

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

Your gastroscopy/ 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 Colonytely 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) 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.
- 1. 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.
- 2. 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

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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 – 1/100,000
- 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 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.**

Signature:		Date:	
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For Doctor 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.			
Signature:		Date:	

***TAKE THIS FORM WITH YOU ON THE DAY OF THE PROCEDURE**

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What is a Colonoscopy?

Colonoscopy is a procedure used to examine or inspect the bowel and allows for a variety of operations to be carried out through the colonoscope. These operations may include taking small tissue samples (*biopsy*) and removal of polyps. An alternative method of examining the large bowel is barium enema or CT scanning. Colonoscopy has the advantage over radiological imaging for allowing tissue samples such as biopsies to be taken or polyps to be removed.

How are you prepared?

Prior to the colonoscopy you will be sent your full instructions and purchase your preparation from a pharmacy. You will need to be on clear fluids for 24 hours prior to your procedure, with Senokot tablets throughout the day prior. On either the evening before and/or the morning of the procedure you will need to drink a quantity of salty tasting solution which completely cleanses the colon. Some people find the prep quite unpleasant, and it may cause nausea, vomiting and abdominal pains. If you have any symptoms which concern you while drinking the prep, please phone the Endoscopy Unit where you are having the procedure. You will be given a sedative through a vein in the arm or hand before the procedure to make you more comfortable.

Special Considerations

As x-ray screening may be used during the procedure, it is essential for female patients that there is no possibility of pregnancy. You must advise the nursing staff if you have any doubts about this. For patients on the oral contraceptive pill the preparation may interfere with the absorption of the pill and other precautions are advised for 7-10 days from taking the preparation.

You should advise the nursing staff if you are sensitive (*allergic*) to any drug or other substance.

You should cease iron tablets and drugs to stop diarrhoea at least several days before the procedure. Please **do not** stop any blood thinners or anti-coagulants unless directly advised to by your doctor. You should also inform your doctor if you have heart valve disease or have a pacemaker implanted.

What do we do?

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. As cancer of the large bowel arises from pre-existing polyps (*a benign wart-like growth*), it is advisable that if any polyps are found they should be removed at the time of examination. Most polyps can be burnt off (*polypectomy*) by placing a wire snare around the base and applying an electric current.

Safety and risks

For inspection of the bowel alone, complications of colonoscopy are uncommon. Most surveys report complications in 1 in 1,000 examinations or less. Complications which can occur include an intolerance of the bowel preparation solution or reaction to sedatives used. Perforation (*making a hole in the bowel*) or major bleeding from the bowel is extremely rare but if it occurs, may require surgery.

When operations such as removal of polyps are carried out at the time of examination there is a slightly higher risk of perforation or bleeding from the site where the polyp has been removed.

Complications of sedation are uncommon and are usually avoided by administering oxygen during the procedure and monitoring oxygen levels in the blood. Rarely, in patients with severe cardiac or chest disease, serious sedation reactions can occur.

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any interventional procedure. If you wish to have full details or **rare** complications discussed, you should indicate to your doctor before the procedure that you wish for all possible complications to be fully discussed.

Because of the risk of cancer, it is recommended that all polyps found at the time of colonoscopy be removed. However, it will not be possible to discuss the removal with you at the time of examination as you will be sedated. Therefore, if you agree to having removed any polyps found during the procedure, please sign the consent form. If you have any queries or reservations about this, please inform your doctor.

In the unlikely event of haemorrhage occurring, blood transfusion may be necessary.

Afterwards

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also affect your memory for some time afterwards. Even when the sedative appears to have worn off, you may find you are unable to recall details of your discussion with the doctor. For this reason, a relative or friend should come with you if possible. If you do not recall discussions following the procedure, you should contact your doctor.

If you have any severe abdominal pain, bleeding from the back passage, fever or other symptoms that cause you concern, you should contact your doctor immediately.

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Patient Demographic Label

CONSENT FOR GASTROSCOPY (UPPER ENDOSCOPY)

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.

GASTROSCOPY is a safe and well tolerated method for examining the upper gastrointestinal tract. This includes the oesophagus (gullet), the stomach and the duodenum (upper small bowel).

The examination is done following sedation which is given into a vein. It is very unlikely you will have any recollection of the procedure as you will be very sleepy/asleep during the procedure.

The risks of the examination are minimal. It is extremely uncommon to have an allergy to the drugs used. Occasionally it is necessary to perform interventional procedures through the endoscope, such as oesophageal dilatation in the presence of a stricture, or removal of polyps from the upper intestine. Potential complications include:

- Perforation/puncture of the bowel wall in well under 1% of cases (0/45,000)
- Bleeding less than 1/1,000
- Lung infections secondary to aspiration (inhalation) of vomitus into the lungs – uncommon 1/5,000
- Other risks of sedation/anaesthesia such as complications related to the heart or lungs – very uncommon (0/45,000).
- The rare possibility that something may be missed or that the procedure may be technically difficult and unable to be completed.
- Death due to the procedure – extremely rare (0/45,000)
- Potential damage to the teeth by the protective mouth guard during endoscopy.

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.

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 notify the nursing/medical staff on admission of all of your medications, particularly blood thinning agents such as Warfarin or Plavix.

As a statement of disclosure, Dr Stephen Fairley has a financial interest in The Townsville Day Surgery.

I _____ have read and understood the above advice and I have received satisfactory answers to my questions about the procedure. I consent to gastroscopy and any associated procedure necessary. **I agree not to operate a motor vehicle or machinery for at least 24 hours after the procedure, if given sedation for 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.**

Signature:		Date:	
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For Doctor 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.			
Signature:		Date:	

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PATIENT INFORMATION LEAFLET

Bowel preparation for colonoscopy

To have a successful colonoscopy, your bowel must be adequately cleansed so that your physician can clearly view the colon. If your bowel preparation is inadequate, exclusion of polyps and other lesions cannot be confirmed and does **NOT** offer you protection from developing a bowel cancer in the future. To achieve a successful colonoscopy, your bowel return needs to be a clear yellow fluid, so that it can be seen through at the time of your procedure.

You may have followed the instructions given to you on your advice letter, however individual results may vary. Your bowel simply needed more preparation than average to achieve an adequate preparation for high-quality colonoscopy.

If your bowel return is not adequately cleansed, you may be required to repeat the procedure with extra bowel preparation.

Come in as early as possible on the day of your next procedure if you have any concerns as to the adequacy of your preparation. This will allow us to give you more preparation if required.

Remember you need to fast for at least 3 hours prior to the procedure as you will have a light sedation.

Please advise the booking staff that you require more than the standard amount of Glycoprep when you make your next appointment for a colonoscopy.

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.

Please turn over...

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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 fully 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 of 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.