The Clementine Churchill Hospital

The Marlborough Suite
Sudbury Hill
Harrow Middlesex
HA1 3RX

Tel: 020 8872 3828
020 8872 3942

Colonoscopy Bowel Preparation Instructions for Picolax

AFTERNOON PROCEDURE

Introduction

You have been given this leaflet so that you can prepare for your colonoscopy.

To be able to get a clear view of the lining of your bowel it is **very important** that you follow the bowel preparation and dietary advice below to clear out your bowel before the procedure.

Bowel preparation

You should have been given two packets of Picolax. A manufacturer's instruction might come with it, **but you must follow our instructions below. Our instructions have been designed by our consultants to provide the best results so that we can carry out your colonoscopy successfully.**

Seven days before your colonoscopy

- Stop taking iron tablets until after the procedure
- Stop taking Clopidogrel - please check with your GP/Cardiologist or anticoagulant clinic that you are able to stop this drug without taking anything to replace it.

Five days before your colonoscopy

- Stop taking anticoagulants such as Warfarin (please check with your GP, Cardiologist or anticoagulant clinic that you are able to stop these drugs without taking anything to replace it)
- Stop taking any constipation medicines i.e. Lomotil, codeine phosphate etc.

- **Continue taking all other medications** as prescribed and any laxatives until after your appointment.
- If you are **diabetic** on insulin or diabetic tablets, please contact the Endoscopy Unit at 02088723942 or 02088723828 and ask to speak to one of the Endoscopy nurses.

Two days before your colonoscopy

Food and drink

- Try to drink two litres of clear fluids (eight – ten glasses) per day until the day of the procedure.

  <u>Examples of clear fluids:</u>

  Water, black tea, black coffee, well diluted squash but not blackcurrant, herbal or fruit teas but not blackcurrant, clear soups (without bits in), apple juice, carbonated beverages and sodas, sport drinks with electrolyte

- **Eat only food from the following list:**

  Boiled or steamed white fish, skinless chicken/turkey, white bread, white rice or noodles, plain crackers, skinless cooked potato or pumpkin, eggs, cauliflower, tofu, plain cottage cheese, plain muffins, butter, margarine, plain sponge cake, canned fruits without seeds or skin

- **Do not eat any high fibre foods such as:**

  Red meat, pink fish, whole wheat bread or pasta, brown rice, whole wheat crackers and rolls, raw or partially cooked vegetables, nuts, seeds, popcorn, fruits, cereals, oats, granola, rye flakes, cornbread, mushrooms, sweetcorn, tomatoes, beans and peas etc.

One day before your colonoscopy

Have a good breakfast and light lunch of foods taken from the permitted list above **until 1pm.**

From 1pm do not eat any solid food until after your examination but drink plenty of clear fluids. You can drink clear fluids up to 2 hours before your procedure.

- **At 6pm** please dissolve the contents of one packet of Picolax in 200mls of hot water. Allow to cool down before drinking it.
- You also need to drink at least one and a half litres of water or clear fluids on top of the Picolax solution that you drank

Are there any side effects?

- Please expect to have frequent bowel actions and eventually diarrhoea starting within three hours of taking the first dose of bowel preparation. **We would strongly advise that you stay within easy reach of a toilet once you start taking the preparation.** If you need to, please use a barrier cream such as Zinc and Castor oil on your bottom to prevent soreness.
- If you do not drink enough fluids you may get dehydrated, feel dizzy, faint or get a headache
- Some stomach cramping is normal
- If you vomit up the preparation at any time, or you have any other concerns regarding side effects please contact Endoscopy Unit directly between 7am-6pm (Monday-Friday)- Endoscopy recovery 020 8872 3942 or Endoscopy Reception 020 8872 3828. Please ask to speak to any of the Endoscopy nurses. Outside of these hours please ring Clementine Churchill Hospital Main Reception on 020 8872 3872 and ask to speak to the Duty Sister.
- Please note Endoscopy Unit is closed on bank holidays

On the day of your colonoscopy

At 6am please dissolve the contents of the second packet of Picolax in 200mls of hot water. Allow to cool before drinking it. Again you have to drink at least one and a half litres of water or any clear fluids on top of the Picolax solution that you drank.

You can drink clear fluids up to two hours before your appointment time

Please report directly to the Endoscopy Unit (Marlborough Suite) Reception on arrival

BMI Healthcare

Patient Information for Consent

E03 Colonoscopy

Expires end of March 2022

Local information

If you need any more information please contact your BMI hospital on:

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The Preoperative Association

Royal College of Surgeons ADVANCING SURGICAL CARE

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Crystal Mark 8062 Clarity approved by Plain English Campaign

The Information Standard Certified Member

eidohealthcare.com

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Information about COVID-19 (Coronavirus)

Hospitals have robust infection control procedures in place. However, you could still catch coronavirus either before you go to hospital or once you are there. If you have coronavirus at the time of your procedure, this could affect your recovery. It may increase your risk of pneumonia and in rare cases even death. The level of risk varies depending on factors such as age, weight, ethnicity and underlying health conditions. Your healthcare team may be able to tell you if these are higher or lower for you. Talk to your surgeon about the balance of risk between going ahead with your procedure and waiting until the pandemic is over (this could be many months).

Please visit https://www.gov.uk/coronavirus for up-to-date information.

Information about your procedure

Following the Covid-19 (coronavirus) pandemic, some procedures have been delayed. As soon as the hospital confirms that it is safe, you will be offered a date. Your healthcare team can talk to you about the risks having your procedure if you coronavirus.

It is then up to you to decide whether to go ahead or not. The benefits of the procedure, the alternatives and any complications that may happen are explained in this leaflet. If you would rather delay the procedure until you feel happy to go ahead, or if you want to cancel, tell the healthcare team.

Coronavirus spreads easily from person to person. The most common way that people catch it is by touching their face after they have touched anyone or anything that has the virus on it.

Wash your hands with alcoholic gel or soap and water when you enter the hospital, at regular intervals after that, and when you move from one part of the hospital to another.

Even if you have had the first or both doses of a Covid vaccine, you will still need to practise social distancing, hand washing and wear a face covering when required.

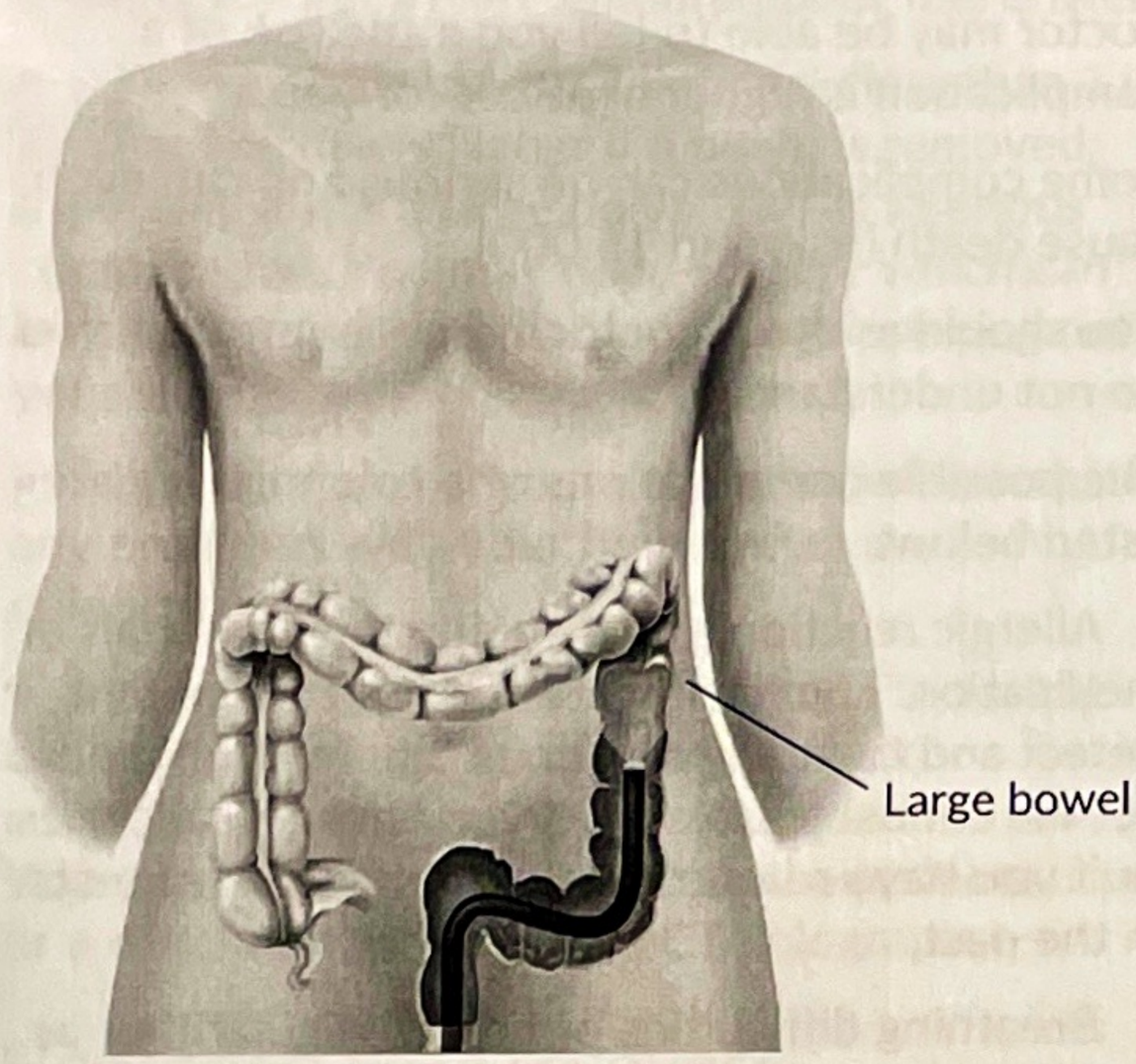
If your healthcare team need to be close to you, they will wear personal protective equipment (PPE). If you can't hear what they are saying because of their PPE, ask them to repeat it until you can. Chairs and beds will be spaced apart.

You may not be allowed to bring anyone with you into the hospital but they may be allowed to wait outside or in the car.

Your procedure is important and the hospital and health professionals looking after you are well equipped to perform it in a safe and clean environment. Guidance about coronavirus may change quickly — your healthcare team will have the most up-to-date information.

What is a colonoscopy?

A colonoscopy is a procedure to look at the inside of your large bowel (colon) using a flexible telescope.



A colonoscopy

Your doctor has recommended a colonoscopy. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your doctor or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point before the procedure.

What are the benefits of a colonoscopy?

Your doctor is concerned that you may have a problem in your large bowel. A colonoscopy is a good way of finding out if there is a problem.

If the endoscopist (the person doing the colonoscopy) finds a problem, they can perform biopsies (removing small pieces of tissue) to help make the diagnosis.

Sometimes a polyp (small growth) is the cause of the problem and the endoscopist may be able to remove it during the procedure.

Are there any alternatives to a colonoscopy?

A colonoscopy is recommended as it is the best way of diagnosing most problems with your large bowel.

Other options include a CT colography (a CT scan of your large bowel). However, if your doctor finds a problem, you may still need a colonoscopy to treat the problem or perform biopsies.

What will happen if I decide not to have a colonoscopy?

Your doctor may not be able to confirm what the problem is.

If you decide not to have a colonoscopy, you should discuss this carefully with your doctor.

What does the procedure involve?

Before the procedure

If you take iron tablets, stop taking them at least a week before the procedure.

If you take warfarin, clopidogrel or other blood-thinning medication, let the endoscopist know at least 7 days before the procedure.

You will need to follow a special diet and you will be given some laxatives to take the day before the procedure. This is to make sure your bowel is empty so the endoscopist can have a clear view. Follow the instructions carefully. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes. If you get severe abdominal pain or if you vomit, contact the endoscopy unit or your doctor.

The procedure may involve injecting you with medication (Buscopan) to relax your bowel and make the procedure more comfortable. Buscopan can affect the pressure in your eyes, so let the endoscopist know if you have glaucoma.

The healthcare team will carry out a number of checks to make sure you have the procedure you came in for. You can help by confirming to the endoscopist and the healthcare team your name and the procedure you are having.

The healthcare team will ask you to sign the consent form once you have read this document and they have answered your questions.

In the endoscopy room

A colonoscopy usually takes 30 to 45 minutes.

Although the procedure is uncomfortable, it should not be too painful. If appropriate, the endoscopist may offer you a sedative or painkiller which they can give you through a small needle in your arm or the back of your hand. Or, the endoscopist may offer you a mixture of oxygen and nitrous oxide gas (a painkiller and weak anaesthetic) that you breathe through a mask or mouthpiece.

The endoscopist will ask you to lie on your left side.

The healthcare team will monitor your oxygen levels and heart rate using a finger or toe clip. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

If at any time you want the procedure to stop, tell the endoscopist. The endoscopist will end the procedure as soon as it is safe to do so.

The endoscopist will place a flexible telescope into your back passage. Air will be blown into your large bowel to help the endoscopist have a clear view. The endoscopist will be able to look for problems such as inflammation or polyps. Polyps are extra growths of tissue on the bowel wall that can range in size. They are usually benign (not cancers), but if left can sometimes become cancerous. Most polyps can be removed painlessly and completely during the test. They will be able to perform biopsies and take photographs to help make the diagnosis.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this procedure. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death (risk: 1 in 15,000).

You should ask your doctor if there is anything you do not understand.

The possible complications of a colonoscopy are listed below.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let the endoscopist know if you have any allergies or if you have reacted to any medication or tests in the past.

- Breathing difficulties or heart irregularities, as a result of reacting to the sedative or your bowel being stretched. If you were given a sedative, your oxygen levels and heart rate will be monitored.

- Heart attack (where part of the heart muscle dies) or stroke (loss of brain function resulting from an interruption of the blood supply to your brain) can happen if you have serious medical problems. This is rare.

- Blurred vision, if you are given a Buscopan injection. This usually gets better after about an hour. Sometimes the injection can also affect the pressure inside your eye. This is more likely if you have a rare type of glaucoma. If your eye becomes red and painful, and your vision becomes blurred, let your doctor know straightaway.

- Bleeding from a biopsy site or from minor damage caused by the telescope (risk: less than 1 in 1,000). This usually stops on its own.

- Bleeding, if a polyp is removed (risk: 1 in 100. This may be higher if you have multiple or large polyps removed). Bleeding usually stops soon after a polyp is removed. Sometimes bleeding can happen up to 2 weeks after the procedure. If you take blood-thinning medication and have a polyp, the endoscopist will usually not remove it.

- Infection. It is possible to get an infection from the equipment used, or if bacteria enter your blood. The equipment is disinfected so the risk is low but let the endoscopist know if you have a heart abnormality or a weak immune system. You may need treatment with antibiotics. Let your doctor know if you get a high temperature or feel unwell.

- Making a hole in your colon (risk: less than 1 in 1,000). The risk is higher if a polyp is removed, especially if it is a large polyp. This is a serious complication. You may need surgery which can involve forming a stoma (your bowel opening onto your skin).

- Missed polyp. Let your doctor know if you have any problems with your bowel after the colonoscopy.

- Incomplete procedure caused by a technical difficulty, blockage in your large bowel, complications during the procedure, or discomfort. Your doctor may recommend another colonoscopy or a different test such as a CT colography.

How soon will I recover?

After the procedure you will be transferred to the recovery area where you can rest and have a drink. If you were not given a sedative, you should be able to go home.

If you were given a sedative, you will usually recover in about 2 hours but this depends on how much sedative you were given. You may feel a bit bloated for a few hours but this will pass.

If you were given a sedative, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

Do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. You should also not sign legal documents or drink alcohol for at least 24 hours.

You should be able to return to work the next day unless you are told otherwise.

The healthcare team will tell you what was found during the colonoscopy and discuss with you any treatment or follow-up you need.

Results from biopsies will not be available for a few days so the healthcare team may arrange for you to come back to the clinic for these results.

Once at home, if you get pain in your abdomen, significant or continued bleeding from your back passage, or a high temperature, contact the endoscopy unit or your GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

Lifestyle changes

If you smoke, stopping smoking will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

Summary

A colonoscopy is usually a safe and effective way of finding out if there is a problem with your large bowel. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements
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