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MORNING COLONOSCOPY (SPLIT DOSE)

INDICATIONS: Some procedures are primarily for diagnostic purposes and may include taking biopsies (small samples of tissue) for examination by a pathologist. Often procedures are also therapeutic and allow for removal of polyps.

RISKS: Colonoscopy is very safe, but as with all medical procedures there is some risk. Sedative drugs can cause heart or lung complications. Endoscopic risks include bleeding or injury to the bowel wall causing a perforation. The risk of perforation at diagnostic colonoscopy is less than 1 in 1,000. Removal of uncommonly large polyps can be associated with an increased risk of bleeding and perforation. These complications may require transfusion or surgery, and extremely rarely these complications can be fatal. A poor bowel preparation increases both procedural risk and the risk of missed lesions. Minor complications include abdominal pain or discomfort at the site of injection of sedative drugs.

COSTS: We do not charge a gap for endoscopy services. You may need to pay an excess for claiming with your insurance - we suggest you confirm this with them prior to your procedure. If uninsured we can provide a cost estimate. Pathology (examination of polyps or biopsy) and anaesthetic services may also incur an out-of-pocket cost.

LOCATION & TIME: We perform endoscopy at Warringal Day Surgery, Victorian Day Procedure Unit, and Epworth Eastern. The facility will contact you on the business day prior to your procedure to advise your admission time.

PREPARATION FOR YOUR PROCEDURE

Purchase Plenvu Bowel Prep Kit 1L from your pharmacist (prescription not required, cost ~\$20)

MEDICATION: If you take **medication for diabetes** (injections, tablets, insulin, etc.) **or blood thinning medication** (anticoagulant or antiplatelet) **please discuss these with us in advance** otherwise your procedure may need to be cancelled on the day for safety reasons. You may continue to take other medication/tablets (including aspirin) unless directed. Even on the day of the procedure you may take allowed medication at the usual time with a small volume (sips only) of water.

ONE WEEK PRIOR: Arrange for someone to collect you and drive you home after your procedure. Cease eating foods containing seeds/grains including multigrain bread. Stop bran and fibre supplements, herbal remedies, fish oil, and vitamins including oral iron supplements. If you tend to constipation, or have had an inadequate bowel preparation previously, please consider two sachets of Movicol each day for 5 days prior to your colonoscopy.

TWO FULL DAYS BEFORE: Follow the white diet.

THE EVENING BEFORE: At 7 PM, mix the Plenvu dose 1 sachet in 500mL of water and stir until dissolved. Drink the mixture completely over <30 minutes. Drink an additional 500mL water over the following 30 minutes. **From 7PM only consume clear fluids** (you must from now stop food and drink allowed on the white diet).

During the afternoon your hospital facility will contact you to advise the time you should arrive for your procedure if you have not heard from them by 5pm please call them. Warringal 9274 1300 or Epworth Eastern 8807 7100.

ON THE MORNING OF YOUR PROCEDURE: Three hours before your admission time, mix both Plenvu dose 2 sachets in 500mL of water and stir until dissolved. Drink the mixture completely over <30 minutes. The mixture is very sweet and may be more palatable if you add ice or chill once dissolved. Drink an additional 500mL water over the following 30 minutes then cease drinking at least 2 hours prior to your admission. Required tablets may be taken with sips of water.

FOLLOWING YOUR PROCEDURE

Do not drive, operate machinery, or perform skilled tasks for 24 hours, as sedative drugs may affect your concentration or co-ordination. You will be ready for discharge about two hours after the procedure — usually less than 4 hours after arrival. Please arrange to have someone drive you home. It is best not to be alone on the day of the test. You will be given a copy of the procedure report, and your doctor will indicate recommended follow-up in the report.