and light source. This examination includes the entire length of the large bowel, and often the very last few centimetres of the small bowel. This information sheet will give you a basic understanding of the procedure – how it is performed, how it may help, and what side-effects you might experience. Please ask Dr Fanning about anything you do not understand.

Why is Colonoscopy performed?

Colonoscopy is performed to evaluate a variety of symptoms including lower abdominal pain, a change in bowel habit, weight loss, or rectal bleeding. Colonoscopy is also regularly performed in patients with a personal or family history of bowel cancer. It is the best test for finding a source of bleeding from the lower gastrointestinal tract. Some common causes include:- vascular abnormalities, Crohn's disease and Ulcerative colitis (inflammation of the bowel wall), haemorrhoids, diverticular disease, ulcers, polyps and tumours of the lower GI tract. Biopsies (small tissue samples) may also be taken at the time of your Colonoscopy. Many conditions can also be treated at the time of Colonoscopy. Examples include dilating narrowed regions, removing polyps, and treating lower gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusions and surgery in many patients.

What are the possible complications of Colonoscopy?

Endoscopy is generally safe and well-tolerated. Complications can occur, but are rare when the test is performed by Physicians with specialised training and experience in the procedure. Risks vary depending on why the test is performed, what is found during the procedure, what therapeutic intervention is undertaken, and whether a patient has underlying major medical problems. Complications can include bleeding, infection, pain, or perforation (a tear in the wall of the bowel). It is rare to have a major complication such as perforation (1:1,000), however if any significant symptoms develop after your procedure please inform Dr Fanning immediately.

Bleeding may occur from biopsy or polypectomy sites, but this is usually minimal and rarely requires additional therapy. Reactions to the sedatives used and complications from heart or lung diseases, including death, are extremely rare but potential risks.

What can I expect during Colonoscopy?

The bowel must be cleaned of residual faecal material prior to colonoscopy. This entails a modified diet and extensive bowel preparation, which results in a laxative effect. Dr Fanning will discuss this with you, and provide detailed information on how to prepare for the procedure. You must not eat for 6 hours prior to the procedure, but can drink water until 2 hours prior to your appointment time.

You should talk to Dr Fanning about any regular medications that you take, and any known drug allergies. Although an allergy does not prevent you from having a Colonoscopy, it is important to discuss it prior to the procedure. Also, be sure to mention if you have any major diseases, or take regular blood-thinning medications such as Aspirin [Cartia, Solprin], Clopidogrel [Plavix, Iscover], Warfarin [Marevan, Coumadin], Rivaroxaban [Xarelto], Dabigatran [Pradaxa], Ticagrelor [Brilinta], Apixaban [Eliquis], or Prasugrel [Effient].

You will lie on your left side during the procedure, with Intravenous sedation used to make you comfortable. The Anaesthetist will ensure you are comfortable, with most patients sleeping through the whole procedure. The colonoscope is then inserted into the anus and gently advanced around the colon. You might feel bloated afterwards because of the gas introduced through the instrument.

A detailed examination is performed, and a report written explaining the findings.

What can I expect after Colonoscopy?

After your Colonoscopy you will be observed for complications until most of the effects of the medications have worn off. You might experience bloating or pass gas because of the air introduced during the examination. You should not have any significant pain.

Most patients are to remain fasting for 30 minutes post procedure, and can then resume a normal diet. Those with a large polyp removed are required to remain fasting for 2 hours post procedure, and then continue clear fluids for the remainder of the day.

Dr Fanning will discuss the findings and future plans with you after the procedure.

**Someone must accompany you home from the procedure because of the sedatives used during the examination.
Even if you feel alert after the procedure, the sedatives can affect your judgment and reflexes for the rest of the day.
YOU MUST NOT DRIVE OR OPERATE MACHINERY UNTIL THE NEXT DAY.**

If you experience any complications after the procedure please contact Dr Fanning immediately, or proceed to the Emergency Department if this occurs after hours or on the weekend.