

Dr George Ostapowicz

BMed BMedSC (Hons) MD FRACP

Dr Kashif Sheikh

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Gastroenterologist & Hepatologist

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Email: reception@drob.com.au

P.O. Box 10419

Southport, Queensland 4215

www.gcgastro.com.au

MORNING COLONOSCOPY INFORMATION

Date of Procedure

Admission Time (QLD time)

Site of Procedure:

- Pindara Day Procedure Centre**
13 Carrara Street, Benowa
- Pacific Private Day Centre**
123 Nerang Street, Southport
- Gold Coast Private Hospital**
14 Hill Street, Southport

Please complete online admission forms:

Pindara Day Procedure <https://pindaradayprocedurecentre.com.au>

Pacific Private and Gold Coast Private <https://healthscope.eadmissions.com.au>

Please complete at least 3 working days before your procedure date

- Take your "Bowel Prep" as directed on this handout
- Nil by mouth for 4 hours before procedure
- Take your normal early morning medication as usual (avoid any we have told you about)

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TIPS FOR EASIER COLONOSCOPY

Our aim is to make your procedure as easy as possible.

If you have any queries or concerns about anything we have explained, please feel free to contact our rooms.

- Try to follow the preparation instructions as closely as possible. If you are concerned about constipation being a major problem, please let our staff know.
- Avoid **RED** and **GREEN** cordials - this may colour your bowel fluids and cause confusion at colonoscopy.
- Be prepared for a significant diarrhoeal reaction when you take your Picoprep. Don't be too far from a toilet. You can continue to drink clear fluids until 4 hours before the procedure time, then totally fast.
- Both the Anaesthetist and doctor will speak to you before the procedure and will answer any concerns you have.
- From the time the Anaesthetist injects the sedation you will not be aware of anything until you awaken in the recovery area.
- Following the procedure you are likely to have some "rumbles and grumbles" in your belly – feel free to pass any wind, but remember that there may still be some clear fluid in your bowel, and you may wish to go to the toilet instead.
- The needle will be left in your arm for about 30-40 minutes in case you need an injection of an antispasmodic to relieve "the gripes" – please tell us if you think that is necessary.
- The doctor will speak to you and your companion before you go home, providing full information about the procedure and follow-up.
- You can eat whatever you like for dinner that night but avoid any alcohol.
- Your stomach will continue to be rumbling for about 12 or so hours. Normal bowel actions should return by 2-3 days.
- No driving until the next day, but you will be able to return to work the next day.

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What is "Colonoscopy"?

Colonoscopy is a procedure which allows me to examine the inside of your large bowel. Unlike X-rays which take "photographs" colonoscopy lets me see the surfaces inside your bowel directly and can provide more detail and accuracy than an X-ray. In certain cases, treatment is possible thereby avoiding an operation. It 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. Colonoscopy has the advantage over the barium enema in allowing tissue samples or biopsies to be taken, removal of polyps, and more accurate assessment of your bowel lining.

How are you prepared?

For two days before the procedure you will need to follow a low residue diet. You will need to take something to clean out your bowel on the evening before and on the morning of the procedure. You will be given a sedative through a vein in the arm before the procedure to make you sleepy and comfortable. You will have no memory of the procedure.

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 me if you have any doubts about this.

You should advise the nursing staff if you have any **allergies**.

You should cease iron tablets and drugs to stop diarrhoea at least several days before the procedure.

Aspirin should not be stopped before this procedure.

You should inform our rooms if you are taking **blood thinning tablets** (anticoagulants or antiplatelet agents), have **heart valve disease**, or have a **pacemaker** implanted.

Please inform us if you are **diabetic, especially if you need insulin**.

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), any polyps that are found will be removed at the time of examination if possible. Most polyps can be burnt off (polypectomy) by placing a wire snare around the base and applying an electric current to cut through the base or stalk of the polyp.

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COLONOSCOPY PREPARATION INSTRUCTIONS

Morning Procedure

Proper preparation is extremely important for this examination.
The large intestine must be clear and empty to make a proper examination.
It is important that you follow the instructions carefully.

- If you take anticoagulant therapy, please inform us.
- Continue all other medications through the preparation period.
- Cease Iron containing medications for 5 days prior to procedure.
- If reflux symptoms are a major problem, please inform us.

Your preparation is: 2 sachets Picoprep 15.5g and 2 sachets Glycoprep 70g.

DAY 1 Low Residue Diet (This allows you to clean your bowel more easily)

AVOID - Wholegrain/wholemeal products
Muesli/bran etc
Fresh fruit/dried fruit
Green vegetables
All fibre supplements

You may eat anything else you like.
white bread, rice, pasta, meats, poultry,
dairy, fish, mashed and peeled
potato and pumpkin.

DAY 2 Clear Fluids

Free quantities of clear fruit juice, soft drinks, clear/strained soups, jellies, black tea and black coffee. You may have a small amount of fish or chicken (300gms) for breakfast and lunch.

- 4pm Take one sachet of Picoprep (mix in one glass of water)
Also drink 2 – 3 glasses of water over the next two hours.
- 6pm Take one sachet of Glycoprep dissolved in 1 litre of water.
Drink 1 x 250ml glass every 15 minutes.
- 7pm Take the second sachet of PicoPrep into 1 cup of water.

DAY 3 COLONOSCOPY

Take second sachet of Glycoprep at _____ about 5 hours before the procedure, dissolved in 1 litre of water. Drink 1 x 250ml glass every 15 minutes.

- **Clear fluids may be taken until 4 hours prior to your procedure.**
You must FAST (nil by mouth) for 4 hours prior to your procedure.
- **Please ring our rooms if nausea becomes a major problem.**

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Safety and Risks

Colonoscopy is generally a safe procedure.

For inspection of the bowel alone, complications of colonoscopy are uncommon. Most surveys report complications in 1 of 1500 – 2000 examinations.

Complications which can occur include:

- Intolerance to bowel prep is rare.
- A reaction to sedatives – very uncommon
- Perforation (hole in the bowel) – rare, but if it occurs, it may require admission to hospital and surgery to correct it.
- Bleeding can occur (especially after removal of a polyp) but is uncommon and usually settles spontaneously.
- Damage to another organ (e.g. spleen) can rarely occur.

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 however, in patients with severe cardiac or chest disease, serious sedation reactions can occur. The anaesthetist will discuss this with you before the procedure

A number of rare side effects can occur with any endoscopic procedure. Death is a remote possibility with any interventional procedure.

Because of the risk of cancer, it is recommended that all polyps found at the time of the 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 removal of any polyps found during the procedure, please sign the Consent Form. If you have any queries or reservations about this, please inform us.**

In the unlikely event of haemorrhage occurring, blood transfusion may be necessary. If there are any religious or other grounds for avoiding a blood transfusion, please let us know.

Afterwards

The sedative painkiller you are given before the procedure is very effective in reducing any discomfort. However, it may also effect your memory for some time afterwards. Even when all 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 our rooms.

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

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COLONOSCOPY

To make the procedure as easy as possible, please answer the following questions:

1. Do you understand what is being done, and why? YES/NO
2. Do you understand the risks associated with this procedure? YES/NO
3. Do you understand that polyps if found may have to be removed? YES/NO
4. Are you satisfied that your preparation was successful? YES/NO
5. If you are female is there any possibility that you could be pregnant (it is important that you inform the Dr accordingly). YES/NO
6. Do you suffer from any of the following problems:

Heart disease	YES/NO	Diabetes	YES/NO
Angina	YES/NO	Hypertension	YES/NO
Asthma	YES/NO	Kidney disease	YES/NO
Emphysema	YES/NO	Heartburn	YES/NO
7. Are you on any regular medications? If so **which ones (you may need to make a separate list)**.
8. Do you suffer from any allergies? YES/NO
9. Do you have a companion with you to drive you home? YES/NO

I have read and understand all the information I have been provided on this document.

I CONSENT to Dr George Ostapowicz/ Dr Kashif Sheikh performing the procedure as outlined and understand the risks involved.

Patient Name: _____ Patient Signature: _____

DOCTOR SIGNATURE: _____

PLEASE FILL IN AND BRING WITH YOU ON DAY OF PROCEDURE

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BEFORE Your Procedure (After seeing the reception staff)

1. You will be seen by the nurse, anaesthetist and doctor.
2. You will have your blood pressure checked.
3. You will change into a white gown.
4. You should not have had anything to eat or drink for 4 hours before the procedure.
5. You should have completed your bowel preparation.
6. You should have a responsible adult organized to take you home.
Please organize someone to stay with you if necessary.
7. Please keep your referral to hand directly to doctor.

AFTER Your Procedure

1. You will be lying in a bed in recovery with an oxygen mask on.
2. The nurse will regularly check your blood pressure.
3. You will have a plastic needle in your hand or arm.
4. After approximately half an hour you will get dressed and sit up in a recliner chair.

BEFORE You Go Home

1. You will be given something to eat and drink.
2. I will discuss the findings with you.
3. You will have the plastic needle removed before you leave.
4. You will be discharged home with a person responsible for caring for you.

You will be at the Day Centre for about 3 hours

This is a guide only and individual needs will be attended to as required.

- **YOU CANNOT DRIVE HOME & MUST NOT DRIVE FOR THE NEXT 12 HOURS.**
- **IF YOU CANNOT REMEMBER EVERYTHING YOU HAVE BEEN TOLD AFTER THE PROCEDURE, PLEASE RING OUR ROOMS THE NEXT DAY.**