

## **COLONOSCOPY (+/- GASTROSCOPY) INSTRUCTIONS**

(Medicare item numbers 32222 / 32229 +/- 30473)

### **PLEASE READ ALL OF THE FOLLOWING INFORMATION CAREFULLY**

1. For Colonoscopy or Gastroscopy/Colonoscopy together, there will be a bowel preparation involved.
2. You may need to alter your usual medications.
3. You need an adult to escort you home afterwards
  - You cannot drive yourself home or take public transport home.
  - You can taxi or Uber if there is someone at home to meet you.
  - You must nominate a responsible person who will care for you after your discharge.
4. Please confirm your level of cover with your Health Fund. We are no-gap providers with all Australian Health Funds.
5. Any pathology specimens taken will be tested by Australian Clinical Labs and the results go to your referring doctor. You will not routinely receive a copy of these.

### **General hints for Colonoscopy**

- If you have very troublesome constipation, then use your normal laxative regularly for a few days before hand to start clearing the bowel.
- If prone to nausea and vomiting, discuss using an anti-emetic (eg Stemetil, Maxolon) with your GP or Pharmacist before you start taking the preparation. "Anagrain" is an over-the-counter combination of paracetamol/metoclopramide (Maxolon) which can be purchased from the chemist- take a dose 30 minutes before starting the prep.
- Using moist toilet wipes and some soothing cream like Anusol or Vaseline around the anus can make life more comfortable.
- Don't have Colonoscopy too soon after abdominal surgery, appendicitis or diverticulitis unless advised by your doctor. Try to wait 6 weeks if possible.
- If possible, avoid planning international travel for 2 weeks after Colonoscopy as there is a small bleeding risk if polyps are removed. This risk may be much less than 1%. We can discuss any potential risk with you after the once we have the Colonoscopy result.

## **IMPORTANT MEDICAL INFORMATION**

### **IF YOU:**

- Have severe kidney impairment
- Have frequent symptoms from heart or lung disease or have severe diabetes
- Live alone at home/have mobility issues

-then the standard preparation and procedures may need to be modified. Please discuss these issues with your referring doctor or contact GI Health. We may occasionally recommend a consultation before the procedure.

### **WHAT TO DO WITH MEDICATIONS:**

**Aspirin and Clopidogrel:** Continue use through to the day of procedure.

**Diabetes pills:** Do not take on morning of procedure. A lower dose may be needed in the evening before. Please discuss with your usual doctor. *Ask for an early morning colonoscopy time.*

- *Some newer types of diabetes pills (SGLT2 inhibitors) need to be stopped for **2 days before the Colonoscopy day** due to risks associated with fasting and dehydration. The chemical names are: dapagliflozin, empagliflozin or ertugliflozin and some brand names include: Forxiga, Xigduo, Qtern, Jardiance, Jardiamet, Glyxambi, Steglatro, Segluromet, Steglujan.*

**Insulin:** Usually reduce any evening dose by half. Do not take any insulin on the morning of procedure. Please discuss with your referring doctor. *Ask for an early morning Colonoscopy time.* Please bring your insulin with you.

**Iron tablets:** Please stop these 7 days before procedure.

**Heart and blood pressure pills:** Continue use and take them with a small amount of water early in the morning of procedure day unless otherwise advised by your usual doctor/specialist.

**Blood thinners: Warfarin, Pradaxa, Eliquis, Brilinta and Xarelto:**

Option 1: Stop blood-thinners before procedure. Please co-ordinate with the usual supervising doctor. GI Health cannot fully advise you over the phone what to do with these important medications. If you have a **cardiac stent or artificial heart valve**, then do not stop medications without your cardiologist approval. If you are in any doubt, please arrange a consultation to see the Gastroenterologist prior to any Colonoscopy.

Option 2: Continue blood-thinners. There is about a 10% chance we would need to book a second Colonoscopy at a later date and off the blood-thinners to deal with a large polyp.

*Please bring all medications (including insulin) you would normally take on the day of your procedure with you. The nurses will give you your medications once your procedure has been completed.*

## INFORMATION ABOUT COLONOSCOPY

Colonoscopy is an examination of the lining of the colon, or large bowel. The procedure is performed using a telescope like instrument that is passed into your bowel through the anus and allows the doctor to closely examine the lining. The doctor can also use this instrument to take tissue samples, remove polyps and perform other procedures. The examination can take from 15 to 45 minutes and is performed while you are sedated with short-acting anaesthetic. An information sheet detailing Colonoscopy can be downloaded from [www.gesa.org.au](http://www.gesa.org.au)

One common finding is that of polyps. These are wart-like growths that occur in the bowel in about a third of people. These have the potential to become cancerous and will usually be removed during Colonoscopy. The samples will be sent to pathology to assist in determining further treatment requirements.

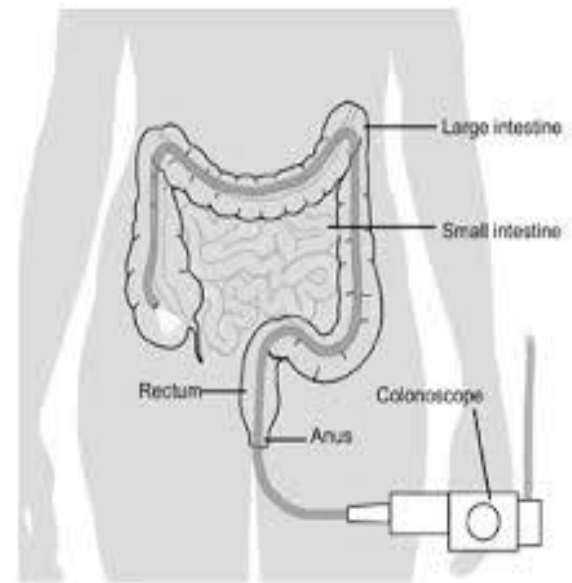
You can expect to be at the hospital for up to 4 hours. Although you will be essentially back to normal before leaving because of the anaesthetic, **you will not be able to drive a car until the next day. We and the hospital strongly recommend that you have a responsible adult to be with you at home after the procedure.**

Colonoscopy is a very safe medical procedure. The **potential risks** mainly relate to:

- Colonoscopy may not find the cause of your symptoms. Colonoscopy has been reported to miss small polyps and there are reported cases of cancer being diagnosed within a few years of an apparent normal colonoscopy. Colonoscopy and polyp removal have however been clearly shown to significantly reduce the risk of future bowel cancer.
- Abdominal cramps or altered bowels – occasionally occur for a day or so after Colonoscopy. In rare cases might prevent return to work the next day.
- Bleeding if polyps are removed (risk about 1 in 500 cases). Can occur up to 17 days after Colonoscopy. Can require hospitalisation and repeat Colonoscopy to treat.
- Damage or perforation. The risk of this is about 1 in 3000 for most colonoscopies although the risks may change depending on age, presence of severe diverticulosis, multiple previous abdominal surgeries or treatment of larger polyps. Symptoms of pain and fever can manifest within 24 hours and usually while you are still at the hospital. Will usually need hospitalisation and can need surgery to repair
- Rare (less than 1 in 3000 risk) cases of diverticulitis, appendicitis or spleen injury have been reported and attributed to Colonoscopy

You will have the opportunity to discuss these and other issues with your Gastroenterologist before the procedure starts. After that, you will be asked to sign a consent form to go ahead with the procedure.

If you are concerned about having a Colonoscopy, please call our office to arrange a consultation with the doctor so that we can come up with a plan that suits your needs.



## **INFORMATION ABOUT GASTROSCOPY**

A Gastroscopy is an examination of the lining of the oesophagus, stomach and duodenum. The procedure is performed using an endoscope that is passed gently down your oesophagus and allows the doctor to closely examine the insides. You do not have to actively swallow the scope as you will be asleep for the procedure. The doctor can also use this instrument to take tissue samples and perform other minor surgical procedures.

The examination will take 15 minutes and is performed while you are under deep sedation.

### **PREPARING FOR A GASTROSCOPY**

No solid food for at least 6 hours before your admission time. You can have water or other clear fluids like apple juice, lemonade or black tea/coffee (no milk or other fat containing liquid), along with any essential medications, up to **2 hours** before admission time. After that nothing until after the procedure.

If you are also having a Colonoscopy, then follow the instructions for that procedure.

If the gastroscopy is to diagnose gluten allergy it is strongly recommended that **gluten is consumed for a minimum of two (2) weeks beforehand** (consume the equivalent of 2 slices of bread per day).

For Helicobacter pylori assessment, the scope should be done at least 4 weeks after any antibiotic treatment and if possible, off PPI drugs (e.g. Pantoprazole, Esomeprazole, Rabeprazole) for 7 days.

### **FOLLOWING GASTROSCOPY**

You can expect to be at the hospital for up to 4 hours. Although you will be essentially back to normal before leaving because of the anaesthetic, **you will not be able to drive a car until the next day. We and the hospital strongly recommend that you have a responsible adult to be with you at home after the procedure.**

Gastroscopy is a very safe medical procedure. In rare cases (probably < 1 in 10,000 cases) a perforation or tear of the stomach, oesophagus or duodenum can occur. This is a serious but extremely rare complication and usually requires an operation to correct the problem.

Sometimes people notice some throat discomfort for 24-48 hours afterwards. You can use saltwater gargles or paracetamol to treat this.

You will get the results of the procedure before you go home, and your referring doctor will receive a copy of the report a few days later. Any biopsy results take several days to come through. Consider making an appointment to see your doctor to discuss the results and further management.

You will have the opportunity to discuss these and other issues with your Gastroenterologist before the procedure starts. After that, you will be asked to sign a consent form to go ahead with the procedure.

If you are concerned about having a Gastroscopy, please call our office to arrange a consultation with the doctor so that we can come up with a plan that suits your needs.

## GETTING READY FOR A COLONOSCOPY

### 1. Change your food intake three days before

You need to try and change your food intake 3 days before admission day to a blander “white diet”. The main aim is to avoid seeds, nuts, pips and any high fibre or fibrous material that is chewy or “crunchy” in the mouth as these can interfere with the camera views. ***There is a food guide at the end of this document.***

### 2. There is a bowel preparation involved

You need to go to the chemist to get the bowel preparation material. Our current recommended bowel prep is called **PLENVU**. This can be used by people of all ages.

If there is a supply issue with the chemist, other options can be used. Please contact our office or refer to our website. Other options are Picoprep (age <75yrs) or Moviprep (all ages).

Look at the bowel preparation plan enclosed to determine when to take the preparation.

- The split dosing between evening and morning is considered the gold standard approach to preparing the bowel.

### 3. You may need to alter your usual medications.

Please read important information page.

### 4. If you have been told to take an “extended” preparation because of severe constipation or failed bowel prep in the past:

- a. Our office may give you a customised plan.
- b. Take a regular laxative for several days in the lead up to the usual Colonoscopy prep to help star shifting bowel contents out. Options include:
  - i. Buy a pack of Bisacodyl (5mg) tablets from the chemist and take 2 tablets each night for 3 nights before your preparation day and a further dose at 1pm on the day before Colonoscopy.
  - ii. Buy a pack of Movicol sachets and use 2 sachets daily in the morning for 2-3 days ahead of time.
- c. Commence clear fluid diet at 7AM the day before for a morning procedure and 11AM for an afternoon procedure. Follow the rest of the instructions as usual.

## PREPARATION FOR MORNING COLONOSCOPY

### **Day before Colonoscopy**

You may have a light breakfast, only eat foods recommended from the food group guide provided. After this you must only ingest clear fluids. Ensure that you drink a glass of clear fluids every hour. Barley sugar sweets may be taken, if desired. No further food is to be consumed before the procedure.

**6:00PM:** Start drinking PLENVU Dose 1 following packet instructions. Drink at least 500ml of clear fluids over the next 30 minutes; **continue to drink extra clear fluids.** You can drink any clear fluids from the recommended clear fluid guide provided.

### **Day of Colonoscopy**

**4:30AM:** Start drinking PLENVU Dose 2 following packet instructions. Drink at Least 500mls of clear fluids over the next 30 minutes. **Continue to drink extra clear fluids from the clear fluid guide provided until 6am.**

**You can have water or apple juice until 2 hrs before your admission time.**

## PREPARATION FOR AFTERNOON COLONOSCOPY

### **Day before Colonoscopy**

You may have a light breakfast and lunch to 1PM - only eat foods recommended from the food group guide provided. After this you must only ingest clear fluids. Ensure that you drink a glass of clear fluids every hour. Barley sugar sweets may be taken, if desired. No further solid food is to be consumed before the procedure.

**8:00PM:** Start drinking PLENVU Dose 1 following packet instructions. Drink at least 500ml of clear fluids over the next 30 minutes; **continue to drink extra clear fluids.** You can drink any clear fluids from the recommended clear fluid guide provided.

### **Day of Colonoscopy**

**7:00AM:** Start drinking PLENVU Dose 2 following packet instructions. Drink at Least 500mls of clear fluids over the next 30 minutes; **continue to drink non-fat containing clear fluids (no broth or milk) from the clear fluid guide provided until 10:30.**

**After 10:30AM you can have water or apple juice until 2 hrs before your admission time.**

## **IMPORTANT INFORMATION ABOUT YOUR ACCOUNT**

***If you are privately insured*** and have Medicare, the following accounts will be generated:

1. **GI Health doctors** are completely no gap providers which means that if you have the item number for the procedure on your policy our bill is 100% sent to the health fund.
  - If your **health fund is based overseas you will be requested to pay your GI Health account in full**. A receipt will then be issued enabling you to claim back from your health fund
  - If your health fund declines your GI Health doctors' account for any reason you will be responsible for payment. You will then be issued a receipt enabling you to present to your Health Fund to resolve out any issue.
2. **Anaesthetist** – this account is handled separately by the anaesthetist and will be forwarded directly to your health fund. All our Anaesthetists are also no-gap providers.
3. **Hospital** – It is very important to check with your health fund whether or not you have an excess and whether it is applicable to day procedures as well as overnight stays. This is always payable on the day of the procedure and can vary from \$50-\$1000. The St John of God Hospital Admissions Department will contact you prior to your procedure to advise what excess, if any, you will be required to pay.
4. **Pathology** - If, during your procedure, you have any samples taken such as biopsies or polyps removed, then these will be sent to Australian Clinical Labs for analysis. In the vast majority of cases, this will be gap-free. There may be rare cases of more specialised testing that will cost extra. If you receive an out-of-pocket charge for pathology, please contact our offices to clarify.

**If you are uninsured, insured by an overseas health fund or do not have Medicare you will have to provide GI Health with your credit card details prior to your procedure to have the amount debited from the card on the day of the procedure. An official receipt will then be issued that can be taken to any concerned parties for reimbursement.**

## Guide for selecting “white-diet” options

Food Group	Allowed	Not Allowed
<b>Breads and cereals</b>	Any product made with white flour ONLY: Breads, sourdough breads, English muffins crumpets, wraps, rolls, bagels, croissant, rice and wheat crackers, plain biscuits, cakes, pancakes, pikelets, and pretzels. Any refined grain: white rice, instant noodles, pasta, processed cereals (rice bubbles, cornflakes, semolina), pappadums.	Any product containing wholemeal (brown), multigrain, wholegrain, rye flours, oats, bran seeds, nuts, nut meal, fruit and coconut: e.g. breads, English muffins, crumpets, rolls, wraps, naan or roti, specialty breads with seeds on top, crackers (rice and wheat), biscuits, cakes, muffins, pasta, cereals, muesli bars, fruit breads, pastries etc. Any whole grain product: brown rice, wild rice, couscous, polenta quinoa, chia, bran and oats.
<b>Fruit</b>	Only clear strained fruit juice (clear apple, clear pear)	All fruit and vegetable skins and seeds. Dried fruit, sultanas, coconut.
<b>Vegetables</b> <b>Limit to 1 cup</b> <b>boiled or</b> <b>steamed</b> <b>vegetables</b> <b>per day</b>	NO SKINS OR SEEDS Potato and pumpkin (steamed, mashed, baked), potato salad – with mayonnaise, egg, ham.  Strained vegetable juice.	NO SKINS OR SEEDS All other vegetables including salad vegetables.
<b>Dairy products</b>	Dairy, soy, almond, powdered or evaporated milk. Plain, vanilla or non-fruit flavoured yoghurt. Cheese. Butter and margarine. Plain vanilla ice-cream, custard, cream, sour cream, rice pudding and condensed milk.	Dairy foods with added ingredients such as fruit, herbs peppercorns, nuts, oats. Oat milk
<b>Meat and Protein foods</b>	Plain beef, lamb, veal, pork, chicken, fish, shellfish, tofu and eggs.	Lasagne, bolognese sauces, savoury mince or any meat dishes which have vegetables or fillers. Legumes: e.g. lentils, kidney beans, chickpeas or barlotti, baked beans or any other legumes.
<b>Beverages</b>	Water, tea, herbal teas, and coffee. Soft drinks, cordials and sports drinks Clear broths and strained soups. Plain milk, Ovaltine and Nesquick.	Unstrained fruit juices Coconut water (many contain added fibre) Milo NO RED, PURPLE, GREEN or BLUE COLOURED DRINKS OR JELLY
<b>Other</b>	Sugar, honey, and Vegemite. Plain ice blocks, plain lollies.	Pies, quiches, spices, curry, pastry foods, jams, marmalade, peanut butter, dried fruit and nuts, pickles, popcorn, potato chips, seeds, chocolate with fruit, coconut or nuts.



## Guide for selecting clear fluids

<b>Allowed</b>	<b>Not Allowed</b>
<ul style="list-style-type: none"><li>• water</li><li>• black tea or coffee</li><li>• herbal tea (provided not red/purple/blue/green)</li><li>• clear broth or Bonox/stock cube in warm water (strained)</li><li>• strained apple juice (no pulp/not cloudy)</li><li>• soda water</li><li>• ginger beer/ale and lemonade</li><li>• lemon/orange cordial</li><li>• lemonade ice-blocks</li><li>• yellow/orange sports drinks</li><li>• yellow/lemon electrolyte replacement drinks (e.g. hydrolyte)</li><li>• jelly (provided not red/purple/blue/green)</li></ul>	<ul style="list-style-type: none"><li>• Solid food</li><li>• Cloudy fluids</li><li>• Milk drinks including in tea/coffee</li><li>• Fluids that have sediment or floating solids</li><li>• Brightly coloured liquids (e.g. red/purple/blue/green) as these will stain the bowel</li><li>• No alcohol of any kind</li></ul>