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Preparation scheme for a colonoscopy with Moviprep®

Dear patient,

You have to undergo a colonoscopy. This requires thorough cleansing of the intestine. Only a completely empty intestine ensures a good and informative examination result. The following preparatory measures serve to ensure the success of this examination.

Enclosed you will find a prescription (coated Moviprep® and Bisacodyl tablets = Dulcolax®, Prontolax®, etc.) for bowel preparation

Important:

- If you take any anticoagulant medication (e.g. Clopidogrel®, Marcoumar®, Brilique®, Sintrom®) you **must contact your Physician** (or please call the Gastroenterology unit 031 632 59 76) **whether it should be discontinued 7 days** prior to the examination! In this case, your blood can be thinned using heparins, e.g. Fraxiparine®, Calciparine®, etc. Please administer the last injection on the morning of the day before the examination. Afterwards, you may not administer any more anticoagulants until after the examination is completed.
- Medication, e.g. antirheumatic painkillers (Voltaren®, Brufen®, Ponstan®) or iron tablets, must be discontinued 7 days prior to the examination after consultation with your attending physician.
- Medication like e.g. cardiac drugs or contraceptives, may be flushed out as well and cannot produce the usual effect. So please consult your attending physician!

Diabetics:

- Please contact **your attending physician**. Discuss your diabetes medication with him together with the diet on the day of the examination or contact our staff gastroenterologist.

4 days prior to the colonoscopy:

- Stop taking medication that thicken the stool, e.g. codeine or Lomotil/Loperamid (e.g. Immodium®). You may still take laxatives.

2 days prior to the colonoscopy:

- Please only eat the foods contained on the following list: boiled or steamed white fish, boiled chicken, eggs, cheese, white bread, butter/margarine, potatoes without the shell. **Please drink a lot (at least 2.5 litres of tea, water, isotonic beverages, etc.)!**
- Do not eat any fibroid foods like e.g. red meat, pink fish, fruit, vegetables, cereals, lettuce, mushrooms, nuts, whole grain bread, etc.
- In the evening, please take **three Bisacodyl pills (Dulcolax®, Prontolax®, etc.)** with at least 1 glass of water.

1 day prior to the colonoscopy:

- **Breakfast:** Eat a light breakfast, e.g. tea and two zwiebacks.
- **Lunch:** Clear meat broth or tea with two zwiebacks.
- **15:00 hrs:** Please start preparing your bowels now: One package of **Moviprep®** contains two sachets A and B each. Fill the content of one sachet A and one sachet B into a vessel. Add 1 litre of water. Stir the mixture until the liquid is almost clear (this may take some minutes). Drink the prepared **Moviprep®** chilled within 1 to 2 hours. Parallel to that, keep drinking lots of clear liquid (water, small quantities of mild coffee or tea), **but do not consume any solid foods anymore.**
- Keep within range of a toilet while taking the mixture.
- You will experience strong bowel activities, bowel cramps and diarrhoea-like bowel movements. This is normal. In case of skin irritations on the anus, apply some Vaseline or other fatty cream.

On the day of the examination (or in the evening before between 18:00-19:00 hrs):

Between 06:00 – 07:00 hrs, you should prepare the second sachet of Moviprep® the same way as described above and drink this together with at least 1 litre of clear liquid. Please **do not consume any solid foods or milk!**





If you have any questions about the bowel preparation, or if you have to vomit after taking the substance, or in case of any other difficulties, please call the **Gastrointestinal and Liver Unit**: at: **031 632 59 76**.

**The colonoscopy, possibly with removal of polyps
Patient information pamphlet**

«Vorname» «Name», geboren am «Geburtsdatum»

Why a colonoscopy?

This helps to reliably detect diseases of the colon and partially treat them as well.

Why this pamphlet?

We want to inform you beforehand about the examination procedure, intervention possibilities and risks. You can note down questions beforehand.

Before the examination, you can ask all questions that are important to you. Please use this opportunity!

Please bring along all pages of this pamphlet to the examination.

What about the examination procedure?

A flexible instrument (endoscope) is inserted through the anus into the cleaned colon and pushed forward up to the start of the small intestine. The mucosa is closely examined while doing so. Pathogenic changes are reliably detected this way. Special equipment allows us to take small tissue samples for closer examination.

Is the examination painful?

At certain moments it may be. We can administer an analgesic via injection at any time.

Which additional interventions are possible during a colonoscopy?

It is possible that one or several polyps (mostly benign growths in the mucosa) are detected during the endoscopy. Due to the fact that such aberrations may turn into malignant tumours years later, they are removed with an electric sling, mostly during the same examination (polypectomy). This is not painful for the patient.

Which preparations are required?

A colonoscopy requires thorough cleaning of the bowels. Please follow the instructions on bowel cleaning accurately.

Which risks are associated with this examination?

The purely diagnostic examination and removal of tissue samples do not cause any major complications. When removing polyps, however, complications like injuries to the intestinal wall up to breakthrough (perforation) or haemorrhaging may occur in rare cases despite greatest care. Surgery due to complications is only required very rarely.

What happens after the examination?

You may experience a sensation of pressure in your abdomen for a few hours (= excess air in the intestine). Should this increase and/or if you experience new, strong abdominal pain and/or bleeding from the anus, inform us, your GP or the nearest hospital immediately





Patient

«Vorname» «Name»
Date of birth: «Geburtsdatum»

Questionnaire on the risks of complications and bleeding tendency

How can you contribute to keeping the risk of complications as low as possible?

By following the preparation instructions to the point and additionally answering the questions below completely:

- 1. Do you take anticoagulants? (E.g. Sintrom®, Marcoumar®) or did you take any aspirin, Alcacyl®, Tiatral® or similar cold remedies or pain killers? Yes No
- 2. Do you have an allergy towards certain drugs? Yes No
If yes, which ones?.....
- 3. Do you suffer from a valvular heart defect, did you have to undergo heart surgery or do you have an artificial joint? Yes No
- 4. Do you have false teeth? Yes No

Bleeding tendency questionnaire

- 1. Do you have strong nose bleeding without any apparent reason? Yes No
- 2. Do you have gum bleeding without any apparent reason (teeth cleaning)? Yes No
- 3. Have you noticed „blue spots“ (hematomas) or small bleedings on your skin? Yes No
- 4. Do you bleed for a long time after little injuries? (Shaving)? Yes No
- 5. Do you have a long menstruation (<7 days) or do you need to change tampons or pads very frequently? Yes No
- 6. Did you experience long or severe bleeding after a tooth extraction? Yes No
- 7. Did you experience long or severe bleeding during a surgery (e.g. tonsil removal, appendix removal, birth)? Yes No
- 8. Did you receive blood bottles or blood products during a surgery? Yes No
- 9. Do you have relatives (parents, brothers and sisters, children, grandparents, uncles, aunts) suffering from a disease with increased bleeding tendency Yes No

Many thanks for your answers!

If you answered „yes“ to one or more of the above questions, please contact us immediately or at least 24 hours prior to the planned examination: 031/632 59 76.

Please bring along this questionnaire to the examination..

I, the undersigned resp. the authorised signatory, read this patient information pamphlet and was instructed by the physician about the diagnosis, type, procedure and risks of the examination and/or intervention in a briefing and have understood these. I have completed the questionnaire on the risks of complications and bleeding tendency to the best of my knockledge. My questions were sufficiently answered. I give my consent to the procedure.

Inselspital Bern,	Patient's signature	Physician's signature
date		

Directions

Where to find us

If you travel on public transport, take Bus No. 11 from Bern Central Station towards "Holligen" and alight at the "Inselspital" stop.

If you travel by car, you can park in the Insel-Parking multi-story car park (chargeable), 800 m from motorway exit 35 "Bern-Forsthaus/Inselspital". There is no provision for long-term parking in the hospital grounds. A number of short-term parking spaces for dropping-off or collecting patients are available close to the entrance.

Location map of the Bern Gastrointestinal and Liver Unit (entrance 56b), Freiburgstrasse 16c, 3010 Bern

From the information desk in the main building (Bettenhochhaus) take the escalator up to floor A, follow the red dotted line to point 2, then turn left, exit through the door and follow the sign "Bauchzentrum". Please report to the information desk at the Bauchzentrum.

