

Endoscopie

Colonoscopy (Engelse vertaling)

Your doctor has proposed that you undergo a colonoscopy. This is an examination of the colon. If for some reason you are unable to make it on the suggested date, please contact the endoscopy department as soon as possible to reschedule your appointment. If the procedure takes place under sedation, please make sure there is someone available to accompany you home after the procedure as you are not allowed to drive home or operate any vehicle.

What is a colonoscopy?

During a colonoscopy the doctor is able to examine the colon, and in some cases the last part of the small intestines. During this examination differences in the mucous membrane of the colon can be distinguished. This allows the doctor to find inflammation, ulcers, bleeding, strictures, bulging of the colon wall (diverticula), polyps and tumors. The procedure is performed using a flexible tube, an endoscope, with a small camera on the tip. The endoscope has a diameter of approximately 1 centimeter and is inserted through the anus into the colon. The image of the camera is then visible on a monitor.

In case of any abnormalities in the mucous membrane the doctor can choose to take a biopsies. Any polyps that are found can be removed directly.

The procedure takes approximately 30 - 60 minutes.

Preparation for the examination

Before the procedure you have to follow a low-fiber diet. This diet will start in the morning, two days before the procedure and has to be continued until after the procedure.

Two days before the procedure, in the evening, you will take two tablets of Bisacodyl®.

One day before the procedure you will start drinking the laxative: Pleinvue (see below)

The low-fiber diet:

What **can't** you eat :

- Whole grain cereal products such as bread with seeds and whole-wheat bread.
- Whole grain and multigrain pasta and brown rice.
- Vegetables: Asparagus, celery, sauerkraut, string beans, green beans, leek, peas, legumes, bean sprouts, corn, mushrooms, tomatoes, onion, garlic, spinach, endive, bell pepper, raw vegetables.
- Fruit: Orange, grapefruit, tangerines, kiwi, blackberries, grapes, strawberries and dried fruits.

What **can** you eat:

- Crackers, white or light brown bread with margarine or butter. Lean meat products, a boiled egg, chocolate sprinkles, chocolate spread, honey, syrup and jam without seeds.

- Vegetables: well-cooked such as beetroot, cauliflower, carrots.
- Hot meal: soup with pieces of meat, vermicelli and/or meat balls (without vegetables), potatoes, white rice, pasta, macaroni, mildly roasted lean meat; fish or chicken (skinless).
- Desserts: custard, pudding, quark or yoghurt.

Instructions for the preparation of Pleinvue®

Preparing PLEINVUE

You should NOT use the leaflet you received from the pharmacy.

- You were given 1 cardboard pack from the pharmacy;
- This pack contains 3 sachets. For dose 1, there is one sachet. The solution of dose 1 has a mango flavour. For dose 2, there are two sachets (A and B). The solution of dose 2 has a fruit drink flavour.

Dose 1: Dispense 1 is one large sachet. You dissolve this dose in 500 ml of water. You keep stirring until the powder is dissolved. This may take about 8 minutes. After preparation, the solution can be stored covered in the refrigerator for 24 hours.

Dose 2: Dispense 2 consists of 2 sachets (A and B). Dissolve these 2 sachets again in 500 ml of water. You keep stirring until the powder is dissolved. This may possibly take 8 minutes. This solution can also be stored covered in the fridge for 24 hours after preparation. This solution can therefore be prepared as early as the day before the examination.

Schedule for laxatives PLEINVUE®

For laxation with the PLEINVUE®, follow the laxation schedule 1 litre PLEINVUE® below.

For laxation on the day of the examination itself, a distinction is made between examinations before noon and after noon.

Please pay attention to which schedule you should follow.

2 days before the examination:

- From 8am you will start the fibre-restricted diet which you will continue to follow until after the colonoscopy.
- At 10pm, you will take the two tablets of Bisacodyl®.

1 day before the examination:

- Until 5pm, you will follow the fibre-restricted diet.
- At 5pm you will consume the last meal.
- At 6pm you will start PLEINVUE®, from now on do not consume any solid food until after the examination.
- Between 6pm and 7pm, drink 500ml of PLEINVUE® dose 1 and at least 500ml of water or *clear liquid.
- Drink slowly, alternating the PLEINVUE® and clear liquid per sip/glass.
- From 7pm rest period - you may drink as much clear liquid as you like: of course, the more you drink, the clearer the bowel!

*The following clear liquids are allowed:

water, clear apple juice, lemonade syrup, tea (sugar is allowed) and sifted drinking broth. If you need something energy-rich, we recommend a clear sports drink.

On the day of the examination, examination before noon:

- Before starting dose 2, have a cup of hot tea.
- Before 6am, drink 500ml of PLEINVUE® dose 2 and at least 500ml of water or *clear liquid over at least one hour. Drink slowly, alternating the PLEINVUE® and clear liquid per sip/glass.

Due to travel time or if you find it difficult to drink PLEINVUE®, you can also start earlier in the morning with drinking PLEINVUE®

On the day of the examination, examination after noon:

- Before starting dose 2, have a cup of hot tea.
- Between 8am and 9.30am, drink 500ml of PLEINVUE® dose 2 and at least 500ml of water or *clear liquid over at least one hour. Drink slowly, alternating the PLEINVUE® and clear liquid per sip/glass.
- After 10.30am, you should not drink anything until after the colonoscopy.

You should finish laxating (drinking the 500ml of PLEINVUE® and at least 500ml of clear liquid) 2 hours before the examination

You should not drink anything in the 2 hours prior to the examination.

Intake of PLEINVUE® (tips)

It is important to drink the prescribed amount of liquid completely! Here are some tips to make drinking the laxative a little less troublesome.

Tips for taking PLEINVUE®

- Drink PLEINVUE® slowly - take your time. For the first dose of PLEINVUE® (500 ml) and the clear liquid (at least 500 ml) together, take at least 1 hour.
- Drink PLEINVUE® in small sips and alternate with sips of the previously mentioned permitted clear liquid to facilitate intake.
- Start with a cup of hot tea before taking the second dose of PLEINVUE®.
- Drink it (ice) cold from the fridge.
- Use a straw while drinking, so that it reaches a little further into the mouth.
- If necessary, use chewing gum (without sorbitol) between meals to reduce any unpleasant taste.

Drink the solutions slowly with small sips and alternate with sips of the previously mentioned permitted clear liquids. This reduces the risk of nausea. If necessary, you can interrupt drinking PLEINVUE® briefly and then resume when a feeling of being full, and any nausea have disappeared.

Effect of PLEINVUE®

The laxative causes you to experience considerable stool loss up to 2 hours after drinking. After that, the effect decreases slightly.

When you take the laxative, the stools become increasingly thin and eventually look like a watery and transparent liquid.

Often, a lot of stool comes out in the morning after laxative treatment. It is good to know that you will not lose control of the stool completely. This means few accidents happen and you can go to the toilet in time.

Sometimes the anus gets a bit damaged (like an abrasion) due to multiple defecation. If you experience redness or soreness, you may use an emollient ointment. No Vaseline, this may cause damage to the scope.

If you experience problems taking the PLEINVUE®, for example because you experience nausea or vomiting, or if you are in doubt whether your bowel is sufficiently clean, please contact us.

Sedation

The procedure is typically performed under light sedation. This means that a pain-killer and a sedative will be administered via an IV before the procedure. You can read more about this in the provided leaflet about 'light sedation'. Some people chose to undergo the procedure without any sedation. The possibilities will be discussed during your preliminary consultation. If you qualify for deep sedation, you will be able to read more in the provided leaflet about 'Sedation using propofol'. For both forms of sedation, it is required to bring someone who will be able to accompany you home. You are not allowed to drive home or operate any vehicle.

Other medical conditions

- Do you have any heart disease or disease of the blood vessels for which you are required to receive antibiotics before any procedure?
- Are you currently receiving treatment against thrombosis or are you taking any blood thinning medication (anti-coagulants): Acenocoumarol (Sintrom® or Sintromitis®), clopidogrel (Plavix®), fenprocoumon (Marcoumar®), dipyridamole (Persantin®), rivaroxaban (Xarelto®), dabigatran (Praxada®), apixaban (Eliquis®) or carbasalate calcium (Ascal®)?
- Do you have a blood clotting disorder?
- Do you have diabetes (Diabetes Mellitus)?
- Do you have a pacemaker or an ICD (internal defibrillator)?

Did you answer one or more of the previous questions with yes and have not yet discussed this with your doctor? Please contact the referring doctor to make possible adjustments to your therapy leading up to the procedure.

Medication

If you are using iron supplements, please stop these at least 7 days before the procedure. If you are taking any essential medication, make sure that you take these at least an hour before or after drinking the Pleinvue to prevent them from being flushed through your system before taking effect.

The colonoscopy

- Please sign in at the counter of the endoscopy department 15 minutes before the time of your procedure.
- The nurse will pick you up from the waiting room and will take you to the treatment room.
- You will be requested to remove your pants and underwear and place yourself on the bed underneath the sheets.
- You will receive a wristband stating your name, date of birth and patient number.
- The nurse will insert an IV.
- Your vital signs will be monitored during the procedure. This includes blood pressure, heart rate and blood oxygen levels.
- The doctor will explain the procedure once more and go through a final check of your credentials.
- You will be asked to lay on your left side, and you will receive the sedation.
- The doctor will insert the endoscope through the anus into the colon.
- During the procedure the doctor will inflate the colon with air or carbon dioxide for better visibility. This can cause some discomfort. Feel free to let the air escape to relieve the discomfort.
- We will ask you to change positions during the procedure. For example, on your back or right side.
- When we have reached the deepest point of the colon, where it connects with the small intestines, the scope will be slowly pulled back to inspect the entire colon.
- Possibly, the doctor may take biopsies or remove any polyps found during the procedure.
- The procedure will take about 30-45 min. In some cases, the procedure can take longer, when for example a lot of polyps are found.
- It is not possible to bring someone into the treatment room to be present during the procedure.

After the procedure

- You will be taken to our recovery room.
- If you received light sedation your heart rate, blood pressure and blood oxygen levels will be monitored for at least half an hour.
- Before going home, the IV will be removed.
- A follow-up appointment will be made to discuss further treatment. If necessary, the doctor will speak with you about the findings of the procedure.
- The referring doctor will receive a report with the findings of the procedure.
- You will receive a take-home leaflet with advice for after the procedure.
- In the case of light or deep sedation, it is necessary someone escorts you home. You are not allowed to drive home or operate any vehicle.

Complications

A colonoscopy is a safe procedure. However, there is a small chance of complications. Possible complications include, bleeding and tears in the colon wall (perforation). The chance for complications can increase when any additional interventions are performed during the procedure, like the removal of polyps. Most complications occur during the procedure and can

also be treated directly. Complications can also arise within ten days after the procedure. Please contact us if, within this period you get complaints like, stomachache, blood loss (bright red) or a fever. This could lead to an assessment at the emergency room or admission to the hospital.

At home

After the examination, you can eat and drink everything again. We recommend that you do not make any important decisions within 24 hours after the procedure because the medication could make you feel drowsy and sleepy or forgetful. You may still feel discomfort or a stomachache caused by air in the gut. This can persist for a few days. Sometimes, a dye is used during the procedure that may cause the urine to be colored blue/green. This will disappear by itself. If you develop severe stomach pain, loss of bright red blood or a high fever, you should contact the Endoscopy department.

Questions?

Do you still have questions after reading this leaflet? Please contact our Endoscopy department.

020-4441125.

Outside office hours you can call 020-4444444 (telefooncentrale VUmc)

Please ask for the Gastrointestinal doctor on duty. (Dutch: MDL arts)

With every visit to the Amsterdam UMC, please bring:

- A valid ID (passport, ID-card, driver's license)
- A current overview of your medication
- A proof of insurance