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SPECIALIST SURGEON SPESIALIS CHIRURG

## COLONOSCOPY INFORMATION PACKAGE

Dear patient,

You are booked for a colonoscopy, an endoscopic procedure that uses a colonoscope (a camera system) to look at the inside of your colon.

It means that you will have to take medication to clean your colon so that the camera can clearly see the inside of your colon. If you do not take the medication as prescribed your colon will not be clean and it will make the procedure unpleasant, dangerous and much less accurate. Small polyps can for example easily be missed by the stool in your colon.

My secretary will inform you about the diet you have to follow as well as the medication you will have to take.

On the day of the procedure you will be admitted to hospital and you will be taken to theater as soon as it is your turn. You might be admitted very early and have to wait quite a while in the ward before your time comes, so take some reading material with or just lie and relax. An anaesthetist will be with you at all times during the procedure, he will administer the sedation. It is a combination of intravenous medicine to make you sleepy, pain free and comfortable. Most patients experience a deep sleep and remember nothing about the procedure.

NB, CERTAIN MEDICAL FUNDS DO NOT PAY FOR SEDATION BY AN ANAESTHETIST. These medical aids expect the surgeon to administer the sedation. In my opinion this is not safe practice as the sedation for a colonoscopy is much deeper than for a gastroscopy. I can also not concentrate on the procedure, i.e. removing polyps etc and still check the patients vital data at the same time. Thus it is my practice to always use an anaesthetist for colonoscopies.

It remains **your** responsibility to make sure your medical aid will pay the anesthetist, otherwise the account will be payable by you. Please contact them to find out. Address: 4 Phillip Gerber str, Wilkoppies, Klerksdorp, 018 468 3205

The procedure will then be done, it can take from 15min up to 50min. If any pathology is found, it will in most cases be dealt with immediately (i.e. haemorrhoids, removal of polyps, cauterization etc.). Certain pathology will be sent away for analysis at the laboratory and this bill is payable by the patients medical aid if there are still funds available otherwise it is payable at the laboratory by the patient. A colonoscopy is a safe procedure, but statistically there is a 0.2% chance for an injury during the procedure. Around 50% of these injuries will need an operation. You will feel windy and uncomfortable after the operation but this will be resolved as soon as the air that we blow into your colon during the procedure comes out.

Afterwards you will be taken back to the ward where you will be able to eat and will be able to go home after I have discharged you. If I am in theater for a long time after your procedure, I sometimes discharge the patient with a letter with further instructions like when you need to come see me again etc. A report with my findings will be sent to your general practitioner after the procedure. It remains **your** responsibility to phone the practice for your results and to also book a follow up consultation for 2 weeks after your procedure.

A **fee** will be charged for the follow-up consultation after the procedure. This will be sent through to your medical aid, therefore please make sure you bring in a authorization number for the consultation and make sure there are enough funds in your day to day or you will be held responsible for the account.

I hope your preparation and procedure go ahead without any problems. Please don't hesitate to contact us for any queries and please read the information package attached.

Dr. Sampie Smith



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### PREPARATION FOR COLONOSCOPY

**Day 1 prior to procedure:**

**One day before procedure:** \_\_\_\_\_

1. 08h00: Take 4 Senekot tablets
2. Only clear liquids like water, lemonade, soda water, white grape juice, apple juice, weak black tea (sweetened as you wish) and jelly (any colour or flavour) may be taken.
3. No solids, milk, bovril, soup, coffee, milo or hot chocolate may be taken. You must take at least 2 liters of clear liquids during the day.
4. 16h00 – Mix 1 sachet of PICOPREP in a glass of warm water and stir to form a clear solution. Chill and drink followed by a liter of water.
5. 17h00 – Mix 1 sachet of PICOPREP in a glass of warm water and stir to form a clear solution. Chill and drink followed by a liter of water.
6. 18h00 – Mix 1 sachet of PICOPREP in a glass of warm water and stir to form a clear solution. Chill and drink followed by a liter of water.
7. 19h00 – Mix 1 sachet of PICOPREP in a glass of warm water and stir to form a clear solution. Chill and drink followed by a liter of water.
8. If you start to feel nauseous, take 2 – 4 nausea tablets, wait  $\pm \frac{1}{2}$  hour and continue with the mixture. **It is very important that you drink ALL of the PICOPREP mixture.**

**Day of procedure:** \_\_\_\_\_

1. You will be given an enema in hospital before your procedure.

\* If you have a morning procedure - Nothing to eat the day before the procedure, only fluids and no fluids from the night before at 22h00.

\* If you have an afternoon procedure – You may have water no later than 06h00 the morning of your procedure.

### **General Information:**

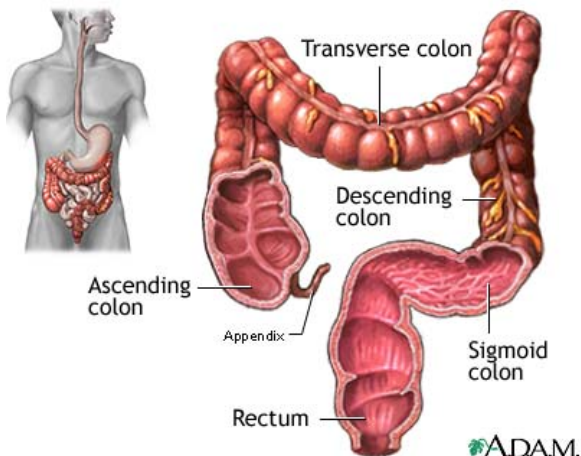
- Please mention medication you take, allergies and other conditions, e.g. blood, heart or kidney problems.
- Please bring reference letter, special tests, X-rays, and other medical information with on the day of your procedure. You will be informed about the procedure and the implications and permission for the completion of the procedure should be given in writing.
- Thank you for your co-operation. Please do not hesitate to phone the consulting rooms should you experience any discomfort (Pain, fever, blood) after the procedure.
- Please cancel appointments at least 24 hours in advance should you not be able to make it.
- You should be at home before taking PicoPrep as you will need to the toilet.
- You may take something for nausea 30 min before the treatment.
- Have some soothing cream available as you may experience a burning sensation.
- **It is your responsibility to phone the practice after your procedure for your results and to book a follow-up consultation two weeks after the procedure.**



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### **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.

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