Colonoscopy

Endoscopic examination of the colon

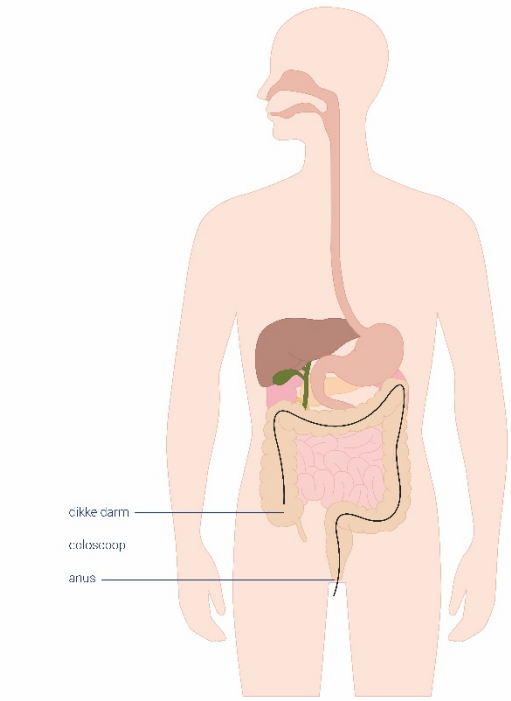
Preparation with Pleinvue

Please note:

- O Check the location where your examination will take place (Eindhoven or Veldhoven).
- O Your partner or family cannot be present during the examination.
- O There are rules regarding what you can eat and drink from two days before the treatment. See the dietary advice.
- O You will need to take laxatives. Carefully follow the instructions in this leaflet.
- O The prescription for the laxatives has been sent to:
  Your pharmacy/pharmacy De Run Veldhoven/pharmacy De Karpen Eindhoven
- O If you take blood thinners, check with your doctor or the nurse at the intake appointment whether you may continue to take them.
- O If you are ill or unable to attend, please let us know as soon as possible.
- O If you are to be sedated but have not arranged for transport, the examination will not take place.

Your practitioner has recommended that you undergo an examination of the colon. In medical terms, this is called a colonoscopy. This leaflet provides you with important information about the procedure for this examination and how to prepare for it. Please read it carefully so that you come to us well-prepared.

The information in this leaflet is of a general nature and is meant to give you an idea of the care and information that you can expect. Other advice or procedures may apply depending on your situation. This leaflet is only an addition to the specific information from your specialist or practitioner.



What is a colonoscopy?

A colonoscopy involves an examination by the endoscopist (gastroenterologist or nurse endoscopist) of the mucous membrane (inner lining) of the colon and possibly the end of the small bowel. The examination is performed using a 1-cm-thick, flexible tube with a camera attached, called an endoscope. The examination is used to detect any abnormalities that may explain your symptoms or disease or treat or check a previously discovered abnormality/condition.

The colonoscopy

You will lie on your left side at the start of the examination. The endoscopist will insert the endoscope into the rectum via the anus. The endoscope will be gradually advanced into the colon. Carbon dioxide gas is blown in to open up the bowels and get a good view. This may cause cramping or an urge to defecate. Passing wind can help decrease this.

You may be asked to lie on your back or right side during the examination. Sometimes, the nurse will press on certain areas of your abdomen with their hands to reduce the pain caused by advancing the endoscope. The endoscope is inserted up to the beginning of the colon. The end of the small intestine is also examined in some cases. While retracting the endoscope, the endoscopist inspects the mucosa. If necessary, a tissue sample (biopsy) may be removed from abnormal areas during the examination. Polyps can also be removed during the examination. Both are sent to the lab for microscopic examination.

In five to ten per cent of cases, it is not possible to reach the beginning of the colon, and the entire colon cannot be inspected. If necessary, the doctor will schedule an appointment with you for an additional examination.

Advice

- Wear comfortable, loose-fitting clothing;
- Bring clean underwear;
- Bring extra incontinence materials if necessary;
- If you have a stoma, please bring extra ostomy supplies.

The results

You will receive the final results from the doctor who ordered the test. The results of tissue examinations are usually available after a week. The endoscopist will report the findings during the examination and give you a form with the information.

Complications

A colonoscopy is a safe examination. An average of two serious complications occur in every 1,000 examinations. The risk of complications increases when polyps are removed or other treatments are carried out during the examination. In rare cases, a complication may require hospitalisation or even surgery.

Bleeding

Removal of polyps may cause bleeding in the wound area during and after the examination. In the unlikely event of heavy bleeding (more than half a cup), please contact us. In most cases, no treatment is necessary, and the bleeding stops spontaneously.

Perforation

Sometimes, a tear or hole (perforation) may develop in the intestinal wall during the examination. This is more likely if:

- The bowels are severely inflamed
- There are many bulges (diverticles)
- There is a stricture
- A treatment is performed during the examination.

The main symptom is abdominal pain and, later, a fever. This is usually evident immediately after the examination, and the endoscopist will take appropriate measures immediately.

Complaints after the examination

You may experience pain or feel lightheaded for a while after the examination. This is usually due to cramps caused by the blown-in air. These complaints quickly subside when you let the air out.

Contact us immediately if you suddenly experience severe abdominal pain, heavy rectal bleeding or a fever (above 38 degrees) after returning home.

For complaints **within 48 hours** of your discharge, call:

- During office hours until 17:00: the outpatient clinic treating you +31 40 888 63 70;
- At night and on weekends: the emergency room in Veldhoven +31 40 888 88 11

For complaints **after 48 hours** of your discharge, call:

- On workdays until 17:00: your GP;
- After 17:00 and on weekends: the out-of-hours GP service

Medication

Iron supplements

If you take iron supplements, you must stop taking them 7 days before the examination. Iron supplements make it more difficult to rinse the bowels properly and colour the stool black, hindering the endoscopist's view during the examination.

Coagulation disorder

If you have a blood coagulation disorder, you must inform your doctor well before the examination.

Blood thinners

Please inform your practitioner if you are taking blood-thinning medication (medication that affects clotting) when you schedule the examination.

You may need to temporarily adjust how you take this medication. Discuss this with your practitioner, and they will inform the thrombosis service if necessary.

STOP …… from……

If you only take Acetylsalicylic acid (Aspirin) or Carbasalate calcium (Ascal) as a blood thinner, you do not need to stop taking them before the colonoscopy.

Diabetes medication

Please inform your practitioner if you are taking medication for diabetes. You will receive tailored advice for both tablets and insulin use. You can resume your medication as prescribed once you are allowed to eat again after the examination.

Other medication

The laxatives may make your medication less effective. You and your doctor must discuss the medicines you are taking, whether you should continue taking them and when it is best to take them during preparation and on the day of the examination. This will ensure that their effect will still be as optimal as possible.

This also applies to the contraceptive pill. As it will be less effective, this form of contraception is no longer reliable for the rest of your cycle.

Pacemaker

Please tell your doctor if you have a pacemaker or an ICD. They will consult the pacemaker technician.

Preparation with Pleinvue (please follow the preparation below and not the one in the leaflet)

The preparation times will differ if you are admitted to MMC during the preparation. You will no longer have an evening meal the day before the examination, and you will be woken up at 06:00 on the day of the examination to proceed with the laxatives. The nurse will provide support.

Your doctor or nurse may prescribe additional laxatives (two Bisacodyl tablets after lunch) if they think Pleinvue is insufficient for cleansing your bowels. They will instruct you accordingly.

The examination can only be performed properly if your colon is empty. As such, you will need to start a special diet two days before the examination. Take the Pleinvue laxatives the day before and the day of the examination.

General

- Drink ten to fifteen glasses of liquids a day (1.5–2 litres)
- Do **NOT** consume the following products anymore, whole-grain products, muesli, raw vegetables, fruit with peel, dried fruit (e.g. raisins), nuts, pips, seeds, skins, etc. These foods digest slowly and remain in the bowels for a long time.

Special diet

You can choose from the following bread products:

- Light brown bread or white bread without seeds and pips
- Rusks, crispbread, crackers and toast
- Plain gingerbread cake
- Low-fat or diet margarine
- Processed meats, unseasoned cheese, honey, fruit sprinkles
- Semi-skimmed milk, buttermilk, low-fat yoghurt
- Tea, coffee with milk and sugar to taste

You can choose from the following dinner products:

- Soup
- Meat, fish or chicken (preferably not too fatty and not fried excessively)
- Eggs
- Potatoes
- Low-fat gravy or sauce
- Boiled vegetables: carrots, cauliflower
- Custard, pudding made with semi-skimmed milk, low-fat yoghurt and plain quark

The day before the examination
Eat a light breakfast and lunch no later than 15:00 before starting the Pleinvue. If advised, take the two Bisacodyl tablets after lunch. Do NOT eat after 15:00, and only drink clear fluids.

Clear drinks are water, tea, sports drinks, broth, apple juice or other clear fruit juices. Avoid alcohol, red drinks, coffee and carbonated drinks.

Drink dose 1 of the Pleinvue (500 ml mango-flavoured laxative solution) and at least one litre of clear fluids alternately at 18:00, and take at least 90 minutes to do so. Drink slowly with small sips to avoid nausea. We recommend that you continue drinking clear fluids during the rest of the evening.

Preparing dose 1:

- Open the Pleinvue packaging and the plastic wrap and take out the dose 1 sachet.
- Empty this sachet into a 500 ml measuring cup. Pour water into the measuring cup up to the 500 ml mark.
- Stir the solution until it is completely dissolved. This can take five to eight minutes.
- Pour the solution into a glass.
- Put on comfortable clothes and stay near the toilet. The bowel movements will start around 1.5 to 2 hours after drinking.
- You can sleep peacefully after that.

On the day of the examination
Tip: drink a hot cup of tea before taking the second dose.

Do **NOT** eat breakfast! Start drinking dose 2 of the Pleinvue (500 ml fruit-flavoured laxative solution) and at least one litre of clear fluids alternately at least four hours before the start of the examination, and take at least 90 minutes to do so. Drink slowly with small sips to avoid nausea.

Preparing dose 2:

- Empty sachet A and sachet B into the measuring cup. Pour water into the measuring cup up to the 500 ml mark.
- Stir the solution until it is completely dissolved. This can take five to eight minutes.
- Pour the solution into a glass.
- If possible, drink more clear fluids to promote the laxative effect.
- Again, stay near the toilet.

After the preparation, your stools will look like urine: watery and clear yellow. If this is not the case, contact the Endoscopy Department.

Do not drink anything from two hours before the examination starts; make sure you have finished your preparatory drinks two hours before the examination starts.

Taste tips:

- drink the Pleinvue chilled for a better taste;
- drink the Pleinvue with a straw so that the liquid enters the back of the mouth;
- drink the Pleinvue slowly, in small sips—you may want to use a water bottle with a sealable spout to avoid drinking it too quickly.

Please remember

- If you are new, register at the registration kiosk by the reception desk.
- Bring identification
- If you are unable to attend your appointment, please contact the Endoscopy Department or Gastroenterology Outpatient Clinic (+31 40 888 63 70)
- Register at the registration kiosks of the Endoscopy Department

For more information, please visit mmc.nl/mdl

In conclusion:
If you have any questions before the examination, please contact the practitioner who requested the examination for you. If you have any questions after reading this leaflet, please contact the Endoscopy Department or Gastroenterology Outpatient Clinic. You will be put through to the right person.

Sedation during the examination

If you and your doctor have decided on sedation during your examination, the following information is important.

Sedation involves administering a sedative and possibly a painkiller via an IV in your arm. Some people fall asleep during the sedation, while others remain awake but do not experience everything consciously. It is not a general anaesthetic. The aim of sedation is to make the examination as comfortable as possible, reducing anxiety, discomfort and possible pain.

Side effects and possible complications of sedation
Because the sedation may affect your breathing, heart rate, blood pressure and oxygen levels, we will monitor you closely for around one hour from the start of the examination by putting a blood pressure monitor around your arm and an oxygen monitor on your finger. If necessary, you will be given oxygen through a tube in your nose. If medication is administered through the IV line to reverse the effect of the sedative, you will have to stay in the recovery room for at least another hour.

The sedation may cause the following reactions:

- A late sleep reaction in the recovery room after the examination;
- You forget that the examination took place;
- You forget that you have been told the results;
- You may be drowsy for several hours after the examination;
- You will have a slower reaction time.

For your safety, we cannot allow you to go home alone on foot or by car, public transport, taxi, bicycle or any other mode of transport. If you have not arranged for someone to accompany you when you are discharged, the examination cannot take place under sedation. You will have to make a new appointment.

Going home after the examination with sedation:

After the examination, you will be taken to the recovery room where we will monitor you until you can go home. This will be about one hour after the start of the examination. Please note that this is just an indication. Before the start of the examination, we want to know who will take you home and will make a note of that person's telephone number. We will call them when you are allowed to leave the Endoscopy Department. You are not allowed to leave on your own.

It is unwise to make important decisions on the day of the examination because of possible memory loss. Make sure you do not need to operate any dangerous machinery, do not participate independently in traffic and do not consume alcoholic drinks, as the sedation will affect your ability to react. Alcohol can increase the effect of sedation.

Please note!

- If you use a CPAP device at home, please bring it to the examination.
- If you have a pacemaker or ICD, we will inform the pacemaker technician.

Please remember to:

- bring an extra bag to store any clothes and shoes you have to take off for the examination;
- arrange for someone to accompany you during discharge and transport home.