



Gastroscopy & Colonoscopy Preparation Instructions

AFTERNOON LIST

It is very important that you follow these instructions properly. Please read them at least 1 week prior to your procedures. You will need to purchase **1 box of 4 x Moviprep sachets** from your chemist or Dr Halliday's rooms.

4 days before your examination

- Stop taking iron tablets and anti-diarrhoeal drugs.
- Check with your doctor if you are taking 'blood thinners' (eg. warfarin, xarelto) or a diabetic medication.

2 days before your examination

- Start eating foods from 'The White Diet' (**See Page 2**)

1 day before your examination

Drink at least 1 glass of APPROVED CLEAR FLUIDS (on the back of this sheet), each hour until bedtime. Good hydration is critical!

Up until 5pm You may eat anything in moderate amount from "The white diet"

After 5pm You may digest only APPROVED CLEAR FLUIDS, the Moviprep and any required medications. Dissolve the contents of both sachets of A and both sachets of B of Moviprep in 2 litres of water, and chill in the refrigerator until required to drink.

6pm Drink 1L of Moviprep slowly but completely (leaving 1L for the following morning). This should be followed by APPROVED CLEAR FLUIDS to maintain hydration, until you go to sleep.

The preparation will usually cause multiple bowel movements within two to three hours of taking the first dose. You may find that your anal area becomes sore. Applying a barrier cream such as Vaseline may help with this.

Day of examination

_____ Drink the remaining 1L of Moviprep completely within 30 minutes. (4 hours before admission)
_____ Drink 200ml of Approved Clear fluids every hour until 2 hours before your arrival time.

_____ **FAST : You must FAST from 2 hours prior to your arrival time.**

_____ Admission time
_____ Please remember you must have someone to accompany you to and from the procedure.



The White Diet

The white diet is a low residue diet which allows food to be eaten the day prior to your procedure.
Moderate amounts of the following foods can be eaten **until 5pm**.

Permitted foods (until bowel prep starts):

Milk, plain yoghurt, margarine, butter, vanilla ice cream, white chocolate
Plain cream cheese, cottage cheese, ricotta cheese, fetta cheese, sour cream
Egg whites, mayonnaise, cream, white sauce
White rice or pasta, potatoes (peeled)
Rice bubbles, regular white bread/toast, plain rice crackers
Chicken breast (no skin), grilled white fish fillet

White foods to be excluded:

Pears, parsnip, cauliflower, onion, high fibre white breads (eg. Wonder White), coconut, porridge,
banana, mushrooms, semolina, couscous, popcorn.

Sample menu plan

Remember to drink at least 1 glass of approved clear fluids every hour

Breakfast	Rice bubbles with milk and white sugar Regular white toast and scrambled egg white only
Morning tea	Plain rice crackers with fetta cheese
Lunch	Sliced chicken breast, butter, regular white bread sandwich White chocolate Freddo Frog or lemonade icipole
Afternoon tea	Plain vanilla yoghurt or vanilla milkshake
Early Dinner	Plain grilled white fish fillet, white sauce Boiled white rice or pasta or peeled potato Vanilla ice cream
After 5pm	Drink only approved clear fluids and the Moviprep

Approved clear fluids

Water, clear salty fluids (eg. clear broth), clear fruit juice (eg. Apple), plain jelly, black tea or coffee (no milk), sports drink (Gatorade, Hydralite, etc.), carbonated beverages, barley sugar, clear fruit cordials. Moderate alcohol is allowed but can dehydrate.



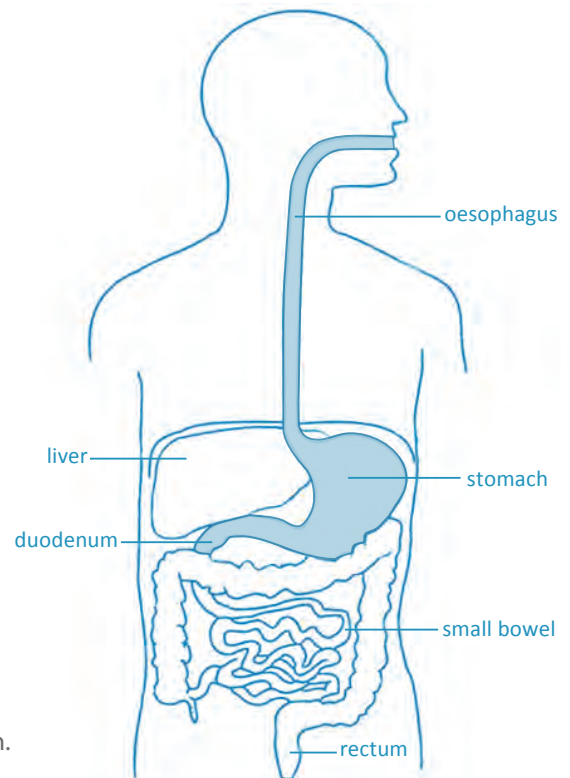
Gastroscopy Information Sheet

What is a gastroscopy?

Also described as an 'Upper GI endoscopy', a gastroscopy is a procedure performed by an expert gastroenterologist to diagnose and in some cases, treat problems of the upper digestive system using an endoscope.

An endoscope is a long thin flexible tube with a tiny video camera and a light on the end. By adjusting the various controls on the endoscope, your specialist can safely guide the instrument to carefully examine your oesophagus, stomach and duodenum, (the beginning of the small intestine).

Most procedures are for diagnostic purposes, and may include the taking of biopsies (tissue samples) from the inner lining for examination by a pathologist. Sometimes the procedure is used for dilating (stretching) a narrowed portion of the oesophagus, or for the removal of polyps (abnormal growths) found during the examination.



Is there an alternative to having a gastroscopy?

Depending on the reason your doctor has suggested a gastroscopy, there may be alternative tests available, and you can discuss these options with your doctor. Alternatives may include:

- **CT scan** – this special type of X-ray imaging produces images of the inside of your body. No tissue biopsy is taken during this procedure.
- **Ultrasound** – this is another way to produce images of the inside of your body using high-frequency sound waves. Again, no tissue biopsy is taken during this procedure.
- **Barium meal** – for this procedure, you drink a fluid that will show up on X-rays. X-rays taken will show the inside of your oesophagus, stomach and duodenum.



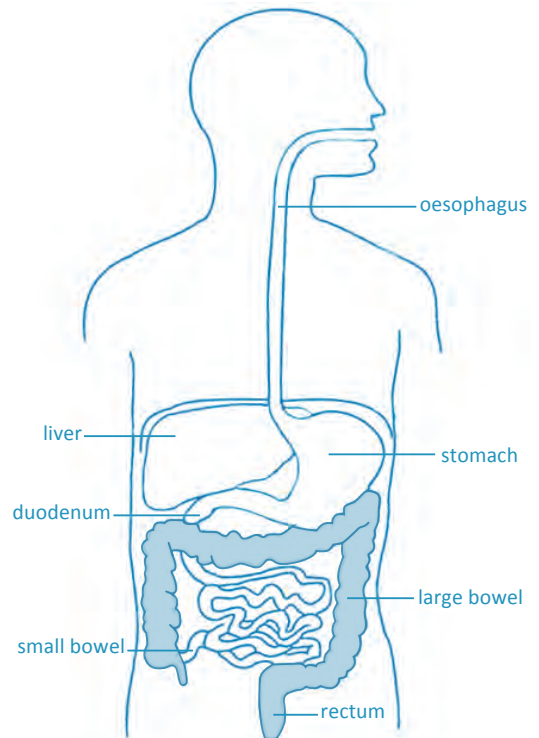
Colonoscopy Information Sheet

What is a colonoscopy?

Also described as a 'lower endoscopy', a colonoscopy is a safe and effective way of visually examining the lining of the large bowel, which forms the last part of your digestive tract. It is performed by an expert gastroenterologist to diagnose and in some cases, treat problems of the lower digestive system using a colonoscope.

A colonoscope is a long, thin flexible tube with a tiny video camera and a light on the end. By adjusting the various controls on the colonoscope, your specialist can safely guide the instrument in any direction to look at the inside of the colon.

A colonoscopy is used to look closely for any problems that may require evaluation, diagnosis or treatment. This may include the taking of biopsies (tissue samples) from the inner lining of the colon for examination by a pathologist, or the removal of polyps (abnormal growths), which may otherwise become bowel cancers.



What is the reason for having a colonoscopy?

A colonoscopy is a safe and effective way to evaluate problems such as blood loss, pain, changes in bowel habit, or abnormalities that may have first been detected by other tests. Colonoscopy can also identify and treat active bleeding from the bowel.

Does colonoscopy reduce my risk of developing colon cancer?

The incidence of colon cancer and related deaths is reduced by colonoscopy in patients at high risk of colon cancer. This benefit depends on an individual's cancer risk (eg. family history) and may not directly relate to you – the benefit of colonoscopy for you should be discussed directly with your doctor.

With colonoscopy, it is now possible to detect and remove most polyps (pre-cancerous growths) in the colon without the need for surgery. Not all polyps are pre-cancerous and it is not possible to tell just by looking at a polyp if it will become a cancer. For this reason, all polyps are usually removed during your cononoscopy using a technique called a polypectomy.



Is there an alternative to having a colonoscopy?

Depending on the reason your doctor has suggested a colonoscopy, there may be alternative tests available. You can discuss these options with your doctor. Alternative tests may include:

- A **CT colonoscopy** – this special type of X-ray imaging produces images of the inside of your body. Bowel preparation with laxatives is still required for this procedure. No tissue biopsy can be taken during this procedure and polyps cannot be removed.
- **Faecal occult blood testing** – a sample of your stool is evaluated for blood that may be an early sign of colon cancer.

What do I do with my usual medications prior to the procedure?

- If you take Warfarin, Plavix, Iscover, Pradaxa, Xarelto, or Insulin please contact Dr Halliday's rooms at least 7 days prior to the gastroscopy.
- Other medications are usually continued unless your doctor tells you not to. On the day of your procedure, you can take your regular medications with a sip of water.

What do I need to bring on the day of my procedure?

Please bring your doctor's referral letter if available, health fund details and Medicare card. Please wear loose fitting clothing that can be easily removed as you will need to change into a patient gown before your procedure. Any jewellery and valuables should be left at home.

What happens when I arrive at hospital?

You will be asked some basic questions about your health and medications. If you have not already done so, you will be asked to sign a form to verify your consent for the procedure and understanding of what is involved. You will have the opportunity to meet the anaesthetic doctor and gastroenterologist before the procedure begins to go through any questions that have arisen.



What will happen during the procedure?

During the procedure, every effort will be made to ensure you are as comfortable as possible. You will be asked to change into a hospital gown. You will also be asked to remove glasses, jewellery and any contact lenses. These will all be kept safe for you.

A cannula (small needle) will be placed into the back of your hand through which sedative medication will be given. You will be asked to lie on your side on the hospital bed and a mouth guard placed over your teeth before the anaesthetic doctor gives you sedation. Your blood pressure, pulse and oxygen level will be carefully monitored throughout the procedure. The sedative medication will put you into a deep sleep so that you will be comfortable during the procedure.

First, the endoscope will then be guided carefully through your mouth, into your stomach and duodenum (small bowel). Air is pumped through the endoscope to make the stomach expand so that it is easier to visualise. If necessary, biopsies and/or polyps will be taken/removed – this does not cause any pain.

The colonoscope will then be passed through your rectum around the colon and when possible advanced into the last part of the small bowel. Air is pumped through the colonoscope to expand the colon so that it is easier to visualise. If necessary, biopsies and/or polyps will be taken/removed – this does not cause any pain.

How long will the procedure take?

The entire procedure usually takes less than 1 hour. The time needed for a gastroscopy/colonoscopy varies but on average takes 40 minutes. It is usually done as a day procedure so you will not have to stay overnight in hospital.

What will happen after the gastroscopy and colonoscopy?

Dr Halliday will speak with you after your procedure before you go home. If any biopsies are taken or polyps removed, the results for these will take several days to be processed and an arrangement for follow-up will be made with you. You will also be given instructions regarding how soon you can eat and drink, plus other guidelines for resuming your normal activity.

You cannot drive, drink alcohol, sign legal documents or operate machinery for the first 24 hours after your procedure. This is because the sedative medication you received may affect your concentration or coordination.

When will I be able to go home?

You will be ready to go home about 2 hours after the procedure. You will need someone to drive you home. It is best for someone to stay with you for the first 24 hours.



Most patients do not have any problems after the procedure but if you develop severe abdominal pain, fevers or chills, have difficulty breathing, persistent bleeding (more than half a cup) or any other symptoms that you are concerned about in the hours or days after the procedure, you should contact your doctor (or the closest emergency department).

What are the risks of having a gastroscopy and colonoscopy?

A Gastroscopy/Colonoscopy is a common procedure that is generally safe and very well tolerated.

Common temporary side-effects include:

- Mild bloating – due to the air that was introduced to examine the colon. These symptoms should disappear in 24 hours or less.
- Feeling sleepy or nauseated – due to the sedating medication.
- A sore throat – due to the passage of the endoscope (lasting a few hours). Gargling salt water or sucking throat lozenges will help ease this discomfort.

Complications are very rare, but may include:

- **Perforation** - 1 in 1000 times the bowel wall is torn and an operation that requires a temporary colostomy bag may be required.
- **Bleeding** – 1 in 2000 times bleeding can occur if a biopsy is taken or polyp removed. This can sometimes require a repeat colonoscopy, operation or X-ray procedure (angiogram).
- **Aspiration** – if your stomach is not empty, occasionally you can vomit and aspirate stomach contents into your lungs. This can cause pneumonia and require hospitalisation, oxygen and antibiotics.
- **Tooth damage/cut lip** – a protective mouthguard is used to reduce your risk.
- **Failed procedure** - occasionally a colonoscopy may not be successfully completed and need to be repeated at a later date.
- **Missed polyp/cancer** – although colonoscopy is the best test for excluding bowel cancer, it is not 100% perfect. There is a 2% chance that a colon cancer or polyp will be missed by this procedure.
- **Death** - is extremely rare, although it is a possible consequence of any medical procedure.

If you wish to discuss the details of all possible rare complications, you should inform your doctor and/or anaesthetist **prior** to the procedure. Exact risks will differ for every person – so ask your doctor how these risks apply to you.