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INSTRUCTION SHEET FOR COLONOSCOPY - PICOLAX (3 SACHET DOSES)

ADMISSION TIME IS BOOKED FOR THE **MORNING** OF: / / AT

Colonoscopy involves a comprehensive examination of the large bowel. This procedure necessitates that the bowel is thoroughly clear for the exam. To achieve this you need to follow the instructions below.

CLEAR FLUIDS MEANS: water, apple juice, tea and coffee without milk, clear fruit cordial (not red coloured) clear soups or broth. Avoid Milk.

FASTING MEANS: Nothing more to be taken by mouth until after your procedure.

ONE DAY BEFORE THE EXAMINATION MORNING:

- Eat breakfast, and then cease eating any solid foods.
- You may drink **CLEAR FLUIDS** up to 5 hours before your procedure. **THEN FAST.**

MID AFTERNOON- 3-3:30PM: FIRST DOSE:

- Mix a sachet of PICOLAX in a glass of water (250 mls), stir until dissolved then drink.
- It is important you drink at least 4 glasses of water or clear fluid after drinking the Picolax (over the next hour).
- Tick as you finish each glass:
1 GLASS OF CLEAR FLUID 2 GLASS OF CLEAR FLUID 3 GLASS OF CLEAR FLUID 4 GLASS OF CLEAR FLUID

EVENING- 5:30PM: SECOND DOSE

- Mix a sachet of PICOLAX in a glass of water (250 mls), stir until dissolved then drink.
- It is important you drink at least 4 glasses of water or clear fluid after drinking the Picolax (over the next hour).
- Tick as you finish each glass:
1 GLASS OF CLEAR FLUID 2 GLASS OF CLEAR FLUID 3 GLASS OF CLEAR FLUID 4 GLASS OF CLEAR FLUID

EVENING- 7-7:30PM: THIRD DOSE

- Mix another sachet of PICOLAX in a glass of water (250 mls) and stir until dissolved then drink.
- It is important you drink at least 4 glasses of water or clear fluid after drinking the Picolax (over the next hour).
- Tick as you finish each glass:
1 GLASS OF CLEAR FLUID 2 GLASS OF CLEAR FLUID 3 GLASS OF CLEAR FLUID 4 GLASS OF CLEAR FLUID

YOU MAY DRINK **CLEAR FLUIDS** UP TO 5 HOURS BEFORE YOUR PROCEDURE. **THEN FAST.**

MEDICATIONS:

Please bring your current medications with you to the hospital.

Your usual medications should be taken with a small sip of water on the day of the tests (even though you are fasting). Please advise us if you are taking **WARFARIN**.

DIABETIC PATIENTS:

Please advise the office when booking if you are a diabetic. Do not take your diabetic medications ie: **Hypoglycaemic tablets** and Insulin without discussing with your doctor or the hospital when your procedure is booked.

ORAL CONTRACEPTIVES:

These may not be effective after bowel preparation, take extra precautions for the rest of the month.

CLOTHING:

Have a short sleeve top or T-Shirt to wear for the procedure. Please leave your jewellery and extra cash at home

TRANSPORT:

You will need to arrange for a relative or friend to drive you home after the test. Taxi drivers are unable to accept responsibility for your care on discharge from the hospital. **DO NOT** drive a car, motorcycle or operate machinery until after sunrise the following day

ACCOUNTS:

Please bring your Medicare card/Private Health Insurance details with you.

IF YOU ARE HAVING ANY DIFFICULTY WITH THE BOWEL PREPARATION OR IF YOU HAVE ANY QUESTIONS REGARDING YOUR COLONOSCOPY - PLEASE PHONE THE HOSPITAL WHERE YOUR PROCEDURE HAS BEEN BOOKED.

RISKS OF COLONOSCOPY AND GASTROSCOPY

COMMON PROBLEMS	WHAT OCCURS	TREATMENT
Bloating & Discomfort	There may be some air remaining in the large bowel as a result of the procedure.	Usually no treatment is required. Walking and moving around helps to pass the trapped air. Use of peppermint tea, antacids and antispasmodics may help.
Nausea and Vomiting. Bruising at Injection Site	Some people experience nausea and/or vomiting as a result of the anaesthetic. Some patients may experience soreness, reddening or bleeding at the injection site.	Medication can be given for nausea and vomiting and generally relieve symptoms quickly. Applying pressure to the area will stop bleeding. A pressure bandage and cold packs may be applied to minimise bruising.
Reaction to Bowel Preparation	Occasionally patients may experience headaches. Poor absorption of oral medications including birth control and anticonvulsant medicine is common. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before the preparation is advised. We may administer fluids to you and medicine intravenously to relieve headache and nausea. Additional methods of contraception are suggested until the next menstrual cycle.
UNCOMMON PROBLEMS	WHAT OCCURS	TREATMENT
Bleeding	Major bleeding from the stomach or bowel can occur in 1 in 10,000 people following a biopsy, and 1 in 1,000 after the removal of polyp. Occasionally bleeding may occur up to 2 weeks after the procedure.	Bleeding usually settles without further treatment. Occasionally another gastroscopy or colonoscopy is needed to stop the bleeding. Rarely, transfer to hospital for observation, a blood transfusion, or surgery may be necessary.
Abdominal Pain	Burn injury to the bowel wall following removal of polyps can occur in 1 in 500 people. This may cause severe abdominal pain, rapid pulse and fever up to five days after the procedure.	Most problems settle within 48 hours, but you should contact us or your local doctor and go to hospital for a check up to ensure that the bowel is not perforated. It may be necessary to give antibiotics, arrange x-rays, blood tests and observation in hospital. A surgical opinion may be required
RARE PROBLEMS	WHAT OCCURS	TREATMENT
Perforation (Puncture or tear of the large intestine, stomach or oesophagus)	At Colonoscopy perforation of the large intestine may occur in 1 in 5000 cases. The risk is higher, up to 1 in 100 cases, if a large polyp is removed. At Gastroscopy, the risk of perforation of the gullet (oesophagus) is 1 in 100 if a dilatation is performed.	Fluids and antibiotics may be given via an intravenous drip and the tear may require surgical repair.
Intra abdominal injury (including splenic contusion)	Injury to the wall of the large intestine and spleen may occur resulting in bruising and inflammation.	Admission into a ward for observation. Some patients require surgical intervention.
Anaesthetic Risks	About 1 in 10,000 people may experience heart or lung problems such as; low blood pressure, irregular heartbeat or low oxygen levels. People with ill health are at greater risk.	Medication may be given to reverse the effects of sedation. Medical resuscitation may be required. Please discuss concerns with your anaesthetist.
Aspiration	Some patients may vomit during the procedure, and rarely some of the stomach contents can enter the lungs and cause pneumonia. This is referred to as aspiration.	If pneumonia occurs, you may be transferred to the ward for observation as an inpatient and given intravenous fluids and antibiotics.
Drug Reaction	Some patients may experience an allergic reaction to one or more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction and admission as an inpatient for ongoing observation.
Missed Cancer	Due to the nature of the anatomy and preparation of the gut, it is possible to miss small cancers and other disorders in approximately one in 1000 procedures.	
Damage to Teeth	All attempts are made to protect teeth however, it is possible for teeth or crowns to be damaged during the procedure.	
Procedure related mortality is rare (< 0.01 %)		