MORNING PROCEDURE

Dr Howard Tang
Dr Matt Kitson

314 Warrigal Road, Glen Iris
Telephone: 9909 4180

PICOPREP ORANGE Preparation Instructions

PLEASE PURCHASE: Three Picoprep Orange 20g sachets

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 usually induces frequent, loose bowel movements. Please remain within easy reach of toilet facilities.

MEDICATIONS

* If you are taking blood thinning medication, diabetic medication or iron supplements, please contact our rooms unless you have already been given advice by the rooms.

ONE DAY BEFORE EXAMINATION

Follow the RESTRICTED DIET all day until 6pm. You must have nothing to eat between 6pm and your procedure. You may continue to drink as much of the approved liquids as you like up to 2 hours prior to your arrival time.

RESTRICTED DIET

Breakfast: White bread toast with margarine/butter
Lunch: Chicken sandwich on white bread ONLY or white bread toast with margarine/butter
Dinner: Chicken sandwich on white bread ONLY or white bread toast with margarine/butter

- May substitute bread with noodles, rice or pasta. (low carb keto noodles are not allowed)
- May substitute fish instead of chicken (canned tuna is ok but only in water)
- Gluten free white bread is acceptable
- Rice crackers may be used for snacks

APPROVED LIQUIDS:

- Water (plain, carbonated or flavoured)
- Fruit juices without pulp, such as apple, pear or white grape juice**
- Carbonated drinks, including dark sodas, such as cola**
- Jelly without fruit**
- Tea or coffee without milk or cream
- Sports drinks**
- Clear, fat-free broth or bullion (ie chicken or vegetable stock)
- Honey or sugar.
- Hard lollies, such as lemon drops or barley sugar.**
- Icy poles without milk, bits of fruit, seeds or nuts.**

****NO RED, BLUE OR PURPLE COLOURS**

FIRST DOSE OF PREPARATION

6:00pm – Using a large jug, slowly add the contents of ONE 20g sachet to 250ml of warm water, stir gently until effervescence ceases. Refrigerate if desired. Drink mixture slowly. This should be followed by at least one glass of approved liquid per hour, in order to retain hydration throughout your body.

SECOND DOSE OF PREPARATION

8:00pm – Using a large jug, slowly add the contents of ONE 20g sachet to 250ml of warm water, stir gently until effervescence ceases. Refrigerate if desired. Drink mixture slowly. This should be followed by at least one glass of approved liquid per hour, in order to retain hydration throughout your body.

DAY OF EXAMINATION

NO FOOD ALLOWED

THIRD DOSE OF PREPARATION

3 Hours prior to admission (i.e. 7am arrival time = 4am prep) – Using a large jug, slowly add the contents of ONE 20g sachet to 250ml of warm water, stir gently until effervescence ceases. Refrigerate if desired. Drink mixture slowly. This should be followed by at least one glass of approved liquid per hour, in order to retain hydration throughout your body.

****IMPORTANT: STOP ALL FLUIDS 2 HOURS PRIOR TO YOUR ARRIVAL TIME****

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. 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. 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.

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 9909 4180. If you have any problems contacting us, please see your local doctor or present to the nearest emergency department.