

**INSTRUCTIONS FOR COLONOSCOPY****You must read this!****An inadequate prep increases your risk for bowel cancer.**

Your colonoscopy has been scheduled for: \_\_\_\_\_

Doctor: ( ) Dr Stephen Fairley ( ) Dr Crispin Musumba ( ) Dr Seema Shah  
 Facility: ( ) Townsville Day Surgery ( ) Mater, Pimlico

Please take this paperwork with you into any chemist and purchase:

- 5 Senokot tablets OR 2 Bisalax tablets
- plus **at least** 4 packets of Colonlytely OR Glycoprep-O

*(Buy as many sachets as you need to get you passing a clear, dilute, yellow urine look from your bowels with no sediment/darkness to the colour. Everyone may need a different amount to achieve this.)*

Please advise if you have had a recent case of COVID.

**If your BMI is over 40** (<https://www.heartfoundation.org.au/bmi-calculator>), please notify our staff if booked at Tsv Day Surgery, as this may need to be moved to the Mater.

Please cease **IRON TABLETS** 1 week prior to your procedure.If you are **DIABETIC**, please see our website ([www.tgenq.com.au](http://www.tgenq.com.au)) ASAP for instructions or phone our rooms.If on **WEIGHT LOSS INJECTIONS**, please contact our staff on: 4725 2855.If you are on **BLOOD THINNERS** other than Aspirin/Cartia, please contact our rooms (ph: 4725 2855).

- These instructions are a guide only and 3 litres is the absolute minimum you may require. **Many people require significantly more prep** than others. Most will require 4 or more sachets.
- Your return needs to be crystal clear. **If you cannot see through your return in the toilet, neither can your doctor** and **polyps or cancers are more likely to be missed**, increasing your risk for death from bowel cancer.
- Let us know if you have difficulty, including difficulty with past colonoscopy preparation.

**THE DAY BEFORE THE PROCEDURE DATE:**

1. Have only clear fluids the whole day prior.  
Take your stool softener tablets on waking (either 5 Senokot OR 2 Bisalax).
2. **Begin drinking the prep** SLOWLY throughout the day (there is no rush – you have all day/night) and keep drinking plenty of other clear fluids. Stop drinking your prep if you feel nauseated for an hour or so before starting again.  
**Drink as many sachets as required to give you have a clear return** (some people require 8 sachets or more).  
**Once your bowel return is completely clear, stop the prep but remain on clear fluids.**
3. **Drink at least one more sachet the morning of the procedure** to clean any contents that build up again overnight. (You may need 2 sachets if your appointment is in the afternoon.) **Finish your prep 3.5 hours before your admission** time, drinking **1 extra litre of water until 3 hours prior**, before being nil-by-mouth.

**If travelling, add your travel time to the 3 hours** before your admission time, to determine what time to finish the prep that morning. Drink an extra litre of water until the cut off time (3 hours before admission).

IF YOU DON'T HAVE A CLEAR RETURN BY NOW, PLEASE PRESENT TO THE DAY SURGERY EARLY TO CONTINUE PREPPING.

**Poor preparation costs lives. Make sure yours is not one of them!**

USE THIS GUIDELINE TO SHOW WHEN YOU ARE READY.....



- You know you're done when the stool coming out is yellow, light, liquid and clear - like urine.

### Here's a Guide:



# INSTRUCTION FOR DIABETICS - GASTROSCOPY AND COLONOSCOPY

*Please bring your medication including insulin with you to your procedure.*

## GASTROSCOPY

- Normal medication and diet the day before the procedure.
- On the day of the procedure, take 1/3 of your usual morning insulin. Do not take any diabetic tablets.

## COLONOSCOPY

1. **DIABETICS ON INSULIN:** Notify our staff and your procedure will be scheduled in the am.

**The day before the procedure,** have a normal breakfast and then clear fluids only. Take your usual tablets in the morning only. Take 1/3 of your usual insulin dose(s) throughout the day.

**The day of the procedure** take no tablets and take 1/3 of your usual insulin dose.

2. **DIABETICS TREATED WITH TABLETS ONLY:** You do not need a morning procedure appointment.

**The day before the procedure,** take your morning tablets only and take no diabetic medication after this while on clear fluids.

**The day of the procedure** take no medication before your procedure. Recommence your normal medication following recommencement of a normal diet after your procedure.

3. **DIET CONTROLLED DIABETICS:** Follow the usual preparation instructions.

NOTE:

**Type I diabetics** - please monitor your blood sugar regularly throughout this time.

**Type II diabetics on tablets** – some tablets MUST BE STOPPED 4 DAYS before your procedure, or the anaesthetist may cancel the procedure. See the list on the other side....

**Ozempic (Semaglutide) / Saxenda (Liraglutide) / Wegovy / Mounjaro or any similar injectable diabetic medication, excepting Insulin –.\*\*PLEASE BE ON CLEAR FLUIDS ONLY FOR THE WHOLE DAY PRIOR TO YOUR PROCEDURE IF TAKING THESE INJECTIONS. Cease all fluids 6 hours prior to your admission.**

## **NOTE FOR DIABETICS:**

If you take any of the below medication,  
**PLEASE CEASE THE MEDICATION 4 DAYS PRIOR**  
to your procedure, or your procedure may be cancelled on the day.

- DAPAGLIFLOZIN (Forxiga)
- EMPAGLIFLOZIN (Jardiance)
- ERTUGLIFLOZIN (Steglatro)

When these are combined with Metformin:

- XIGDUO
- JARDIAMET
- SEGLUROMET

When these are combined with DPP4 inhibitors:

- GLYXAMBI
- QTERN
- STEGLUJAN

# TOWNSVILLE GASTROENTEROLOGY PTY LTD

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Patient Demographic Label

## CONSENT FOR COLONOSCOPY

**Please read this carefully and bring this form into the Endoscopy Unit when you attend for the procedure. If there is anything you do not understand, please raise this with the nursing and medical staff at the time of your procedure. I will attempt to quantify the risks of the procedure from the literature and my own experience (figures in brackets) for outpatient procedures such as yours. You need to be aware that the risk of not having the procedure (missed cancer etc) may significantly exceed the risks from the procedure.**

Colonoscopy is a relatively safe and well tolerated method of examining the large intestine or colon. It is usually performed with mild intravenous sedation following adequate preparation of the bowel. Alternative methods for examining the bowel include CT scanning or barium enema however these are significantly less sensitive (more likely to miss lesions such as polyps) and they do not allow for intervention such as removal of polyps if they are found.

Colonoscopy is not perfect and it is possible to miss polyps, although the risk of missing significant sized polyps is quite small, if you have a good bowel preparation. Polyps are present in about 50% of patients undergoing this procedure (in my experience) and, if found, are removed for histology. These are the first stage of a bowel cancer which often goes through a "benign" phase before turning malignant.

The risks associated with colonoscopy are very small and primarily related to polyp removal. These include:

- Bleeding associated with polyp removal – 1/1,000
- Suspected perforation/puncture of the bowel – 2/100,000 – both cases were further investigated with laparoscopy and evidence of perforation could not be found on either occasion.
- Death due to colonoscopy – 1/100,000 - due to delayed sepsis at polyp removal site
- Injury to surrounding structures eg spleen – very rare - 2/100,000
- Sedation related complications including serious drug allergy or serious aspiration of stomach contents into the lungs (very rare) – 1/1,000
- The possibility that polyps or other things may be missed or that the procedure may be technically difficult and unable to be completed, especially if you have a poor preparation.**

Most complications settle spontaneously and do not require any specific intervention. Very rarely they may be life threatening and require a blood transfusion or open surgery. If you would rather not have polyps removed or not have interventions such as a blood transfusion (in a life-threatening situation), please inform the nursing and medical staff on admission. Should you have any symptoms of concern following the procedure such as abdominal pain, fever, shortness of breath, bleeding etc, please notify your doctor immediately.

If there is a chance that you could be pregnant, or have very serious heart, lung (e.g. requiring home oxygen), kidney disease, or if you have difficulty walking up one flight of stairs without stopping, please notify us before the procedure. These issues may increase the risk of sedation and it may be more appropriate that your procedure is done in a hospital rather than day surgery setting. Please do not sign this form prior to your admission, where these issues will be discussed with you by the medical and nursing staff.

I \_\_\_\_\_ have read and understood the above advice and I have received satisfactory answers to my questions about the procedure. I consent to colonoscopy and any associated procedure necessary. **I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, and not to make any important decisions or sign any contracts within 24 hours of the procedure, if given sedation for the procedure.**

<b>Signature:</b>		<b>Date:</b>	
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<b>For Doctor</b> I have asked the patient whether they understood the consent form and have any questions or concerns about the procedure or the consent form and have answered these in a full and clear manner.			
<b>Signature:</b>		<b>Date:</b>	

## **PLEASE NOTE:**

As you will be placed under a light general anaesthetic during your procedure:

**You cannot legally drive for 24 hours post procedure**

Due to this, you will need to nominate a person to collect you and stay with you 24 hours post procedure. Collection by taxi without a carer will not be approved.

*Please ensure you have organised a carer prior to your admission date. If you cannot provide adequate information regarding a nominated carer, the Townsville Day Surgery may cancel your procedure.*

## **IMPORTANT INFORMATION ABOUT YOUR PRIVATE HEALTH INSURANCE**

If you have private health insurance, please speak to your health fund prior to your admission to ensure you are covered for your procedure.

Important questions to ask your insurer

- Am I covered in a PRIVATE facility?
- Do I have an excess or co-payment?
- Have I served all my waiting periods?

When contacting your insurer, they may require item numbers:

Colonoscopy – 32222

Gastroscopy – 30473

Flexible Sigmoidoscopy – 32084

**IF YOU ARE NOT COVERED BY YOUR INSURER, PLEASE CALL TOWNSVILLE GASTROENTEROLOGY ON 4725 2855 PRIOR TO YOUR PROCEDURE.**