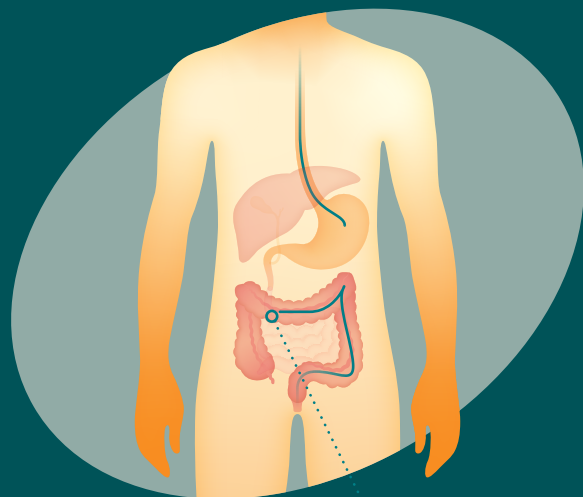


Colonoscopy

A colonoscopy involves using a slim, flexible tube with a small camera on the end to look inside your bowel. This is used to check the health of your bowel when you have the following symptoms:

- 1 Blood loss from the bowel (aka rectal bleeding).
- 2 A change of bowel habit such as ongoing diarrhoea.
- 3 Low abdominal pain that may suggest inflammation of the colon.
- 4 To check for polyps.
- 5 To re-examine the colon after a polyp, or cancer, has been removed and to check that no new growths have developed.
- 6 To check those who have a family history of bowel cancer or a genetic condition that predisposes them to cancer.



COLONOSCOPY

Colonoscopy pre-op

Bowel prep dose and method of administration

It is essential that the bowel is clean prior to colonoscopy. Bowel preparation requires two sachets of Picosalylx taken several hours apart, starting the day before the procedure. The timing of these two sachets depends on what time of the day your colonoscopy is booked. Each sachet is mixed with 150mL (2/3rds of a cup) of water and stirred for 2 to 3 minutes so it becomes an off-white, cloudy liquid with a faint odour of orange. If it becomes warm wait until it cools sufficiently to drink. Drink the solution. Do not prepare the solution in advance.

Colonoscopy is scheduled for the morning (i.e. before 1pm)

- 1 The first Picosalylx sachet is taken **the afternoon BEFORE** the procedure (e.g. 4pm to 6pm). The sachet is mixed with 150mL (2/3rds of a cup) of water followed by at least five 250mL (1 cup) drinks of clear liquids, spread over several hours.
- 2 The second Picosalylx sachet is taken in the same manner in the **late evening BEFORE** the day of the procedure (e.g. 10pm to 12am), followed by at least three 250mL drinks of clear liquids, spread over several hours.
- 3 Clear liquids may be consumed until **2 hours** before the time of the procedure.

OR

Colonoscopy is scheduled for the afternoon (i.e. after 1pm)

- 1 The first Picosalylx sachet is taken **the night BEFORE** the procedure. The sachet is mixed with 150mL (2/3rds of a cup) of water and drunk in the evening (e.g. 5pm to 9pm), followed by at least five 250mL (1 cup) drinks of clear liquids, spread over several hours.
- 2 The second Picosalylx sachet is taken in the same manner **the next day**, on the day of the procedure (5-9 hours prior to the procedure). At least three 250mL (1 cup) drinks of clear liquids, spread over several hours should be taken after the sachet.
- 3 Clear liquids may be consumed until **2 hours** before the time of the procedure.

Clear liquids

Clear liquids may include water, clear soup, fruit juice without pulp, soft drinks, tea and/or coffee without milk (including soy and cream). You should NOT drink just water alone but also drink a balanced electrolyte solution (e.g. Powerade). You should consume only clear fluids (no solid food or milk) on the day before the procedure up until 2 hours before the time of the procedure.

The sachets usually take 1 to 3 hours to work but may take up to 6 to 8 hours for some people. The second sachet takes less time to work. Keep this in mind if you intend to travel the day before the procedure.

The goal is to pass mostly clear motions with only a light colour, including yellow prior to your procedure. If you are passing brown liquid with solid material mixed in, then your colon may not be ready.

Colonoscopy pre-op

What happens in a colonoscopy?

Most colonoscopies are performed at Southern Endoscopy Centre but occasionally at St Georges Hospital or Southern Cross Hospital. Colonoscopies are performed as a day-case procedure so you will need someone to drop you off and drive you home.

Once admitted you will be taken to pre-op ward and asked to change into a gown. An IV will be placed in your arm so you can receive fluids and medication to help you relax and keep you comfortable during the procedure.

When ready you will be transferred to the endoscopy suite where you'll be asked to lie on a bed so that the nurses can attach monitors. The procedure is performed with you lying on your left side, knees curled up to chest. As the colonoscope is inserted, it is not unusual to feel pressure, cramping and the feeling of needing to evacuate. This is because of the gas used to distend the colon for a better view. The aim is to advance the colonoscope to the end of the colon, and then slowly withdraw to look for things like polyps or masses, if found they may be removed or biopsied.

The whole procedure takes around 30min. Afterward, you'll spend some time in recovery while the sedation wears off. You will be given food and drink when you recover alertness. You may feel a bit gassy or have mild cramping, but this usually settles quickly.

You'll need someone to drive you home, and you can usually get back to normal activities the next day, though you should take it easy for the rest of the day.

Will I be awake?

Most colonoscopies are performed under sedation meaning you are not unconscious. Intravenous drugs are given to induce relaxation and control discomfort.

Usually patients describe a drowsy feeling that quickly turns into a light sleep, though they can be roused if necessary.

The medications may have an amnesic effect, meaning that the memory of the procedure or the immediate time afterward may be distorted or lost.

In some cases patients require more than sedation, such as those who have tortuous colons from previous surgery, or irritable bowel that makes the colon sensitive to gas. In these cases a general anaesthetic can be offered which is similar to what is used in operating theatres.

In some cases patients may prefer to have no sedation as it allows them to return to normal activities the same day.

Colonoscopy post-op

Resting time

You should take it easy for the rest of the day as the sedation can make you drowsy and affect your coordination and judgement.

For 24 hours following the procedure you:

- should not drive.
- operate heavy or potentially harmful machinery.
- make legally binding decisions.

Hydrate

Drink plenty of liquids to help your body recover. You no longer need to restrict yourself to clear fluids, but it is advisable to avoid alcohol for 24 hours.

Eat light

Start with light, easily digestible foods such as toast, crackers, bananas etc. Avoid heavy, greasy foods for 24 hours.

Passing gas

Bloating, mild discomfort and flatulence is common following the procedure. Walking, warm liquids, and heat packs to the abdomen can help relieve these.

Medications

Take your medications exactly as prescribed on your medication discharge instruction sheet.

Unless otherwise directed by your doctor, all of your medications and vitamins can be swallowed as they are given. Alternatively you may crush tablets, use chewable or liquid forms. If you are uncertain how large a pill you can swallow then it is useful to use the rule that you swallow no pill larger than the top of a thumbtack.

When to seek medical advice

Contact Dr Flint at the rooms or your GP if you experience:

- Fever above 38°C.
- Severe or worsening abdominal pain for more than 2 hours.
- Persistent or heavy rectal bleeding (more than 2 times an hour for 2 consecutive hours) or passing large blood clots.

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Colonoscopy post-op

I had a polyp removed. What does this mean?

A polyp is an abnormal growth of tissue arising from the lining of the inner colon or rectum. These look like bumps or clumps of cells and are commonly found. A small proportion (5 to 10%) may progress to cancer if left untreated.

There are numerous types of polyps and a number of factors determines the risk of cancer progression. Unfortunately these factors can only be determined by histological examination. For that reason they are removed and sent to the laboratory for further analysis. In most cases no further treatment is required other than its removal. But in some groups it is recommended to repeat the colonoscopy in 3 to 5 years so no further polyps develop.

I had diverticular disease. What does that mean?

Diverticular disease is commonly found at colonoscopy and is normally of no significance. They are small pockets seen when the inner layer of the colon herniates through the outer two layers. They are often small (1 to 3mm diameter) and found on left side of the colon. They are often asymptomatic but can be associated with those who get irritable bowel symptoms such as cramping and bloating. No treatment or intervention is required for incidentally found diverticular disease.

If you have any questions or concerns, please don't hesitate to contact us.

**Let's get
it sorted
properly.**

