

PATIENT INFORMATION SHEET FOR COLONOSCOPY

Dear patient,

A colonoscopy is an endoscopic examination of the lower gastrointestinal tract. It is used to evaluate the rectum, large intestine and the end of the small intestine. The procedure is performed using a flexible tubular optical instrument called a colonoscope.

The examination helps detect visible pathological changes in the colon, such as ulcers, inflammation, polyps or tumours. In addition, a colonoscopy allows tissue samples (biopsies) to be taken for a more accurate diagnosis and to remove polyps that may be related to the development of tumours. The examination usually takes about 40 minutes but may last longer if biopsies are taken or treatment procedures are performed.

An alternative to colonoscopy is the so-called virtual colonoscopy or CT colonography, which is a non-invasive method where the large intestine is visualised using computed tomography and special software. However, during this procedure it is not possible to take biopsies or perform treatment procedures (e.g. remove polyps).

Your doctor may refer you for a colonoscopy if you have: a change in stools, diarrhoea, constipation, iron deficiency anaemia, a positive faecal occult blood test, inflammatory bowel disease, suspected bowel cancer, intestinal bleeding, previously diagnosed polyps or need a post-operative bowel cancer check-up.

Preparation for the procedure

Significant pathological changes in the large intestine can be small (a few millimetres in size) and difficult to detect. The large intestine must therefore be clean of faeces for the colonoscopy. For successful bowel preparation, it is important to follow a low-fibre diet, consume plenty of fluids and take a laxative as prescribed by the doctor who referred you for the colonoscopy.

Inadequate bowel preparation may lead to:

- increased risk of complications associated with the procedure
- increased colonoscope insertion and procedure time
- failure to detect significant pathological changes (such as polyps or cancers)
- the need to repeat the procedure in the near future

Medication use

The doctor who referred you will decide whether to continue or temporarily stop your daily medication.

- If you are taking diabetes medication, consult your doctor to temporarily adjust your regimen. Also, monitor your blood sugar levels to prevent hypoglycemia (which can happen when fasting).
- If you are taking weight loss medication, consult your doctor to temporarily adjust your regimen. These medications may slow down gastric emptying, which is important both for bowel preparation and anaesthesia during a colonoscopy.
- If you are taking blood thinners (such as Plavix, Xarelto, Eliquis, Pradaxa, Heparin or others), consult your doctor to temporarily adjust your regimen. These medications increase the risk of bleeding during certain procedures.
- Stop taking iron supplements and charcoal tablets five days before the colonoscopy.
- Stop taking dietary supplements that contain fibre (e.g. Lepicol, Psyllium) five days before the colonoscopy.
- Stop symptomatic treatment for diarrhoea (e.g. Loperamide) three to five days before the colonoscopy.
- Other medications, such as those for blood pressure and heart conditions, must be continued as prescribed.

Start a low-fibre diet three to five days before the procedure

Consume no more than 10 g of fibre per day. Each meal should contain 1-2 g of fibre.

Please refer to the table for permitted and prohibited food products. High-fibre foods are prohibited because they are difficult to digest and leave residue in the intestine, which can cause decreased visibility. Seeds can clog the endoscope used during the procedure. Red and purple foods may look like blood.

Food products	Permitted	Prohibited
Fruits	Canned or cooked fruit without skin or seeds, (peaches, pears, apricots, apples), applesauce, ripe bananas, fruit juices without pulp (e.g. apple juice, white grape juice)	Raw or dried fruits and berries, canned pineapple, fruit juices with pulp and/or a red/purple colour
Vegetables	Boiled/stewed/baked/preserved vegetables without skin, e.g. potato without skin, cucumber without seeds and skin.	All raw vegetables, mushrooms, thermally processed cabbage, vegetables with seeds; hard, fibrous cooked vegetables such as artichokes, asparagus, broad beans, broccoli, cauliflower, Brussels sprouts, celery, corn, cucumber, eggplant, onions, peas, sauerkraut, cabbage, spinach, tomatoes, zucchini, olives, pickles, etc.
Meat and meat products	Poultry, pork, beef, lamb, eggs, fish and seafood	Salami; processed foods made of whole grains, nuts or seeds
Legumes	Tofu	Dried beans, peas, lentils and other legumes; meat substitutes made of whole grains, nuts or seeds
Bread and cereals	Products made of white refined flour, e.g. white bread, rye bread, muffins, pasta, semolina porridge and cookies. White rice, cornflakes	Brown rice; whole-grain rye bread, white bread, pasta and porridge; buckwheat, granola, muesli, breakfast cereal with berries or nuts, rye bread/white bread with nuts/seeds/fruits/vegetables, whole wheat bread, popcorn
Nuts, seeds	Creamy nut butter without solid additives	All nuts and seeds (sesame, pumpkin, sunflower seeds, and others)
Fats/oils	Butter, margarine, vegetable oil	-
Dairy	Milk, cream, sour cream, cheese, yogurt	Dairy products with added grains or fruits
Desserts	Ice cream (without additives), pudding, popsicles, jelly (not red or purple), chocolate (without additives), gummy and hard candy (not red or purple)	All desserts containing nuts, seeds or dried fruits; whole-grain jam; any desserts that are red or purple in colour

Drinks	Water, coffee, tea, cocoa, fruit juices without pulp (e.g. apple juice, white grape juice), carbonated or non-carbonated soft drinks, sports drinks	Fruit juices with pulp Red and purple juices
Other	Sugar, salt, honey, soy sauce, ground spices	Ketchup, pepper, mustard seeds

You will be on a liquid diet for one (1) day before the procedure.

You must follow a liquid diet the day before the procedure, starting from the moment you wake up. Only consume clear liquids. Avoid red and purple liquids. Do not consume any solid food all day.

Do not drink alcohol.

It is important to drink plenty of fluids to make sure the laxative gets absorbed. On this day, in addition to the laxative, you should also consume about 1.5 to 2.0 litres of fluid. This helps prevent dehydration, improves your general condition and reduces nausea.

Please make sure that you consume only the liquids listed in the table:

Chicken, beef or vegetable broth (without meat)
Black coffee without cream or milk (sugar can be added)
Tea without cream or milk
Fruit juices without pulp
Sports drinks

Bowel preparation with a laxative

Begin drinking the laxative one day before the procedure. It will cause watery diarrhoea, which will cleanse the bowel. The effects of the medication may vary: it can take effect immediately or within a few hours. Since the laxative solution significantly increases the volume of your bowel content and cleanses the intestines, we advise staying near a toilet.

The laxative can be administered either as divided doses (two-day regimen) or as a one-day regimen. If the timing of the procedure allows, divided dosing is preferred.

Two-day regimen: drink half of the prescribed laxative dose the evening before the procedure (around 18:00). Take the remaining half the morning of the procedure. Stop drinking the laxative and additional fluids (water or clear liquids) four hours before the procedure. If necessary, you can take medications with a small sip of water up to two hours before the procedure. If anaesthesia is planned, follow the anaesthesiologist's instructions.

One-day regimen (if the procedure takes place in the morning): drink the entire laxative dose the evening before the procedure (around 16:00) If the procedure is scheduled in the afternoon, drink the entire laxative dose the day of the procedure. Stop drinking the laxative and additional fluids (water or clear liquids) four hours before the procedure. If necessary, you can take medications with a small sip of water up to two hours before the procedure. If anaesthesia is planned, follow the anaesthesiologist's instructions.

The laxatives used for bowel preparation may have an unpleasant taste.

To improve the taste you can:

- Chill the laxative in the refrigerator
- Add lemon (lemon juice concentrate) or lime juice. Remove any seeds before adding.

You can use a straw to drink the solution.

The day of the procedure

When you wake up, you can continue the liquid diet you started the day before. Solid foods are not allowed! You can eat gummies and hard candies (not red or purple). You can drink throughout the day. Drink clear fluids (such as water, tea, juice, broth, sports drinks) only. Stop all fluid consumption four hours before your appointment. Continue taking your regular medication unless directed otherwise by your doctor. You can take them with a small amount of water up to two hours before the procedure. If anaesthesia is planned, follow the anaesthesiologist's instructions.

Upon arriving, please inform the doctor performing the procedure if:

- You are taking blood thinning medications or injecting insulin
- You have heart, lung, kidney or infectious diseases, or diabetes
- You are allergic to any medications

Description of the procedure

During the procedure, you will be placed lying on your left side with your knees bent. If necessary, you may be asked to turn onto your back or right side. The colonoscope is inserted through the anus into the large intestine using a lubricating gel. During the examination, water and carbon dioxide are introduced into the intestine, which allows the colonoscope to move forward and improve intestinal visibility. You may feel the need to defecate, which is normal.

Colonoscopy can cause discomfort to the patient and to avoid this, it may also be performed under sedation, i.e. a pain-relieving or sedative medication is administered into a vein through a venous cannula. Please note that due to the effects of the medication, you should not drive or operate machinery for 24 hours after the procedure.

The doctor who performed the colonoscopy will write the report immediately after the procedure, and the response will be sent digitally to your doctor. Your doctor will receive the biopsy results in about two to four weeks.

Possible complications

Although in most cases patients tolerate the colonoscopy well, the following complications may rarely occur:

- **Bleeding:** this can occur when removing polyps and taking tissue samples. Bleeding may occur immediately or within five to seven days after the procedure. The risk increases if the patient has a low platelet count or is using blood-thinning medications.
- **Perforation of the intestinal wall:** this can occur during the removal of polyps or if the bowel is damaged by chronic inflammation, tumours or diverticulosis. Risk factors include older age and multiple comorbidities. Perforation may require surgical treatment.

If you experience severe stomach pain and bloating, fever, chills, vomiting, or blood in the stool, you should call an ambulance or go to the hospital emergency department.

In addition, there may be heart rhythm disturbances or breathing difficulties as well as side effects from the sedative medication such as drowsiness, nausea and vomiting.

Important pathological changes might be missed during a colonoscopy (the most common reason being insufficient bowel preparation or complicated bowel anatomy).

After the examination, you can eat and drink immediately unless the doctor who performed the procedure instructs you otherwise. The large intestine is very clean before the examination, so you may not need to defecate the next day.

To cancel or change your appointment, call the reception desk at 605 0601.