

INFORMATION FOR THE PATIENT – PREPARATION FOR COLONOSCOPY

1. COLONOSCOPY

Colonoscopy is the examination of the large intestine and the distal part of the small intestine with a flexible endoscope inserted through the anus. It provides a thorough assessment of the inner surface of the intestines, diagnosis of lesions (polyps, ulceration, vascular disorders), and in many cases also their treatment (removing the polyps, biopsy of the bowel wall or arresting bleeding). Indications for colonoscopy include:

- screening test for colon cancer
- colon polyps;
- gastrointestinal haemorrhage
- changes in bowel habit (constipations, diarrhoea, pencil thin stools);
- iron deficiency anaemias;
- diverticulosis;
- bowel inflammatory diseases.

2. PREPARING FOR THE EXAMINATION

Preparing for colonoscopy is very important as it determines whether and how the examination will be performed and whether it will not have to be repeated. Bearing this in mind, please read the following information and adhere to the guidelines. The examination is performed after appropriate preparation which involves removing food waste from the bowels by following an appropriate diet and taking laxatives by mouth. A normal reaction during preparation for the test will be abundant bowel emptying, at the end of the period releasing only water and liquid contents.

The test may be performed under general anaesthesia. After administering intravenous sedation the patient will be asleep throughout the examination. As it is light anaesthesia, it does not require an endotracheal tube. After the examination the patient is allowed to eat only after permitted to do so by the anaesthesiologist.

➤ **The following laboratory tests should be performed before the colonoscopy:**

Complete blood count; APTT; PT/ INR; electrolytes (Na, K); creatinine; anti-HCV antibody; HBsAg.

- Patients with diabetes should inform the hospital staff about this fact when registering for the test, as they should be tested in the morning.
- Patients with conditions that require constant, regular medication (e.g. for hypertension, heart diseases, epilepsy and others) should take the morning dose with a small amount of water on the day of the examination.
- If you take medications which prevent blood clotting (e.g. acenocumarol, sintrom, ticlid or aspirin, acard, polocard, acesan and others) you should stop taking them 7 days before the test; however, consult your doctor first. It may be necessary to replace these drugs with low molecular weight heparin (e.g. Fraxiparin, Clexane).
- Please bring the medical records that you have (X-ray pictures, ultrasound examinations, CT, descriptions of previous endoscopic examinations, results of other tests and hospital discharge summaries) from the last 5 years.
- **In the case of chronic diseases** please bring medical certificates confirming lack of contraindications for colonoscopy (e.g. from cardiologist, internist, endocrinologist,

neurologist, pulmonologist). It is possible to consult an internist at our Hospital before a colonoscopy examination.

- **7 days** before the test you should stop taking iron-containing medicines (including nutritional supplements).
- **5 days** before the test you should not eat vegetable salads, fruits, vegetables with pips and peel, fruits with pips, such as grapes, tomatoes, kiwi, strawberries; avoid also poppy seeds, breads with grains, yoghurts with seeds or fruit and linseed.
- **2-3 days** before the test follow a liquid-pulp diet.
- **1 day before the examination:** you should take a laxative recommended by your doctor (GP or surgeon): Fortrans, Eziclen, CitraFleet, Moviprep. Do not eat anything from the moment you take the medicine! You should be informed about the dosage and daily fluid intake of the medicine by the prescribing physician. Please read the patient information leaflet attached to the purchased medicine. The method of preparation depends on the test time.
- **Food is not allowed on the day of the test, while water can be drunk up to 6 hours before the test!**
- Approximately **2 – 3 hours** before the test you can administer an additional laxative liquid treatment (ENEMA available at pharmacies).
- **NOTE: do not drink anything 6 hours before the test!**

3. PROCEDURE

Immediately before the examination the doctor asks the patient about their state of health (possible chronic diseases, medications, allergies), the patient's well-being on the day of the examination, the method of preparation for the test, etc. Then the doctor examines the patient, assessing his vital signs (heart action, blood pressure), which will also be monitored during the test. It is also necessary to insert an intravenous catheter ("heplock"), through which sedatives and analgesics will be administered.

Prior to the test you put on special clothing. During the examination you lie on your side. The examination takes no more than an hour.

The colonoscopy begins with the insertion of the endoscope into the anus. The endoscope is a tube with a diameter of approx. 1 cm. Its tip is lubricated before the test with a gel increasing the slide. At the end of the endoscope there is a camera and a source of light. The image of the interior of the intestines is transmitted to a special computer by optical fiber systems and displayed on a monitor. The endoscope tube has channels enabling blowing air or inserting tools (grasping forceps, baskets, snares). The air is blown into the intestinal lumen to reveal its walls and allow the endoscope to move further. During the colonoscopy, the doctor examines subsequent sections of the intestine, i.e. the rectum, sigmoid colon and colon, reaching the final section of the ileum. Higher levels of the digestive tract are not available for examination. Other than examining the intestinal walls, during the test the doctor may perform procedures such as the removal of polyps, intestinal wall biopsy or arresting of bleeding.

4. FOLLOW-UP PROCEDURE

- If the colonoscopy is performed under general anaesthesia, it is recommended that the patient be observed for about 2 hours after the examination.
- As anesthetics slow down reaction time, **you should not: drive a car**, operate machinery and mechanical equipment consume alcohol within 12 hours after the test; you should also avoid signing important documents during this period. You should ask an accompanying person to collect you from the hospital.
- After the examination you may feel flatulence and cramps caused by the air which entered the intestine during the examination. This feeling passes after breaking wind.
- If you feel sick (e.g. dizzy, nauseous), have fever, abdominal pain or rectal bleeding, report it immediately to your doctor, even if these symptoms appear only a few days after the test!