

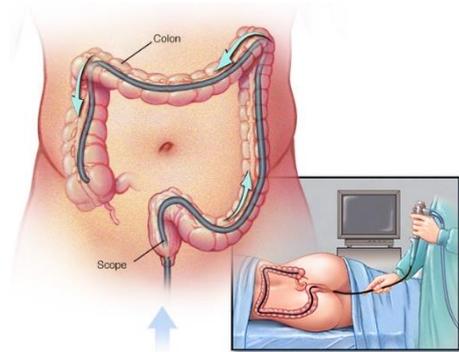
EURACARE

PATIENT INFORMATION FORM

COLONOSCOPY PROCEDURE

Colonoscopy

This procedure is an examination of the large intestine. The clinician will look for inflammation, ulcers, or abnormal growths called polyps. The clinician uses a colonoscope flexible instrument (picture) with a small camera attached. The procedure requires prior preparation and assessment and usually lasts from 30 minutes to an hour.



Your doctor may recommend a colonoscopy if you have changes in bowel habits (constipation, diarrhoea), blood in your stool, unusual abdominal pain, unexplained weight loss, a history of colon polyps or a history of colon cancer in your family, or if you suffer from inflammatory bowel disease (colitis) or Crohn's disease.

Preparation for Colonoscopy

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Before your colonoscopy, you will need to discuss any medications your consultant, particularly aspirin products, arthritis medications, anticoagulants (blood thinners), insulin or iron products— or if you have any special medical conditions, including diabetes, pregnancy, lung or heart conditions. Also let us know if you are allergic to any medications.

The preparation involves going on a clear liquid diet for 24 hours prior to the procedure. For 3 days prior to this, you will be on a low residue diet. The night before the procedure, you will be prescribed a liquid solution that you drink. You will be given advice on taking regular medications during that time. Your colon must be completely empty for the colonoscopy to be accurate and complete, so it is important to follow instructions carefully. Our staff will go over detailed instructions with when you schedule your colonoscopy.

Preparation for Colonoscopy

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Low residue diet

- Examples of foods on a low residue/fibre diet include:
- White breads with no nuts or seeds
- White rice
- Soft well-cooked vegetables without skin
- fresh fruit like bananas and watermelon
- Eggs
- Fish
- Poultry
- Dairy products

A low residue diet also restricts foods that increase bowel activity and make the stools looser. These foods and drinks should be avoided, for example:

- fruit juices like prune juice
- Red coloured drinks ie Ribena
- Red coloured jellies and food colourants
- bran cereals
- legumes
- corn
- leafy vegetables
- popcorn
- cheese

What to Expect

On the day of the procedure, you will be assessed by the nurses to make sure it is safe to have the procedure. You will be given a hospital gown and taken into the procedure room.

After final safety checks you will be given sedation to make you drowsy and comfortable for the procedure. During the procedure, you will lie on your left side on an examining table and the physician will insert the colonoscope into the rectum and gently move it through your colon. A little air is blown into the colon through the scope to aid visualisation. Instruments are inserted through the endoscope if necessary to take biopsies or remove polyps. You will not feel pain during a biopsy or polypectomy as there are no pain sensitive nerve endings in the colon.

After the procedure, you may experience a little discomfort, like the feeling of having gas, but that soon subsides. The entire procedure usually takes less than 30 minutes, although you should plan on one to two hours for waiting, preparation and recovery.

After your procedure we will explain the findings to you (or your companion). If a biopsy was performed or a polyp removed, you should get the results in 1-2 weeks. You will be contacted by phone by one of our team.

Even though you may feel fine, you must have someone else take you home after the procedure because of the sedatives. Importantly you should not drive, operate heavy machinery or make important decisions for up to 24 hours after your procedure.

You might have some cramping or bloating because of air that is introduced into the colon during the examination. This should disappear quickly when you pass gas. Most people can resume their regular diet later that day.

Local anaesthesia

Local anesthesia makes a part of the body numb to prevent a patient from feeling pain during a medical procedure. Local anesthesia is commonly used for many minor outpatient surgeries.

Conscious sedation

This involves using drugs to reduce your awareness and perception of pain and well as anxiety. After administration you are still vaguely aware and can obey simple instructions but much more comfortable than if they were not given.

Commonly used drugs are midazolam a sedative/anti-anxiety drug and fentanyl a powerful painkiller. These drugs are used because they are short acting though effects can last up to 24 hours so there are restrictions on activities such as driving after its use.

General anaesthesia

General anesthesia makes a person unconscious. People call this “put under” or “put to sleep.” But it isn’t the same as regular sleep. A person given general anesthesia cannot feel pain and is completely unaware of their surroundings. As a result, the person won’t remember what happened during the procedure.

Deep sedation

Deep sedation is a type of Monitored anesthesia that makes the patient feel very relaxed. It reduces painful sensations and the awareness of pain. It is not intended to put the patient to sleep and will wear off quickly after a procedure. Monitored anesthesia care is commonly used for simple procedures that can be completed quickly.

