

<b>Gastroenterology Department</b>	
Director: Prof. Alberto Malesci	
<b>Digestive Endoscopy Service</b>	
Person in charge: Dr. Alessandro Repici	
tel. 02.8224.2579	

## PREPARATION FOR LOWER DIGESTIVE TRACT ENDOSCOPY

### (COLONOSCOPY, RECTOSIGMOIDOSCOPY)

Mr./Mrs. \_\_\_\_\_  
is registered for the examination on \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_\_.

Please come up with the request of the General Practitioner, the clinical documentation and any previous examinations. Within 30 days of the date of the examination, please make the following blood tests: CBC (blood count), PT, PTT (bringing the results the day of the examination).

#### **Please respect strictly the following rules:**

7 days before the examination start a slag free diet (**NOT fruits, vegetables, legumes, whole food; YES pasta, bread, meat, fish, cheese, eggs**) and take big quantity of water all day long (**at least 1,5-2 litres of water per day**)

Drug used for the preparation:

## PICOPREP

The day before the examination:

- *Breakfast:* tea or milk, toast, jam, honey
- *Lunch:* yogurt, clear broth, semolina.
- **At 6.00 p.m.** Dissolve the first bag of the product in a glass of water (150 ml) and mix adequately. Wait 2-3 minutes before taking the mixed product. Drink during the following 3-4 hours 1.5 to 2 litres of water or transparent liquids (tea or chamomile).
- After 4 hours from the first bag dissolve the second bag of the product in a glass of water as previously. Drink during the 2 following hours 1.5 to 2 litres of water or transparent liquids.
- *Dinner:* tea with sugar or honey.

**The day of the examination:** fasting.

✓ **IF THE EXAMINATION IS PERFORMED AFTER 11.00 A.M.:**

The day before the examination:

- **Lunch:** yoghurt, semolina, clear broth, fruit juice without flesh, ice cream
- **At 8.00 p.m.:** take the first bag of the product in a glass of water (around 150 ml) and mix adequately. Wait 2-3 minutes before taking the mixed product. Drink during the following 2-3 hours 1.5 to 2 litres of water or transparent liquids (tea or chamomile).
- **Dinner:** clear broth or tea.
- **At 6:00 a.m. of the day of the examination:** take the second bag of the product in a glass of water (around 150 ml) and mix adequately. Wait 2-3 minutes before taking the mixed product. Drink during the following 2-3 hours 1.5 to 2 litres of water or transparent liquids (tea or chamomile).
- Fast until the examination

**Alternatively, it can be used the following drug:**

## **CITRAFLEET**

The day before the examination:

- **breakfast:** tea or milk, toast, jam, honey
- **lunch:** yogurt, clear broth, semolina, fruit juice without flesh.
- **At 5.00 p.m.:** take the first bag of the product in a glass of water (around 150 ml) Wait 2-3 minutes before taking the mixed product. Drink during the following 2-3 hours 1.5 to 2 litres of water or transparent liquids (tea or chamomile).
- **At 10.00 p.m.:** take the second bag of the product in a glass of water (around 150 ml). Wait 2-3 minutes before taking the mixed product. Drink during the following 2-3 hours 1,5 to 2 litres of water or transparent liquids (tea or chamomile).
  - **dinner:** tea with sugar or honey.

**The day of the examination:** fasting.

✓ **IF THE EXAMINATION IS PERFORMED AFTER 11.00 A.M.:**

The day before the examination:

- **Lunch:** yoghurt, semolina, clear broth, fruit juice without flesh, ice cream
- **At 8.00 p.m.:** take the first bag of the product in a glass of water (around 150 ml) and mix adequately. Wait 2-3 minutes before taking the mixed product. Drink during the following 2-3 hours 1.5 to 2 litres of water or transparent liquids (tea or chamomile).
- **Dinner:** clear broth or tea.

The day of the examination:

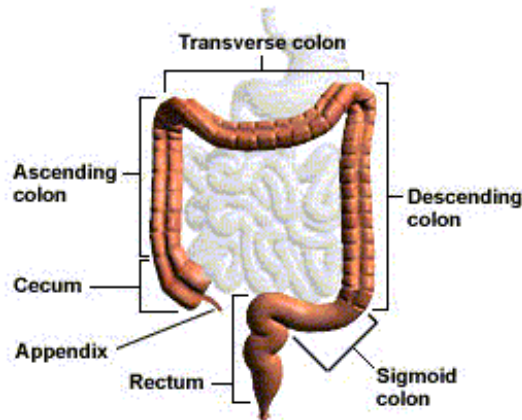
- **At 6:00 a.m. of the day of the examination:** take the second bag of the product in a glass of water (around 150 ml) and mix adequately. Wait 2-3 minutes before taking the mixed product. Drink during the following 2-3 hours 1.5 to 2 litres of water or transparent liquids (tea or chamomile).

Fasting until the examination

## IMPORTANT:

- During the examination may be given sedative drugs in order to make the examination more comfortable; into the ward will be decided the most appropriate type of sedation. Performance in deep sedation, will be made after anesthesiological consultation. For this reason, **you must be accompanied and it is forbidden to drive the car for the following 12 hours after the examination.**
- Take the usual medication regularly on the day of the examination, even if the preparation is completed in the morning.
- If you are taking ORAL ANTICOAGULANTS (Coumadin, Sintrom) or ANTIAGGREGANTS (aspirin, ticlopidine, plavix, cardirene) please consult your attending physician for a possible suspension and/or replacement of it. Some of these drugs should in fact be suspended five days before the examination in view of a possible surgical procedure (eg polypectomy). The suspension should be evaluated case by case on the basis of the clinical conditions of the patient.
- Please report to the attending Physician and to the Physician performing the test if you have any cardiac valve prosthesis or pacemakers.
- Patients with diabetes should consult their Physician for adjusting the intake of ant diabetic agents during the preparation time.
- In case of severe cardiovascular or kidney disease, please contact your attending Physician before starting the preparation procedure.

## INFORMATION ABOUT COLONOSCOPY



### What is it the colonoscopy?

The colon is the last 150 or 180 cm of the intestine, ending in the rectum and anus. The colonoscopy allows to examine the surface of the colon by inserting, through the anus, a thin, flexible tube that is moved forward slowly while air is introduced to relax the bowel walls.

### What is the preparation required?

The colon must be completely clean for the procedure to be complete and accurate therefore the instructions (see Annex) must be strictly adhered to.

### Can I keep taking my medication?

You can continue to take medicine regularly, even on the morning of the procedure. An exception is constituted by iron supplements, which must be suspended one week before the procedure. If you are taking anticoagulants or antiaggregants (like aspirin, persantin, coumadin, sintrom, plavix or iscover), you must contact your physician to define the modes of the suspension during the days before the procedure.

### What does it happen during the colonoscopy?

To make the procedure more comfortable, the patient is given an intravenous sedative. The colonoscopy is usually well tolerated, but during the procedure, you can experience transitory phenomena of meteorism or cramping. If your doctor thinks an area needs to be re-evaluated, it will be performed a biopsy (taking a sample of colon mucous) for analysis. Generally, these procedures are not painful.

### What are polyps and why are they removed?

Polyps are elevations, mostly benign, of the surface of the colon. Their size can vary from a few millimetres to several centimetres. The external appearance does not always allow to distinguish a polyp from a malignancy (tumour), so after the removal it must be analyzed. Therefore any polyp found during a colonoscopy will be removed by the doctor during the examination. Since tumours usually begin with a polyp their removal is a key medium preventing colorectal cancer. Although colonoscopy is the most accurate method for the detection of polyps and cancers of the colon, no test is infallible and there is always a small possibility that major injuries are not identified. This is especially true in the case of a non appropriately clean intestine.

### What does it happen after the colonoscopy?

The patient must be accompanied home and will not have to drive or take important decisions until the following day, as the faculty of judgment and reflexes may be slowed down due to the sedative drug administered. You may experience some cramping or meteorism phenomena because of the air introduced during the examination. All this should rapidly finish with the gas discharge. After the examination, you can eat something.

### Which are the possible complications of colonoscopy?

The colonoscopy and polypectomy are generally safe procedures. A possible complication is given by perforation or laceration of the wall of the intestine, which in case would require surgery. This complication is very rare (1/1000). During the biopsy or the polypectomy bleeding may occur, but it is often a phenomenon not relevant, that only in very rare cases may require surgery or a blood transfusion. Some patients may have a

reaction to the sedatives or complications due to heart or lung disease. Death is an extremely rare event in endoscopic procedures.

**In case of questions or doubts about the procedure or if you do not fully understand the contents of this document, you should consult your physician before doing the examination and the doctor who will perform the procedure before signing the consent form.**

## **INFORMED CONSENT**

**Please note: this form should be filled in only on the day of the examination, if the patient has any doubts or questions the medical staff is at their disposal to provide any and all clarifications.**

- Do you understand the type of procedure that will be performed?  
YES NO
- Do you understand the purpose and the situation that will be determined at the end of the intervention?  
YES NO
- Do you understand the risks and complications?  
YES NO
- Have you considered the possible alternatives, if any?  
YES NO
- Do you understand that there are no absolute guarantees the examination to be safe and that it allows to make a diagnosis?  
YES NO
- Are you satisfied with the interview with the doctor, if any?  
YES NO

I hereby consent the medical staff to modify the course of the procedure, should it be necessary in order to protect my health and my physical integrity, because of my general conditions, the specific situation and the unforeseen events that may occur during the operation

**Date**\_\_\_\_\_

**Signature**\_\_\_\_\_

## **Endoscopy Information**

Sedation for endoscopy is achieved by the administration of benzodiazepines (conscious sedation) or propofol (deep sedation). Deep sedation is evaluated and administered by an anesthetist present in the endoscopic rooms during the daily activity. Most of the diagnostic endoscopic examinations are well tolerated by patients with conscious sedation and only in rare cases it is necessary to administer deep sedation to complete the examination. Endoscopic ultrasonography of the upper segment (esophageal, gastric or pancreatic) requires a higher level of sedation since the longer duration of the examination and the most discomfort for the patient due to the type of tool used. In these examinations are often administered deep sedation using propofol administered by an anesthetist.

There are risks related to sedation in itself, in addition to those linked to the execution of the examination. In the case of conscious sedation the risk is minimal with a frequency below 0.5% and often there are temporary declines in the level of blood oxygenation.

Deep sedation involves a greater respiratory and cardiovascular risk (with a frequency that can reach 1-2% of cases). The presence of an anesthetist during the examination allows to take prompt action in order to adjust any imbalance of the vital functions related to sedation. The patient under deep sedation will be previously assessed by the anesthetist who determine the risk and decide if there are no contraindications.

Following the endoscopic examination you will make with a sedative, you may be at risk of falling therefore at the entrance of our service you will receive an identification bracelet so that all operators that will assist you can monitor your individual path and undertake all measures to ensure your post-sedation safety.

Even you can help us with some details:

- Do not get up without having the consent of the staff (medical / nursing) that will verify your post-sedation conditions
- Do not hang over the bed to find personal objects from the cabinet if the general conditions have not been evaluated by the service personnel, if necessary ask for support using the supplied bell
- Do not go to the bathroom alone
- Call if you have to get out of bed, the stretcher or chair
- Call if you are in bed or on a stretcher and want to change position
- At the exit of the service use the elevator instead of the escalator
- Leave the building accompanied

**Please note that, after the examination it is forbidden to drive a car over the following 12 hours and you must be accompanied.**