

## MORNING PROCEDURE

The success of your colonoscopy depends on the bowel being as clear as possible, otherwise the examination may need to be postponed and the preparation repeated. Please carefully follow the instructions below.

The bowel preparation induces frequent, loose bowel movements within one to three hours of taking the first dose. It is best to stay at home within easy reach of toilet facilities.






**Please notify your specialist if you are pregnant, diabetic, take medications to thin your blood, suffer from disease affecting the heart valves, or have a pacemaker.**

**Please cease the following drugs seven days prior to the colonoscopy if you are using them: iron supplements, anti-diarrhoea drugs.**

You must have a relative or friend accompany you home and remain with you for the rest of the day. You cannot go home unaccompanied by public transport or in a taxi. Your procedure may be cancelled if you do not have these arrangements in place.

### Please obtain from Chemist

One box of PLENVU

<b>2 Days Before</b>		<b>Maintain a low fibre diet. Avoid cereals, grains, seeds or nuts.</b>
<b>The Day Before</b>	<b>Breakfast/Lunch</b> 	<p>Have a light breakfast/lunch choosing only foods from the 'white diet' including:</p> <ul style="list-style-type: none"> <li>– Milk, white yoghurt (no added fruit), mayonnaise, cream, butter or margarine</li> <li>– White bread/toast, rice bubbles cereal, eggs</li> <li>– White rice, regular pasta, potatoes (peeled), rice noodles</li> <li>– Rice crackers (plain), white flour, sugar</li> <li>– Chicken breast (no skin), white fish fillet (no skin)</li> <li>– Cheese: cream cheese/cheddar/ricotta/feta/cottage/mozzarella/parmesan</li> <li>– White chocolate, vanilla ice cream, lemonade icy-pole, custard.</li> </ul> <p><b>After breakfast/lunch, you may have clear fluids only for the remainder of the day (see approved list of fluids below).</b></p>
	<b>First Dose at 6pm</b> 	<p><b>How to prepare Plenvu Dose 1</b></p> <ul style="list-style-type: none"> <li>– Open the carton and remove the <b>Dose 1 Sachet</b></li> <li>– Pour the contents of <b>Dose 1 Sachet</b> into a measuring container that can hold 500mL of fluid</li> <li>– Add water (not chilled) to make up to 500mL and stir until all the powder has dissolved. This may take up to approximately 8 minutes</li> <li>– Drink the mixture of PLENVU over 30 minutes. Follow with 500mL of clear fluids</li> <li>– Continue to drink clear fluids in order to retain hydration throughout your body.</li> </ul>
	<b>Second Dose at 9pm</b> 	<p><b>How to prepare Plenvu Dose 2</b></p> <ul style="list-style-type: none"> <li>– Pour the contents of <b>Dose 2 Sachet A and Dose 2 Sachet B</b> into a measuring container that can hold 500mL of fluid</li> <li>– Add water (not chilled) to make up to 500mL and stir until all the powder has dissolved. This may take up to approximately 8 minutes</li> <li>– Drink the mixture of PLENVU over 30 minutes. Follow with 500mL of clear fluids</li> <li>– Continue to drink clear fluids in order to retain hydration throughout your body</li> <li>– You should continue to drink approved clear fluids up until midnight.</li> </ul>
<b>Procedure Day</b> 	<b>YOU ARE TO FAST COMPLETELY FROM MIDNIGHT. NO food or drink, including water, on the day of your procedure.</b>	
<b>Approved Clear Fluids</b> 	<p>Water, clear fruit juice (apple, pear, grape), lemon jelly, black tea, black coffee, Bonox, Lucozade, carbonated drinks, barley sugar, clear broth, lemon fruit cordial.</p> <p><b>NO red or purple colours.</b></p>	

You may have clear fluids (from the approved clear fluid list) up until midnight prior to your procedure.

**You may take usual prescription medication (except diabetic or blood thinning medication as advised) for up to 2 hours prior with a small sip of water.**

#### Hobsons Healthcare Altona

Cnr Queen & Sargood St,  
Altona 3018  
P. 1800 446 276  
F. 03 9398 8822  
atn.admin@healthcare.com.au

#### Hobsons Healthcare Sydenham

566 Melton Hwy,  
Sydenham 3037  
P. 1800 446 276  
F. 03 8361 6700  
sdh.admin@healthcare.com.au

#### Hobsons Healthcare Werribee

179 Princes Highway,  
Werribee 3030  
P. 1800 446 276  
F. 03 9731 8001  
wbe.admin@healthcare.com.au

## RISKS OF A COLONOSCOPY/GASTROSCOPY

<b>Perforation</b> (puncture or tear of large intestine, stomach or oesophagus):	At colonoscopy the large intestine may rarely be perforated in 1 in 1000 cases. The risk is higher if a polyp is removed. At gastroscopy, the risk of perforation of the gullet (oesophagus) is <1% if a dilatation is performed.	Fluids and antibiotics may be given via an intravenous drip and the tear may require repair by surgery to the abdomen or chest.
<b>Bleeding</b>	Major bleeding from the stomach or bowel can occur in 1 in 10,000 people following a biopsy, and 1 in 1000 after the removal of a polyp. Sometimes bleeding may occur up to 12 days after the procedure.	Bleeding usually settles without further treatment. Sometimes another gastroscopy or colonoscopy may be needed to stop the bleeding after polyp removal. Rarely, you would be transferred to hospital for observation. Occasionally a blood transfusion or surgery is necessary.
<b>Bloating/Discomfort</b>	Retained air after the procedure.	Usually no treatment is required. Walking and moving around helps to pass the trapped air.
<b>Nausea and Vomiting</b>	Experienced by some patients after an anaesthetic.	Anti nausea medication can be given.
<b>Injection Site Bruising</b>	Some patients may experience some soreness and reddening or bleeding at the injection site.	Applying pressure to the area will stop the bleeding. A pressure bandage and cold packs may be applied to minimize the bruising. The bruising is not serious and will usually resolve within a week.
<b>Reaction to Bowel Preparation</b>	Occasionally patients may experience headaches and poor absorption of normal medications including birth control and anti-convulsant medication. Changes in the blood salt levels (electrolytes) may occur.	Taking your medication at least 2 hours before the preparation is advised. We may give fluids to you via the vein and medicine to relieve the headache and nausea. Additional methods of contraception are suggested until the next menstrual cycle.
<b>Abdominal Pain</b>	Burning of the bowel wall following removal of polyps can occur in 1 in 500 people. This may cause severe abdominal pain, rapid pulse and fever between 12 hours and 5 days after the procedure.	Most problems settle within 48 hours, but you should contact us and go the 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. We may ask for a surgical opinion.
<b>Missed Cancer</b>	Due to the nature of anatomy and preparation of the gut, it is possible to miss small cancers and other disorders in approximately 1 in 1,000 procedures.	
<b>Damage to Teeth</b>	All attempts are made to protect teeth; however it is possible for teeth or crowns to be damaged during the procedure.	
<b>Anaesthetic Risks</b>	About 1 in 10,000 people may experience heart or lung problems such as low oxygen levels, low blood pressure or irregular heart beat. People with ill health are more at risk.	The procedure is immediately stopped should anything happen. Medication may be given to reverse the effects of sedation. Discuss concerns with your anaesthetist.
<b>Aspiration</b>	Some patients may vomit during the procedure and rarely some of the stomach contents can enter the lungs and cause pneumonia.	If aspiration occurs, you may be transferred to hospital for observation and given intravenous fluids and antibiotics.
<b>Drug Reaction</b>	Some patients may experience an allergic reaction to one or more of the anaesthetic drugs.	You may require intravenous drugs to stop the reaction. Occasionally hospitalisation is required.
<b>Other Risks</b>	A complete examination of the colon may be limited in some patients (usually less than 5%) including those with poor bowel preparation, patients with long colons, patients with tight bends in their colon, patients with severe inflammation or other pathology.	It is possible that a barium enema or CT scan of the bowel may be recommended to complete examination on the colon.

**After the procedure: There may be mild, temporary abdominal discomfort and you may pass a small amount of blood. This is quite normal and will pass. However, if you have severe pain or pass a large amount of blood you should contact one of our Centres, your local doctor or go to your nearest hospital emergency department. As with any medical procedure, death is a rare complication.**

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