

COLONOSCOPY PREPARATION INSTRUCTIONS – MOVIPREP FOR MORNING PROCEDURE

The success of the examination depends on the bowel being as clear as possible, otherwise the examination may need to be postponed and the preparation repeated. Please carefully follow the instructions below.

The week before your colonoscopy:

- Obtain the Moviprep bowel preparation from Qld Specialist Physicians rooms or the Day Hospital facility
- Notify Qld Specialist Physicians if you are pregnant, diabetic, taking blood thinning medication (eg. Clopidogrel, Warfarin), have a cardiac pacemaker or heart valve disease.
- Stop taking iron tablets or anti-diarrhoeal medications 7 days prior to your colonoscopy.
- All other regular medications can be continued.

Three days before the colonoscopy:

- Maintain a low fibre diet. **AVOID** brown or wholegrain breads, cereals and any foods containing **nuts, whole grains, skins, seeds or fibre**. Limit your intake of vegetables and fruit.
- You may have egg, lean beef, pork, lamb, veal, chicken, fish, white bread, white pasta, white rice, clear strained fruit juice, strained vegetable juice, skin free pumpkin and potato (mashed, steamed, baked), all milks, plain yoghurt, cheese, butter, margarine, oil, custard, vegemite, honey, lemon butter, fish and meat paste, strained broths, clear soups, beef tea, soda water, tea, coffee, milo including at least 6-8 glasses per day of water.

On the day before the colonoscopy:

- You may have a **light breakfast** maintaining the low fibre diet.
- **ONLY CLEAR FLUIDS FROM BREAKFAST UNTIL INSTRUCTED.**

Approved clear fluids include water, clear fruit juices (eg apple juice), clear fruit cordials (lemon/orange), soft drinks, black tea and coffee (no milk), plain jelly (yellow, orange), bonox, lucozade, clear broth barley sugar. No red, green, blue or purple colourings.

- At **2pm** prepare your first 1 litre of MOVIPREP by mixing sachet A&B in water to make 1 litre then chill.
- At **4pm** start consuming your MOVIPREP. Over the next 1.5 hours (gomin) drink the 1 litre of MOVIPREP plus 500mL (2 cups) of clear fluids. **It is important to finish ALL the Moviprep and clear fluids.**

CONTINUE DRINKING CLEAR FLUIDS

- At **6pm** prepare your second 1 litre of MOVIPREP by mixing sachet A&B in water to make 1 litre then chill.
- At **9pm** start consuming your second litre of MOVIPREP. Over the next 1.5 hours (gomin) drink the litre of MOVIPREP plus 500mL (2 cups) of clear fluids. **It is important to finish ALL the Moviprep and clear fluids.**

On the day of the colonoscopy:

- You should have nothing to eat or drink, although you may take your usual medications (excluding those listed above) with a sip of water.

COLONOSCOPY – PATIENT INFORMATION

What is a colonoscopy and how is it performed?

Colonoscopy is a procedure to inspect the inside of the colon (large bowel) using a thin, flexible, tube introduced via the rectum (back passage). The day before the procedure, you will need to take a special laxative preparation to clean out the bowel (see bowel preparation instructions). An intravenous sedative is given prior to the procedure so that you will be sleepy and comfortable during the examination. The entire procedure usually takes between 15 and 30 minutes. Biopsies (small tissue samples) may be taken and polyps (small growths attached to the lining of the bowel) may be removed if necessary.

What happens after the colonoscopy?

Following the colonoscopy, you will remain in the hospital recovery area for approximately one to two hours until the effect of the medication wears off. You may experience slight discomfort or bloating which usually eases with the passage of wind. If you have a biopsy or polyp removed, you may notice a small amount of blood passed in the toilet. If you develop severe or persistent abdominal pain, bleeding from the back passage or any other symptoms of concern, you should contact your doctor, Dr Gaffney, or go to the nearest hospital's Emergency Department. Because the sedation given may interfere with your judgement or ability to concentrate, **you should not drive a motor vehicle, travel on public transport alone, operate dangerous machinery or sign important documents for the remainder of the day. It is necessary to arrange for a relative or friend to take you home from the hospital and stay with you.**

What are the risks of colonoscopy?

Any medical procedure carries some risk but colonoscopy is generally considered a safe procedure and complications are rare. Potential complications may include:

- Intolerance to the laxative bowel preparation (headaches, nausea, vomiting, dehydration)
- Reaction to the sedation / anaesthetic
- Bowel perforation (estimated risk is approximately 1 in 1000).
- Major bleeding (estimated risk is 1 in 3300 for biopsies; 1 in 500 for removal of polyps).

Although rare, perforation or major bleeding can be serious and may require urgent surgery. If you wish to have a more detailed discussion about potential risks, please contact Qld Specialist Physicians prior to the procedure (Tel: 4646 3237).

What are the limitations of colonoscopy?

While colonoscopy is the best test for excluding bowel polyps or cancer, it is not perfect and a small proportion of polyps or cancers may escape detection. In about 5% of patients, the entire colon cannot be accurately assessed. This may be due to variations in the structure of the bowel, pathology within the bowel or because of inadequate bowel preparation. If this occurs your colonoscopy may need to be repeated another time or you may need a CT scan or barium x-ray.

Are there any alternatives to colonoscopy?

Alternatives to colonoscopy include a barium enema x-ray or CT colonography. Colonoscopy is usually recommended over the other two tests because it is more accurate and allows biopsies to be taken and polyps to be removed.