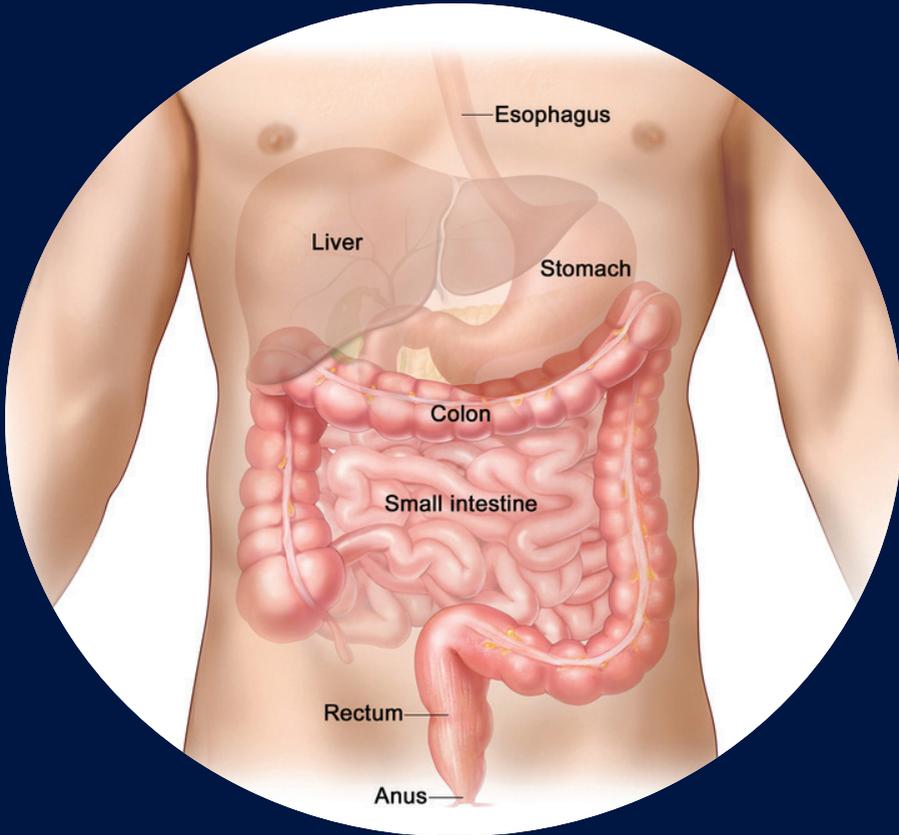


Gastroenterology



Having a colonoscopy
(Including bowel preparation with Klean-Prep)

Your procedure is scheduled for _____ am/pm

on ____ / ____ / 20____ at the Endoscopy Unit

Please arrive at the Al Zahra Hospital at _____ am/pm

Your procedure will usually be performed 30-60 minutes after your arrival at the Hospital, but due to variable duration of procedures there may be unforeseen delays. The procedure takes between 15-60 minutes and you will usually be discharged approximately 2 hours following the procedure.

Please bring the following to the hospital:

1. Your referral documents if not previously forwarded to the office
2. Your admission form if previously supplied
3. Your signed information consent booklet for the procedure
4. Your health insurance
5. Reading material
6. A list of all current medications and allergies

This booklet is designed to be practical and informative. Please read all of the information contained within and ask your doctor if you have any questions. If you don't read this booklet you will miss important instructions that may put you at risk.

For enquiries regarding your booking or the information in this booklet, please do not hesitate to call the endoscopy department on +971 4 378 6666 and a member of the nursing staff will be happy to help you.

What is a colonoscopy/flexible sigmoidoscopy?

Colonoscopy/ flexible sigmoidoscopy is a test which allows the doctor to look directly at the lining of the large bowel (colon). In order to do the test a colonoscope is passed through the anus (back passage) to the large bowel. The colonoscope is a long flexible tube about the thickness of your index finger with a bright light at the end. The doctor gets a clear view of the lining of the bowel on a screen and can check if any disease is present. For Flexible sigmoidoscopy only the first third of the bowel will be examined.

Why has my doctor chosen a colonoscopy/flexible sigmoidoscopy?

This test is the only test that allows the doctor to view the lining of the bowel directly to assess what may be the likely cause of the symptoms you have been experiencing. Only during this test can the doctor take a small sample of tissue "a biopsy" for analysis. The tissue is removed painlessly through the colonoscope using tiny forceps. It is also the only test where it would be possible to remove polyps should any be found. Polyps are raised fleshy areas on the lining of the bowel caused by an abnormal multiplication of cells. If not removed some types of polyps may grow and eventually lead to cancer. Removal of the polyp is a good way of reducing the risk of bowel cancer.

What treatment is available?

When using the colonoscope a wire snare is positioned around the base of the polyp, tightened and the polyp is separated from the bowel by passing a small electric current down the wire. The resection of a polyp does not hurt.

Are there any risks to the test?

There is a small risk of tearing or perforating the bowel. This happens in approximately 1 in 1500 colonoscopies. If this was to happen it would require admission to the hospital and in some cases it might need to be treated with an operation. One possible outcome of this surgery would be a colostomy or bag on the abdominal wall.

Following the removal of a polyp bleeding can occur in approximately 1 in every 100 cases and perforation in 1 in every 250 cases usually controlled by the doctor performing the colonoscopy and would again require immediate admission to the hospital. Other complications are as a result of the sedative drugs used.

Are there any alternatives to this test?

It is possible to examine the bowel in other ways with a CT scan or a Barium enema where there is no risk of perforating the bowel. These are both very useful tests but do not allow us to view the lining of the bowel directly or to take tissue samples or remove polyps and eventually findings from these two tests can necessitate the performance of a colonoscopy.

Should I take my medicines as normal?

If you take essential prescribed medication, for example: epilepsy or a heart condition you may take with a little water.

If you are a diabetic, we advise that you telephone the department and inform them of what medicine you take and a trained nurse will be able to advise you on how to take your medication.

If you are taking anticoagulants such as **warfarin or clopidogrel** please contact the endoscopy department for advice. Some procedures may require your medication to be altered or stopped and this can be arranged before the procedure by the responsible doctor.

If you suffer from **chronic renal failure** or **dialysis** contact the endoscopy department for advice as you may need to modify your bowel preparation.

Please do not take any iron or loperamide tablets for one week prior to this appointment.

What should I expect?

On arrival at the hospital, report to the main reception desk which is located on the 2nd floor. One of the reception staff will check your details and ask you to wait in the Endoscopy waiting area located on the 1st floor.

- A nurse will collect you from the waiting area and take you to the Endoscopy Unit and we will check your details and discharge arrangements.
- It is department policy that your family or friends do not accompany you to the Endoscopy area as it is a theatre environment. They will be called to the area when you are ready to leave.
- A nurse will discuss the procedure with you. If you have any questions, please ask. We want you to be as relaxed as possible
- You will be asked to remove your clothing and put on a hospital gown.
- It is necessary to remove any false teeth. This can be done in the examination room immediately before the procedure. They will be kept safe until you are fully awake.

- The ward is a mixed sex area; however the staff are committed to ensure your privacy at all times.

Is the procedure painful?

As air is introduced into the colon to give the doctor a clear view you may experience some wind like pains but they will not last long. You may get the sensation of wanting to go to the toilet but as the bowel is empty there is no danger of this happening. You may pass some wind but, although you may find this embarrassing the staff understand what is causing it.

Sedation (going to sleep)

A small needle will be placed in the back of your hand and the sedation will be injected through it. Sedation may make you drowsy and you may not remember the procedure taking place, however it is not a general anaesthetic. You may wake up fairly quickly or more slowly as each person reacts differently. Your thinking processes and movements will be slower than usual.

During the test

- Your test will be discussed with you. You may ask further questions at this point and sign your consent form if you have not already done so.
- The nurse or doctor will put a needle into a vein in your hand or arm through which sedation will be given.
- A nurse will escort you to the examination room. Here you will meet the doctor and 2 nurses who will remain with you throughout the test.
- You will be helped onto a trolley and assisted to lie on your left side with your knees slightly bent.
- You will have a probe attached to a finger to monitor your pulse and oxygen level throughout the procedure and oxygen will be given to you through two small plastic tubes inserted into your nostrils.
- The doctor will give the sedative. The dose will be in accordance with your age, size and previous medical history.
- The tube is gently inserted through the anus into the large bowel. The doctor will examine you first of all with a finger. Air will be passed in to allow a clear view. The air is sucked out at the end of the test.
- You may be helped to change position during the test to allow easier passage of the tube. The test usually takes 30 minutes to complete but it can be longer.

When can I go home?

Since you will have a sedative injection you will need to stay in the department for approximately 1 hour following the procedure. We prefer that you remain with us until you are fully awake to ensure that the effects of the sedation have worn off.

You must have a responsible adult collect you from the department and you should not be left alone for 12 hours after you return home. The Endoscopy unit closes at 5.00pm.

How will I feel after the test?

We advise that you do not go to work on the day of the test.

- The effects of the sedation will have worn off by the next day. You will then be able to resume normal activities.
- You may also feel a little bloated with wind pains. This is due to air remaining in your bowel following the test. It will soon settle and does not require any treatment or medication.

Please arrange to be accompanied by family or friends when you come into hospital, then they will know where to collect you after the procedure.

What should I do when I get home?

If you have sedation, then for the next 24 hours you must not:

- Drive any motor vehicle, this is a legal requirement
- Operate machinery
- Drink any alcohol
- Sign legally binding agreements
- Care for children or relatives
- When you get home it is important to rest for the remainder of the day, with someone to look after you for 12 hours afterwards
- You may eat and drink as you wish once the test is finished but we suggest that you start with a light meal and gradually build up to prevent pain
- It will take a day or two for your bowel action to return to normal

When will I know the results?

As you will have been sedated, the nurse on the ward will relay the information to you when you are fully awake.

We like to do this with a family member present as the sedative drug used can make you forget what you have been told. If you object to having your results with a family member please let the nursing staff know.

A report will be sent to your referring doctor. Further details of the test, results of any biopsies and any necessary treatments or medications should be discussed with your doctor.

The nurse will tell you before you leave if you require an outpatient appointment with the consultant.

The consent form

The consent form gives the doctor and the hospital a formal indication that you are agreeing to undergo the treatment being offered as stated in the form. It is valuable to you as it offers a written check on what you are agreeing to by signing.

You will find a consent form included with this booklet. We ask you to sign this form and bring it with you to the endoscopy unit on the day of your test. However, before you sign the form you should be clear as to what you are consenting for.

If you are unclear and have any questions, then do not sign the form until they have been explained. The endoscopy staff will be happy to answer any questions you might have.

What if I change my mind?

You are quite within your rights to change your mind. If having read this leaflet you have decided not to go ahead with the test, please telephone the department and discuss your decision with your doctor.

Any other questions?

Feel free to write down any other questions you may have. No question is ever too minor or too silly to ask, feel free to ask any member of the team caring for you if there is anything you wish to know.

Bowel Preparation

In order for a complete examination of the bowel to be made you will need to undergo a bowel preparation to remove all the bowel content. This is a vital step as any faecal material left in the colon at the time of your colonoscopy may prevent small abnormalities from being detected. This leaflet will give you an understanding of the bowel preparation - how it's performed, how it can help, and what side effects you might experience.

Three Steps to a Safe and Complete Bowel Preparation.

Step 1:

Medication review - you must discontinue all oral iron preparations at least a week before the colonoscopy. Inform the doctor if you are on Warfarin, Plavix, Aspirin, diabetic tablets or insulin.

Step 2:

Low residue diet - this is started three days before your colonoscopy

Step 3:

Bowel prep - this is started the day before your colonoscopy. If your appointment is before midday read Step 3a instructions but if it is after read 3b instructions

Step 2: Low Fibre / Low Residue Diet for Colonoscopy

For the three days prior to the procedure you may have the following:

Breads and Cereals

White bread, toast, cakes and biscuits made from white flour, white rice and plain white rolls and rusks, refined cereals such as Corn Flakes.

Dairy Products

Milk, plain and vanilla yoghurt, ice-cream, custard, cottage cheese, processed and plain block cheese, butter and margarine.

Protein Foods

Beef, lamb, chicken (no skin) fish, veal, pork, ham, corned beef or eggs (cooked without fat).

Drinks

Water, tea and coffee (avoid strong tea or coffee), carbonated beverages, clear apple juice, plain milk drinks, cordial, alcohol in moderation if desired.

...and AVOID the following:

Breads and Cereals

Bread rolls, biscuits and muffins made with rye or wholemeal flour, unrefined flours or wholegrain, those containing fruit and nuts and cereals high in fiber. Brown rice and pasta, anything made with wholemeal flour, nuts, seeds and dried fruit. Unprocessed bran, rice bran, rolled oats, porridge and toasted or natural muesli.

Fruit and Vegetables

All fruit and vegetables including salad.

Dairy Products

Dairy products with fruits, nuts or seeds.

Protein Foods

Beans, lentils, legumes, hamburger mince, pasties, casseroles, pizza, stir-fry dishes, nuts and seeds.

Drinks

Unstrained fruit juices and any drinks that are red or purple in colour.

Step 3a: The Bowel Prep – the day before the colonoscopy (*colonoscopy appointment before 12 pm)

8.00am: Make up the Klean-Prep powder into a four (4) litre solution of water (each sachet dissolved in a liter of water) and place this solution in the refrigerator.

Have a good breakfast from the low fibre diet you have been following. Drink plenty of clear fluids.

12.00 midday: You may have a light lunch based on the diet sheet but after this do not have any further solid food or milk or other dairy products until after your test is completed. After lunch you can have "Clear Fluids" only until you start fasting for your procedure.

It is important that you continue to drink sufficient fluid as well as the colon prep fluid to avoid dehydration. Drink as many warm drinks as possible. Peppermint tea will assist with reduction of wind pain and bloating.

Clear Fluids

You May Have: Clear apple juice, water, stock cube in boiling water, black tea and or coffee (with or without minimal amounts of sugar if desired), carbonated and non-carbonated soft drinks, jelly, water ice-blocks and sports drinks e.g. Lucozade.

AVOID: Milk or milk products or non-dairy creamers. No red or purple drinks or jellies.

4.00pm: remove four litres of Klean-Prep from the refrigerator and drink over the next three to four hours at a rate of 250mls every 15 minutes. Each glass of Klean-Prep can be followed by as many glassfuls of approved clear fluids as tolerated; the more the better. You should have loose motions within 1 - 3 hours.

You should remain within easy reach of toilet facilities. Individual responses to laxatives vary. The preparation should cause multiple bowel movements. It usually induces frequent loose bowel movements within 1-3 hours of taking a dose, but the effect may be delayed. Abdominal bloating is frequent. Walking and a hot pack will help with this. If pain relief is needed only paracetamol can be taken. If nausea develops stop drinking the fluid and recommence 15 minutes later drinking slowly. By the time you have finished the preparation your bowel motions should have the appearance of lightly coloured water. The preparation may also worsen haemorrhoidal discomfort for which a barrier cream (eg zinc cream, lanolin or vaseline) may be applied to the anal region or a warm salt bath may help.

Step 3b: The Bowel Prep – the day before the colonoscopy (*colonoscopy appointment after 12 pm)

8.00am: Make up the 2 sachets of Klean Prep powder into a two (2) litre solution of tap water and place this solution in the refrigerator.

Have a good breakfast from the low fibre diet you have been following. Drink plenty of clear fluids.

Take the two Bisacodyl (Dulcolax) tablets and keep drinking plenty of clear fluids.

12.00 midday: You may have a light lunch based on the diet sheet but after this do not have any further solid food or milk or other dairy products until after your test is completed. After lunch you can have "Clear Fluids" only until you start fasting for your procedure.

It is important that you continue to drink sufficient fluid as well as the colon prep fluid to avoid dehydration. Drink as many warm drinks as possible. Peppermint tea will assist with reduction of wind pain and bloating.

Clear Fluids

You May Have: Clear apple juice, water, stock cube in boiling water, black tea and or coffee (with or without minimal amounts of sugar if desired), carbonated and non-carbonated soft drinks, jelly, water ice-blocks and sports drinks e.g. Lucozade.

AVOID: Milk or milk products or non-dairy creamers. No red or purple drinks or jellies.

6.00pm: remove two litres of Klean-Prep from the refrigerator and drink over the next two to three hours at a rate of 250mls every 15 minutes. Each glass of Klean-Prep can be followed by as many glassfuls of approved clear fluids as tolerated; the more the better.

You should have loose motions within 1 - 3 hours. You should remain within easy reach of toilet facilities. Individual responses to laxatives vary. The preparation should cause multiple bowel movements. It usually induces frequent, loose bowel movements within 1 - 3 hours of taking a dose but the effect may be delayed. Abdominal bloating is frequent. Walking and a hot pack will help with this. If pain relief is needed only paracetamol can be taken. If nausea develops, stop drinking the fluid and recommence 15 minutes later drinking slowly. The preparation may also worsen haemorrhoidal discomfort for which a barrier cream (eg zinc cream, lanolin or vaseline) may be applied to the anal region or a warm salt bath may help.

10.00pm: Prepare the other two sachets of Klean-Prep with two liters of water and keep it refrigerated until next morning to be ready for use.

Next Day (examination day)

7.00am: remove two litres of Klean-Prep from the refrigerator and drink over the next two hours at a rate of 250mls every 15 minutes. Each glass of Klean-Prep can be followed by as many glassfuls of approved clear fluids as tolerated. Again you should start having loose bowel motions for the next 2-3 hours. By the time you have finished the preparation your bowel motions should have the appearance of lightly coloured water.

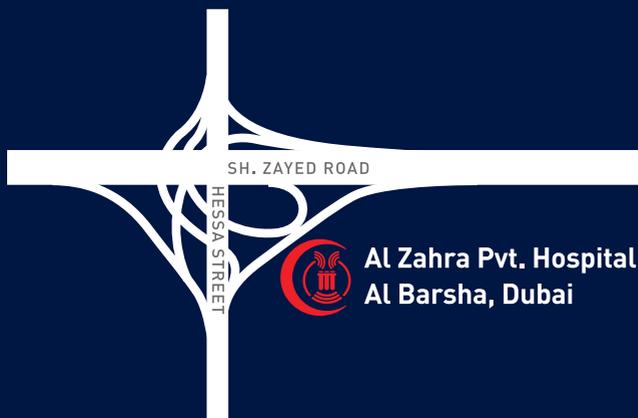
For enquiries regarding your booking or the information in this booklet, please do not hesitate to call the department and a member of the nursing staff will be happy to help you.

Gastroenterology / Endoscopy



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Location Map



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