



## Please go to your local chemist and purchase the bowel preparation

1 box of 3L 'Colonlytley or Golytely or GLycoprep' and another 1L of Colonlytley/Golytely/ glycoprep: TOTAL = 4 Litres Polyethylene glycol (PEG) bowel preparation

### Medications:

~ Most regular medications can be taken during the preparation period.

~ Do not stop your heart or blood pressure medications.

~ If you are diabetic:

- Metformin or Gliclazide or '---Gliptin' (sitagliptin etc) suffix medication ceases 1 day prior
- '-----flozin'suffix i.e. Dapafliglozin - cease 4 days prior.
- Insulin long-acting – halve the evening prior dose. Insulin short-acting – reduce as per calories and BSL.
- GLP-1 agonist (ozempic, monjaro - cease ≥ 1wk)

~ If you take blood thinners:

- Apixaban, Rivaroxaban or Dabigatran cease 2 days prior.
- Clopidogrel, Prasugrel, or Ticagrelor– (only if directed) cease 5 days prior.
- Warfarin – (only if directed) WH the day prior. (Or 3 days if directed).
- Aspirin can continue.

~ Cease iron tablets seven days before the colonoscopy.

**Four days before the colonoscopy do not eat seeds or whole grains and avoid nuts, pulses, skins and peels.**

### Two days before the colonoscopy

You may have a 'white diet' on this day.

#### White Diet

Foods and Fluids permitted:

Clear fluids. Regular white bread/toast, rice bubbles cereal, eggs. White rice, regular pasta, potatoes (peeled) rice noodle. Plain rice crackers, white flour, sugar. Chicken breast and white fish (no skin). Milk (dairy, oak, almond, soy), white yogurt (no added fruit) mayonnaise, cream/sour cream, butter/margarine, oil to cook. Plain cream cheese, cheddar, ricotta, fetta, cottage or mozzarella cheese, white sauce. Vanilla ice cream, custard, white chocolate, clear jelly, 'milk bottle' or white confectionary

Foods not allowed:

Anything NOT listed above. Other white colour foods such as pears, parsnips, cauliflower, high fibre white bread, tofu, coconut, porridge, banana, mushrooms, semolina, couscous, popcorn.

## The day before the colonoscopy clear fluids\*only

**12pm Drink 1L Colonlytley**

**4pm Drink 1L Colonlytley**

**7pm Drink 1L Colonlytley**

Continue to drink clear fluids to prevent dehydration

### The day of the colonoscopy

**At 8am (the day of) Drink 1L Colonlytley**

Continue to drink clear fluids to prevent dehydration.

### Fast / NBM

Stop drinking (Nil by mouth) at least 3 hours prior to the admission time (this will be 4 hours before the colonoscopy).

*For example, if you have been asked to present at 2pm, you need to finish all fluids and bowel prep by 11am*

\* Clear fluids allowed: water, black tea or coffee (no milk), clear soup/broth, orange or yellow soft drinks, sports drinks or cordials, clear fruit juice without particles (i.e. apple), yellow or orange jelly (no red, purple, green or blue drinks or jelly)

(Optional) taking 2 bisacodyl (Bisalax) tablets two nights before the procedure. However, Bisalax can cause cramps if you suffer from abdominal pain already.





## Planning for a colonoscopy procedure

Good bowel preparation is essential for an accurate examination. The instructions are listed on the other page. Please read carefully and follow every step.

If you have diabetes or take blood thinners, please ensure your doctor has discussed your medication. If you have asthma, bring your inhalers in case you need to use them. Please bring all your medications with you.

## What is a colonoscopy and how is it done?

Colonoscopy is a procedure used to examine or inspect the bowel and may also include a variety of minor operations such as taking small tissue samples (biopsy) and removal of polyps. An alternative method of examining the large bowel is by CT colonoscopy. Colonoscopy has the advantage over CT by allowing abnormal, potentially pre-malignant growths (polyps) to be removed and or biopsies to be taken and or treat bleeding points.

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.

A polyp is generally a benign growth. Polyps can

be large or small, protrude or lie flat. Polyps are fast dividing mucosa cells (surface lining cells) and are considered potentially premalignant. Polyps can grow into bowel cancers, but often a small polyp takes 5 to 10 years to become malignant. Occasionally we remove a polyp and find that it has cancer within it. However, generally cancer needs to be removed with surgery to remove a portion of the bowel.

It is usual practice to remove polyps, which are found during the procedure. Most polyps can be removed 'cold' by placing a wire snare around the base and closing to cut – occasionally we need to apply an electric current.

## Safety and risks

For inspection of the bowel alone, complications of colonoscopy are very rare. Even with an excellent bowel preparation and careful inspection, the number of folds and corners means small polyps (<10mm) can be missed around 4% of the time (if they are present).

If you have polyps removed there is a small risk of bleeding from the bowel (1:500) and perforation (creating a hole) in the bowel (1:2000). Perforation can also occur from the colonoscope itself (very rare). Occasionally complications may require treatment with abdominal

surgery. Very occasionally there can be a reaction to anaesthetic, or allergy, or infection (pneumonia). It is very rare to die because of colonoscopy or complications but can happen with a risk similar to that of dying in a car crash each year.

## After Care

You will be given a sedative through a vein in the arm before the procedure which generally renders people unconscious (very sedated) and for this reason you should not drive for 24 hours after the procedure and have a carer with you that day. You must not operate machinery (including driving a car), sign any legally binding documents, or carry out any demanding tasks for the remainder of the day.

Some patients notice some discomfort for a few hours afterwards, which should settle on simple measures such as Panadol. If you have ongoing abdominal pain, more than half a cup of bleeding from the back passage, fever, or other symptoms that cause you concern, you should contact your doctor or go to an Emergency Department.

