

Dr George Ostapowicz

BMed BMedSC (Hons) MD FRACP

Dr Kashif Sheikh

MBBS, MRCP (UK) FRACP

Gastroenterologist & Hepatologist

"Brockway House"

82 Queen Street Suite 3, Southport

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Email: reception@drob.com.au

P.O. Box 10419

Southport, Queensland 4215

www.gcgastro.com.au

SHORT COLONOSCOPY

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
- Tweed Day Surgery**
38 Boyd Street, Tweed
- Gold Coast Private Hospital**
14 Hill Street, Southport
- Pindara Private Hospital**
Allchurch Avenue, Benowa

Please complete online admission forms:

Pacific Private, Gold Coast Private and Tweed Day Surgery

<https://healthscope.eadmissions.com.au>

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

Pindara Private Hospital <https://www.pindaraprivate.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 6 hours before procedure
- Take your normal early morning medication as usual (avoid any we have told you about)

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What is "Colonoscopy"?

A short colonoscopy [flexible sigmoidoscopy] is being performed to assess your lower colon [lower 30-40 cms]. This may be being done to examine a site of previous therapy [eg. polyp removal] or assess the state of the mucosa. This is not examining the full extent of the colon and was not meant to do so.

How are you prepared?

You will follow some dietary restrictions but not as rigidly as for a full colonoscopy. You will be fasting for 6 hours before the procedure and will have been advised regarding the taking of 2 enemas to clean out the lower end of the colon.

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.

You should also inform our rooms if you are taking **blood thinning tablets** (anticoagulants), have **heart valve disease**, or have a **pacemaker** implanted. Please inform the doctor 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 that part of the colon that needs examination.

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SHORT COLONOSCOPY PREPARATION

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.

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.

DAY 2 **Low Residue Diet**

You may follow a diet similar to Day 1.

You will use 1 MicroLax enema at 7pm – you will have been advised to purchase 2 of these from your chemist.

You will experience some cleaning out of your bowel as a result.

DAY 3 **COLONOSCOPY**

You will use the other enema about 2-3 hours before the set time of your colonoscopy.

You **MUST** fast for 6 hours prior to the procedure.

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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 6 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 the 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.**