

## COLONOSCOPY INFORMATION FOR PATIENTS & CARERS

Read this information very carefully, and ask your doctor or ring the clinic if you have any questions.

A colonoscopy involves direct visualisation of the digestive tract with an endoscope. It is used to help diagnose the cause of many gastrointestinal symptoms such as diarrhoea, constipation, abdominal pain, blood in the stool, rectal bleeding, anaemia and others.

### CONSENT FORM

If, after consultation with your doctor, you decide to have a procedure, you will be asked to sign a consent form. Before signing the consent form and commencing any preparation make sure you read all the information carefully and ask any questions that you may have. Alternatives to colonoscopy do exist but are diagnostic only. They do not allow your Specialist to provide treatment at the same time and may not be as accurate.

### MEDICAL HISTORY

Fully disclose any health problems you have, or have had in the past. Some problems may interfere with the procedure, anaesthesia or recovery. Document your Medical History in detail and inform your doctor and other clinical staff. It is important that you tell us if you have had any of the following:

- an allergy or adverse reaction to anaesthetic drugs, antibiotics, latex/rubber or any other medication or food,
- diabetes,
- prolonged bleeding or excessive bruising,
- a pressure injury or broken skin,
- recent or long term illness, or surgeries,
- endocarditis (infection inside the heart), heart valve surgery, or any heart problem,
- recent artificial joint surgery,
- substance use,
- mental health issues, dementia or delirium,
- a history of falls or a recent fall,
- damaged teeth (loose or broken teeth) or poor dental hygiene.

### MEDICATION

Document on the Medical History Form **ALL** medication you are taking, or have recently taken, including medicines & herbal medicines bought “over the counter” without prescription.

Do **NOT** take any iron tablets or fish oil for 7 days prior to the procedure.

Asthma inhalers must be brought with you on the day.

If you take **blood thinning / anticoagulant** tablets, other than **aspirin**, consult your specialist and/or the doctor who prescribed this medication for instructions on any changes for your colonoscopy.

If you are taking a combined blood pressure and diuretic tablet, stop for 1 day prior to your colonoscopy. Examples of combined medications are Natrilix, Karvezide, Co Diovan, HCT Winthorp, HCT Avapro, HCT Sandoz, Atacand Plus, Micardis Plus, Renitec Plus & Monoplus.

All other medication (excluding diabetic tablets) can be taken with a sip of water the morning of the procedure.

### Instructions for patients with DIABETES:

If you are Diabetic, **ensure you have an early morning appointment** and **bring your medication (tablets / insulin) with you.**

- If you are on a **diabetic diet alone**, without medication, there are no special instructions.
- If you are on **oral medication**, stop all diabetic tablets for the two days before and morning of your admission.  
Bring the medication with you, so you can have it with food after the procedure. Continue to monitor your blood sugar level regularly.
- If you are on **insulin**, you will need to see the Specialist prior to the procedure and consult your attending Physician so that the dose on the day before and the day of your procedure

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can be tailored to the changed routine. Bring your medication with you so it can be given after the procedure with food. Monitor your blood sugar level regularly.

### PREPARATION / FASTING

On the day of your procedure you will be on a CLEAR FLUID DIET, so continue drinking a variety of clear fluids up to 6 hours prior to your admission time.

Between 2 and 6 hours before your admission time **you may drink WATER ONLY** to a maximum of 200mls per hour.

You must fast and not drink anything from 2 hours before your admission time.

**NB: Adjust fasting time if your admission time is changed.**

### COLONOSCOPY ( + / - Gastroscopy)

Examination of the colon requires careful preparation with **diet and a colonic laxative preparation**. You will need to follow the preparation instructions from your Specialist. Instructions for a number of different preparations are available on the website, if you have not already received them.

Ensure you buy the correct colonic preparation, as per your doctors instructions.

**If you are also having a gastroscopy (endoscopy), please note there are no additional instructions.**

### SEDATION

Most patients are given a short acting anaesthetic/sedative into a vein to help relieve any discomfort during the procedure. Usually the colonoscopy is well tolerated, and pain is uncommon.

Your coordination may be affected by the medication given during your procedure. Don't drive a car, make any big decisions or sign legal documents on the day of your procedure.

**You must have someone to accompany you home or your procedure may be cancelled.**

### AFTER THE PROCEDURE / RECOVERY

After the procedure you will remain in the recovery room for one to two hours until the effect of the sedation wears off.

You will be given a light refreshment of coffee / tea / juice and sandwiches when awake and able to tolerate it. There are limited gluten free options available. *If you have a special dietary requirement e.g. Coeliac, Kosher – please bring a snack with you.*

Your Specialist will see you before you leave to give you a verbal and written report as well as detailed discharge instructions. A report will also be sent to your referring doctor.

### DISCHARGE

Remember to bring a contact telephone number for your escort. It is very important that you **do not drive a car, travel on public transport alone, operate machinery, sign legal documents or drink alcohol on the day of the test. You should not return to work until the next day.**

You should return home, rest quietly, resume a normal diet and drink water and other fluids. You will be given **Discharge Instructions** for you and your carer with details of follow up instructions and possible side effects.

### POSSIBLE COMPLICATIONS

Colonoscopies are generally very safe procedures but do have some risks. Despite the highest standards of endoscopic practice, complications can occur. Complications are more likely if a therapeutic procedure (removing a colonic polyp) is performed. National statistic complication incidence reports a rate of 1:1,000 patients. However our statistical data show a significantly lower incidence. The following complications are listed to inform you and not to alarm.

- Perforation / Tear (1:5,000) this will require admission to hospital, sometimes antibiotics or surgery.
- Excessive bleeding (1:5,000) occurs after a polyp is removed or biopsy taken. In very rare cases excessive bleeding can occur from a biopsy (especially if you are on blood thinning

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medication) or following the removal of a large polyp. This will require admission to hospital, and possibly a blood transfusion or an operation.

- Aspiration pneumonia: (1:5,000) occurs when a person inhales some stomach contents during the procedure. This may cause a lung infection that may require hospitalisation and/or antibiotics.
- Damage to teeth can occur especially if the teeth are capped, loose or in poor condition. Every effort to protect teeth is taken.
- Colonoscopy is considered to be the most accurate test of the colon and the gold standard. However, there is a risk that an abnormality may not be detected.

### AFTER DISCHARGE

If you have any of the following symptoms after you are discharged, you should **immediately** contact your Specialist or the Clinic, or attend your local Accident and Emergency Hospital:

- severe chest or abdominal pain,
- breathing difficulties,
- spitting up blood,
- black tarry bowel motions,
- persistent or increase in bleeding,
- weakness or dizziness,
- fever over 38°C or shivers and chills or
- any other symptoms that cause you concern,.

IF YOU ARE UNSURE ABOUT ANY OF THESE INSTRUCTIONS PLEASE CONTACT YOUR SPECIALIST OR THE NURSING STAFF ON 02 9369 3666.

### INFECTION CONTROL

Infection control guidelines set by the Gastroenterological Nurses College of Australia (GENCA), Gastroenterology Society Australia (GESA), NHMRC (National Health and Medical Research Council), Australian Standards (AS4187) and the NSW Health Department are strictly observed.

### COMPLAINTS / SUGGESTIONS / COMMENDATIONS

Please contact the Quality Manager, Director of Nursing or Practice Manager if you have any concerns, problems, compliments or suggestions during or after your stay.

Formal complaints should also be addressed to any of these managers. If you are not satisfied with our handling of your complaint you may refer it to the Health Care Complaints Commission.

Dr. E. Wegman has a pecuniary interest in The Sydney Clinic for Gastrointestinal Diseases.