



KOLONOSKOPIE INLIGTING

Geagte Pasiënt

U is geboek vir 'n kolonoskopie, 'n endoskopiese prosedure wat behels dat ons met 'n kolonoskoop ('n kamera sisteem) na die binnekant van u kolon (dikderm) gaan kyk.

Dit behels eerstens dat u derm voorbereiding moet gebruik sodat die kolon heeltemal skoon is ten tye van die ondersoek. Indien u nie die dermvoorbereiding soos voorgeskryf gebruik nie, sal die kolon nie heeltemal skoon wees nie, wat die ondersoek onaangenaam, meer gevaaerlik en minder akkuraat maak. Klein poliepe kan byvoorbeeld makliks verberg word deur derm inhoud, wat dan gemis kan word.

My sekretaresse sal u volledig inlig oor die dieet en medikasie wat u moet neem voor die prosedure.

Die dag van die prosedure word u opgeneem in die hospitaal, en u sal dan na die endoskopie eenheid of hoofteater kompleks geneem word as dit u tyd is. 'n Narkotiseur sal te alle tye by wees tydens die ondersoek, en hy sal 'n sedasie aan u gee, 'n kombinasie van binne aarse middels, om u slaperig, pynvry, en gemaklik te maak. Meeste pasiente ervaar dit as 'n diep slaap, en onthou nijs van die prosedure nie. U sal dink u het diep geslaap, al was u in werklikheid nog half wakker, en haal nog spontaan asem.

NB, SOMMIGE MEDIESE FONDSE MAAK DEESDAE NIE MEER VOORSIENING VIR SEDASIE DEUR 'N NARKOTISEUR NIE (bv. Keyhealth, Momentum, Motohealth, Bestmed, Primecare). Hierdie fondse verwag van die chirurg om self sedasie te gee tydens die prosedure (soos wat gedoen word met 'n gastroskopie). My opinie is dat so 'n praktyk onveilig is vir die pasient, aangesien 'n kolonoskopie baie dieper sedasie verg as vir 'n gastroskopie, en dat die pasient maklik kan ophou asemhaal tydens so 'n sedasie. Ek kan ook nie konsentreer op die kolonoskopie (met prosedures soos poliepe verwyderings ens) en genoegsame aandag aan die pasient se vitale data gee nie. Dit is dus my praktyk om **te alle tye** vir die pasient se gerief en veiligheid 'n narkotiseur te gebruik vir sedasie vir kolonoskopies.

Kontak asb die narkotiseur se kamers en maak seker dat daar geen bybetalings gaan wees nie. Nie alle fondse dek 'n narkotiseur vir 'n kolonoskopie nie. Dit sluit alle in hospitaal en in kamers kolonoskopieë in. Adres: 4 Phillip Gerber Singel, Wilkoppies, Klerksdorp, Telefoon: 018 468 3205

Die prosedure word dan uitgevoer, en kan 15min tot soms 50min duur. Indien daar enige patologie gevind word, word dit gewoonlik dadelik hanteer (bv rekkies op aambeie, verwydering van poliepe, brand van bloedings punte ens.). 'n Kolonoskopie is 'n veilige prosedure, maar statisties is daar 'n 0.2% kans vir 'n besering aan die kolon tydens die prosedure. Ongeveer 50% van sulke beserings sal met operasie herstel moet word. U kan winderigheid en ongemak verwag na die tyd, maar dit verbeter sodra die lug wat ons inblaas in die kolon in, begin uitkom na die tyd.

Na die tyd sal u teruggeneem word saal toe, waarna u gewoonlik weer sal kan eet en gewoonlik daarna kan huis toe gaan. As ek nog lank in die teater gaan wees, teken ek gewoonlik die pasient in die teater af vir ontslag, met 'n briefie met verdere instruksies soos wanneer u my weer moet sien ens. 'n Verslag van my bevindings word ook dadelik na u algemene praktisyen gestuur.

Die opvolg afspraak na u kolonoskopie word geëis by u fonds. Bring asb dus 'n magtigings nommer in indien dit vereis word deur u fonds en maak seker daar is genoeg fondse in u dag tot dag.

Ek hoop dat die voorbereidings en ondersoek vir u vlot en sonder probleme sal geskied.

Dr. Sampie Smith



VOORBEREIDING VIR 'N KOLONOSKOPIE

1 dag voor die prosedure:_____

1. **08h00:** Neem 4 Senekot tablette
2. Net skoon vloeistowe soos water, lemonade, sodawater, WIT druiwesap, appelsap, flou swart tee (kan soet wees) en jellie mag geneem word.
3. GEEN soliede kos, melk, bovril, sop, koffie, milo, warm sjokolade drankie (hot chocolate) mag geneem word nie. U moet ten minste 2 liter skoon water neem deur die dag.
4. **16h00** – Meng 1 pakkie PICOPREP in 'n glas warm water. Koel af en drink, drink dan dadelik weer 'n skoon liter water.
5. **17h00** - Meng 1 pakkie PICOPREP in 'n glas warm water. Koel af en drink, drink dan dadelik weer 'n skoon liter water.
6. **18h00** - Meng 1 pakkie PICOPREP in 'n glas warm water. Koel af en drink, drink dan dadelik weer 'n skoon liter water.
7. **19h00** – Meng 1 pakkie PICOPREP in 'n glas warm water. Koel af en drink, drink dan dadelik weer 'n skoon liter water.
8. As u begin naar voel kan u tablette vir naarheid neem, wag dan ± ½ uur en drink dan weer die PICOPREP mengsel. DIT IS BAIE BELANGRIK DAT U AL DIE PICOPREPMENGSEL DRINK.

Dag van die prosedure:_____

1. Aan u sal 'n enema gegee word in die hospitaal voor u prosedure.

* As u 'n oggend prosedure het – Niks eet die vorige dag van prosedure en niks drink die aand van 22h00 af nie.
* As u 'n middag prosedure het – U mag skoon water drink tot 06h00 die oggend van die prosedure.

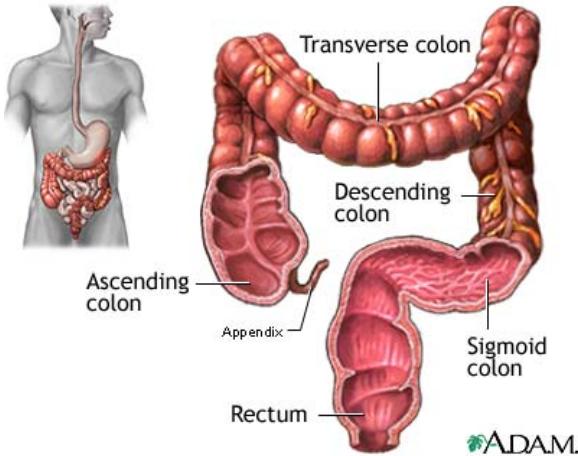
Algemene inligting:

- Noem asb al die medikasie wat u neem, allergieë of enige ander mediese kondisies.
- Bring asb u verwysingsbrief, toetse, X-strale of enige ander inligting saam. U sal ingelig word van die prosedure, en u sal moet toestemming teken vir die prosedure.
- Dankie vir u samewerking. Onthou as u nie die prosedure volg nie, gaan u kolon nie skoon wees nie en u sal die prosedure weer moet ondergaan. Bel asb die spreekkamer as u enige ongemak het na die prosedure.
- Kanselleer asb u afsprake 24 uur voor die tyd. Indien nie, sal u verantwoordelik gehou word vir die kostes.
- U moet by die huis wees as u die PICOPREP neem aangesien u die toilet gaan nodig hê.
- U moet 'n room byderhand hê na die tyd, u mag 'n brandgevoel ervaar.
- **Dit is u verantwoordelikheid om die spreekkamer te bel na u prosedure om u resultate te kry en 'n opvolg konsultasie te bespreek vir twee weke na die prosedure.**



What is a colonoscopy?

A colonoscopy is where the doctor uses an instrument called a colonoscope to look at the inside of the lining of your large bowel. This is done to see if there are any growths, polyps, cancers, or disease in your bowel. A colonoscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the pictures of the inside of our bowel on a video screen. The scope bends, so that the doctor can move it around the curves of your colon. The scope also blows air into your bowel, so that the doctor can see better. As a result, you might feel some pressure, bloating, or cramping after the procedure. This instrument can also be used to remove or burn growths, polyps or take biopsies. This procedure starts from your back passage (rectum) and goes to the right side of your bowel (ascending colon). You will lie on your side or back while your doctor slowly passes the colonoscope along your large bowel to look at the bowel lining. The lining will be looked at again as the colonoscope is taken out. It may take between 15 – 50 min and samples of the bowel may need to be removed for pathology tests. The procedure requires sedation by an anesthesiologist.



What are the risks of this procedure?

There are risks and complications with this procedure. They include but are NOT limited to the following:

Common risks and complications include:

- Mild pain and discomfort in the abdomen for 1 to 5 days after the procedure. This usually settles with walking and moving to get rid of the trapped air.
- Nausea and vomiting
- Faintness or dizziness, especially when you start moving around.
- Headache, Pain, redness or bruising at the sedation injection site.
- Muscle aches and pains.

- Allergy to medications given at the time of the procedure.

Uncommon risks and complications include:

- About 1 in every 1000 will accidentally get a hole (perforation) to the bowel causing leakage of bowel contents into the abdomen. Surgery may be needed to repair the hole.
- About 1 in every 100 will experience a significant bleed from the bowel where the polyp was removed. Further endoscopies, a blood transfusion or an operation may be necessary.
- Not being able to see the entire bowel. This can happen if your bowel is not completely clean or the colonoscope could not be passed to the end of your large bowel.
- Missed polyps, growths or bowel disease.
- Heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. Emergency treatment may be necessary.
- Change of anaesthetic from sedation to general anaesthetic.
- “Dead arm” type feeling in any nerve due to positioning with the procedure – usually temporary.
- An existing medical condition that you may already have getting worse.

Rare risks and complications include:

- Bacteraemia (Infection of the blood). This will need antibiotics.
- Stroke resulting in brain damage.
- Anaphylaxis (Severe allergy) to medication given at the time of the procedure.
- Death as a result of complications to this procedure is very rare.

What are polyps and why are they removed?

Polyps are fleshy growths in the bowel lining, and they can be as small as a tiny dot or up to several centimeters in size. They are not usually cancer but can grow into cancer over time. Taking polyps out is an important way of preventing bowel cancer. The doctor usually removes a polyp during a colonoscopy, using a wire loop to remove the polyp from the bowel wall. An electric current is sometimes also used, this is not painful.



Will I get the results straight away?

You will need to phone the practice a few days after your procedure and speak to my secretary who will give you the results if they are available. You will also need to book a follow-up appointment for 2 weeks after your procedure.

What if I don't have the procedure?

Your symptoms may become worse and the doctor will not be able to abdominal pain and discomfort. No driving is allowed for 24h after the procedure due to the sedation.

What are your responsibilities:

You are less at risk of problems if you do the following:

- Bring all your prescribed drugs, over the counter, herbal remedies and supplements and show your doctor what you are taking. Tell your doctor about any allergies or side effects you may have.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure. If you have a drug habit, please tell the doctor.
- If you take Warfarin, Persantin, Clopidogrel (Plavix or Iscover), Asasantin or any other drug that is used to thin your blood ask your doctor if you should stop taking it before the procedure as it may affect your blood clotting. DO NOT stop taking them without asking your doctor.
- Tell your doctor if you have:
 - Had heart valve replacement surgery
 - Received previous advice about taking antibiotics before a dental treatment or a surgical procedure.

Preparation for the procedure:

Your colon must be completely clean for the procedure to be accurate and complete, so be sure to follow your instructions carefully otherwise you may need to have the test again.

Iron tablets need to be stopped at least one week before your procedure.

Are there other tests I can have instead?

There are a number of tests that can be done, such as a:

- Flexible sigmoidoscopy and double contrast barium enema.

Usually both would be needed for your doctor to consider that your bowel has been thoroughly investigated.

- CT Colonoscopy.
colonoscopy will still be required if some pathology is found.

expect after the colonoscopy?

You will be in the recovery area or ward until your sedation wears off. Your doctor will tell you when you can eat and drink after the procedure or ask the nurse. Most times this is straight after the procedure. You might experience some cramping, pain or bloating due to the air pumped into your bowel during the procedure. This should go away when you pass wind.

Notify the hospital emergency department straight away if you have:

- Severe ongoing abdominal pain
- Black tarry motions or bleeding from the back passage (more than ½ cup of blood)
- A fever
- Sharp chest or throat pains
- Have redness, tenderness or swelling for more than 48 h where you had the injection for sedation either in your hand or arm.

Notes to talk to my doctor about: _____

