

Endoscopie

Bowel examination after surgical procedure

Your treating physician has suggested that you undergo an intestinal examination of the pouch, the ileorectal anastomosis, or the stoma. Due to the preparations needed for this examination, it is important that you carefully read this brochure.

This information supplements the discussion you had with your specialist. If anything different was discussed with your referring doctor than what was requested with us, please contact your referring doctor.

Intestinal examination

You have a pouch, an ileorectal anastomosis, or a stoma. During the intestinal examination (post-surgical procedure), the doctor will examine the mucous membrane on the inside of the part of your intestine that remains after your surgery.

The examination is performed with an endoscope. An endoscope is a flexible tube with a camera that is inserted into the intestine through the anus or the stoma.

This examination can identify abnormalities such as ulcers, inflammation, bleeding, narrowing, bulges in the intestinal wall (diverticula), polyps, or tumors. In case of mucosal abnormalities, the doctor can take small biopsies from the mucous membrane. Any polyps can be removed immediately. The examination typically lasts between 30 and 60 minutes.

Patients with a stoma are asked to bring sufficient extra stoma supplies, as the stoma equipment will usually need to be removed for the examination and replaced in case of leakage.

Additionally, we recommend using stoma bags that can be emptied during bowel preparation. If you do not have these, please contact the stoma nurse at your referring hospital.

Sedation

The examination is performed either without sedation or with mild sedation. You can discuss the type of sedation with your treating physician. If you choose to undergo the examination with sedation, you can read more about it in the 'Mild sedation' brochure.

Medication

Do you take blood-thinning medication? Treatments may be performed during an intestinal examination. It is essential that your doctor is aware if you are taking these medications. Discuss this with your doctor, who can advise any necessary adjustments.

Do you take iron tablets? If you take iron tablets, it is necessary to stop taking them 7 days before the examination.

Do you take diabetes medication? Adjustments will be needed for this medication as well, so it is important to discuss it with your doctor.

Do you take heart medication? You may take this with a sip of water.

If you need to take any other essential medication, take it at least one hour before you take Pleinvue or at least one hour afterward to prevent it from being washed away.

Bowel cleansing and preparation at home if you no longer have a colon (for an ileorectal anastomosis or pouch)

We use Pleinvue® as the standard laxative**.

It is important that the bowel is well-cleansed. We advise you to follow the instructions for the prescribed product carefully. If the bowel is not adequately cleansed, this can severely interfere with the examination, make it difficult to assess the intestinal mucosa, and may require us to stop the procedure. A new appointment would then need to be made.

**If you are using a different laxative in consultation with your referring doctor, follow the instructions in the appendix attached to this brochure.

Two to three days before the examination

It is essential that you eat a low-fiber diet two days before the examination. To give you an idea of what a low-fiber diet entails, here are some recommended and non-recommended foods.

For a low-fiber diet:

Do not eat:

- Whole-grain products, such as bread with seeds and whole-wheat bread.
- Whole-wheat and multigrain pasta and brown rice.
- Vegetables: asparagus, celery, sauerkraut, green beans, peas, legumes, bean sprouts, corn, mushrooms, tomatoes, onions, garlic, spinach, endive, peppers, raw vegetables.
- Fruits: oranges, grapefruits, mandarins, kiwis, blackberries, grapes, strawberries, and dried fruits.

And also: nuts, peanuts, and seeds (such as sesame and poppy seeds) and sugar substitutes or foods containing sorbitol.

Allowed food:

- Rusks, white or light brown bread with margarine or butter.
Lean cold cuts, a boiled egg, sprinkles (hagelslag), chocolate spread, honey, syrup, and jam without seeds.
- Fruit: soft, ripe fruit or canned fruit without seeds, fibers, or skin. Applesauce or fruit puree.
- Vegetables: cooked, such as baby beets, cauliflower, broccoli florets, carrots.
- Main meal: soup with small pieces of meat, vermicelli, and/or soup balls (without vegetables), potatoes, white rice, pasta, macaroni, lightly seared lean meat, fish, or chicken (without skin).
- Desserts: custard, pudding, quark, or yogurt.

Day of the examination

Allow an additional 15 minutes for parking and walking to our department. If you are unable to attend, please call us in advance so we can reschedule if possible.

Preparing Pleinvue®

! Do NOT use the instructions provided by the pharmacy.

- You have received 1 cardboard box from the pharmacy.
- Each package containing 3 sachets. For dose 1, use only one sachet. Only take dose 1 for your preparation; you may discard dose 2.
Dose 1 is a large sachet. Dissolve this dose in 500 ml of water, stirring continuously until the powder dissolves, which can take about 8 minutes. Once prepared, the solution can be stored in the refrigerator for up to 24 hours if covered.

The time to start drinking depends on the time of the examination. See instructions below:

For an appointment before 12:00 pm:

- Drink a cup of warm tea before starting with dose 1.
- Before 6:00 am, drink 500 ml of Pleinvue® dose 1 and at least 500 ml of water or *clear liquid over at least one hour. Drink slowly, alternating sips of Pleinvue® and the clear liquid.
- Due to travel time or if you find it difficult to drink Pleinvue®, you can also start drinking Pleinvue® earlier in the morning.

The day of the appointment, an appointment after 12:00 pm:

- Drink Pleinvue® slowly - take your time. Allow at least one hour for the first dose of Pleinvue® (500 ml) and the clear liquid (at least 500 ml).
- Between 8:00 am and 9:30 am, drink 500 ml of Pleinvue® dose 1 and at least 500 ml of water or *clear liquid over at least one hour. Drink slowly, alternating sips of Pleinvue® and the clear liquid.
- After 10:30 am, do not drink anything until after the endoscopic examination.

Permitted clear liquids include:

Water, clear apple juice, syrup, tea (sugar allowed), and strained broth. If you need something with extra energy, we recommend a clear sports drink.

You should finish drinking the Pleinvue® and at least 500 ml of clear liquid 2 hours before the examination. Do not drink anything in the two hours before the examination.

Tips for taking Pleinvue®

It is important to drink the entire prescribed amount! Here are some tips to make drinking the laxative a bit easier:

- Drink Pleinvue® slowly—take your time. Allow at least one hour for the first dose of Pleinvue® (500 ml) and the clear liquid (at least 500 ml).
- Sip Pleinvue® slowly and alternate with the allowed clear liquid to ease intake.
- Start with a cup of warm tea before taking the second dose of Pleinvue®.
- Drink it chilled from the refrigerator.
- Use a straw to drink, allowing the liquid to go further back in the mouth.
- Chewing gum (without sorbitol) can help mask an unpleasant taste.

Sip the solutions slowly and alternate with the allowed clear liquids to minimize nausea. If necessary, you can shortly pause drinking Pleinvue® and resume when any nausea or feeling of fullness subsides.

Effect of Pleinvue®

The laxative will cause you to pass significant amounts of stool within 2 hours after drinking. The effect will then gradually diminish.

As you take the bowel-cleansing product, your stool will become progressively thinner, eventually resembling a watery and transparent liquid.

Often, there is still significant bowel movement in the morning following the cleansing process. It is reassuring to know that you will generally retain control over bowel movements, so accidents are rare, and you can make it to the toilet in time.

Sometimes, the anus may become irritated (like a scrape) due to frequent bowel movements. If you experience redness or soreness, you may use a soothing ointment. Do not use Vaseline, as it can damage the endoscope.

If you have difficulty taking Pleinvue®, such as nausea or vomiting, or if you are unsure if your bowel is sufficiently clean, please contact us. If you have a stoma, different preparation instructions apply. If your doctor has not discussed this with you, please contact us and ask what to do.

If you have a stoma, a different preparation applies than what is described above. If your doctor has not discussed this with you, please contact them to ask what you need to do.

Bowel Preparation and At-Home Preparation with a Stoma

Two days before the exam, begin a low-fiber diet in the morning. Continue to follow the diet guidelines as outlined under 'Bowel preparation and at-home preparation for an ileorectal anastomosis or pouch' until the time of the exam. The type of stoma you have will determine the appropriate preparation steps. Below, we outline different types of stomas and any additional preparations needed.

Request a larger collection bag for your stoma from your stoma nurse!

Location VUMC: +31 (0)20 - 444 04 58

Colostomy (single-loop)

- Endoscopy via colostomy:
 - Small portion of colon remains: follow the preparation outlined under 'Bowel preparation and at-home preparation for an ileorectal anastomosis or pouch'.
 - Large portion of colon remains: follow the same preparation.
- Rectum inspection: preparation involves an enema. Arrive at the department 30 minutes before your scheduled endoscopy time.

Colostomy (double-loop)

- Endoscopy via colostomy: follow preparation guidelines under 'Bowel preparation and at-home preparation for an ileorectal anastomosis or pouch'.
- Rectum inspection: preparation involves an enema. Arrive at the department 30 minutes before your scheduled endoscopy.
- Extended colon segment inspection: If a longer portion of the descending segment needs to be examined via endoscopy, an enema may not be sufficient, and flushing through the descending segment of the stoma may be an option.
 - Consult with the stoma nurse regarding the preparation method (internal number: 23184).

Ileostomy (single-loop)

- Endoscopy via ileostomy: fasting for one day is sufficient. You must not eat or drink after midnight.
- Rectum inspection: preparation with an enema may be required, depending on the mucus production from the remaining terminal segment. If an enema is required, arrive at the department 30 minutes before the endoscopy.

Ileostomy (double-loop)

- Endoscopy via ileostomy: fasting for one day is sufficient. No food or drink after midnight.
- Extended colon segment inspection: if a longer portion of the descending segment needs to be inspected via endoscopy, an enema may not suffice, and flushing through the stoma may be necessary.
 - Contact the stoma nurse regarding the preparation method (internal number: 23184).

The procedure

A nurse or medical assistant will escort you from the waiting area and further prepare you for the procedure. The doctor conducting the bowel exam will briefly review the procedure with you and confirm your details (this is known as a time-out procedure). During the exam, you will lie on your left side and may be asked to change positions, such as lying on your back or right side. For an exam through your stoma, you will lie on your back. The nurse may apply gentle pressure to your abdomen to help guide the endoscope through the bowel. During the procedure, you may experience some discomfort due to the movement of the endoscope or the air or carbon dioxide introduced into the bowel. It is not possible to bring someone with you into the treatment room during the procedure.

After the procedure

Patients who have received sedation for the procedure will remain in the recovery room for observation. Blood pressure, heart rate, and blood oxygen levels will be monitored for at least 30 minutes.

Due to the sedative, you are not permitted to drive, travel alone by public transport, ride a bicycle, or take a taxi by yourself.

! Please arrange for someone to accompany you and drive you home. You must be picked up from the endoscopy department and cannot leave the department on your own.

After the exam, you may experience mild bowel cramps, a bloated sensation, and sometimes minor rectal bleeding, especially if a polyp was removed.

Results

The results of the examination will be provided by the physician who requested the procedure.

If you are a patient of the Gastroenterology and Hepatology department, an appointment for the results will have been scheduled at the clinic when this exam was booked. If this is not the case, please contact the relevant department of your gastroenterologist.

If you are a patient of a different specialist or your general practitioner, schedule a follow-up appointment with them 1-2 weeks after the procedure.

Complications

A bowel examination is a safe procedure, though complications such as bleeding can occasionally occur. Besides bleeding, there is a small risk of a tear (perforation) in the bowel wall during the procedure. The risk of complications is higher if additional treatments, such as polyp removal, are performed. Most complications occur during the procedure and can often be treated immediately.

When to contact us

Complications may also arise at home, up to ten days after the exam. Contact us if you experience severe abdominal pain, significant loss of bright red blood (more than 150 ml), or high fever within this period. You may need to be evaluated in the Emergency Department and, if necessary, admitted to the hospital.

Questions?

If you have any questions after reading this leaflet, please contact the Endoscopy department at **Location VUMC:**

Phone: +31 (0)20 - 444 11 25. Outside office hours, you can call +31 (0)20 - 444 44 44 (VUmc switchboard) and request to speak with the on-call GI specialist.

For each visit to Amsterdam UMC, please bring:

- a valid ID (passport, national ID card, or driver's license);

- an up-to-date medication list;
- your Amsterdam UMC patient card. If you don't have one or forget to bring it, we will ask you to make a new one at the Central Registration Desk (VUmc location, clinic hall).