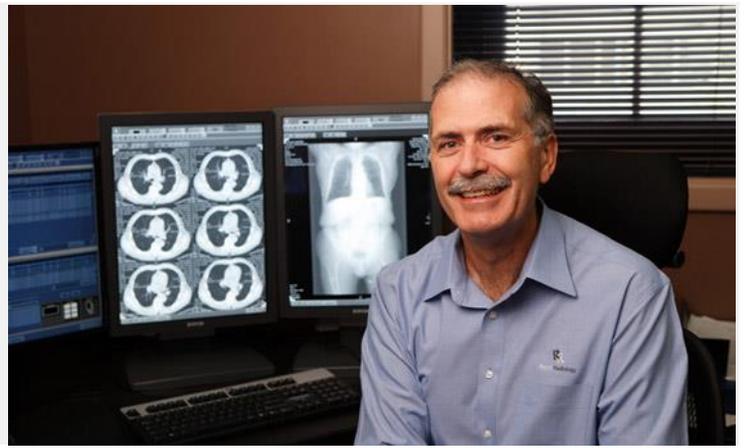


Name: _____

MRN: _____

Appointment Time: _____ AM / PM

Appointment Date: ____ / ____ / ____



CT COLONOSCOPY PATIENT INFORMATION

What is a CT Colonoscopy?

A CT Colonoscopy allows the radiologist to view the large bowel under CT guidance, and helps in the diagnosis of bowel problems. The procedure is performed in the main radiology department by a radiologist, radiographer and a nurse.

What preparation is involved?

For a successful examination, it is very important that the bowel is thoroughly prepared. Please follow the instructions below carefully.

Two days before your procedure eat only:

(These foods may be cooked in any way)

Chicken	White bread
Jelly (not green)	Eggs
Potatoes	Custard
Fish	Clear soup
Bananas	Dry biscuits
Ice-cream	Low fat yoghurt
Yellow vegetables (without skin)	

After a light lunch the day prior to the test:

No more solid food should be eaten. Commence drinking the ColonLYTELY at the rate of one (1) litre per hour, or as quickly as you can without making yourself sick.

You may have a break and have a cup of tea or coffee (with no milk or cream) after 2 litres. Then you may continue with the above regimen.

The full amount should be consumed, but you may finish earlier **only** if you have clear fluid diarrhoea. (This usually takes 4-5 litres).

Once you have completed this, you may drink only clear fluids until the time of your examination. This includes water, cordial, fruit juice (no bits), lemonade, black tea or coffee, clear soup (strain bits), or jelly (not green).

If you are unable to tolerate the bowel preparation and / or are vomiting, please cease drinking the ColonLYTELY and seek medical assistance, or call 8275 1906 during business hours to speak to one of our nursing staff.

Please Note:

Please bring the following to your appointment:

- Request form (if referral from GP / Specialist)
- Medicare Card
- Any relevant previous x-rays

Obtaining your results:

Your images will be processed and then reported by a Radiologist. A copy of the report will be sent back to the doctor / specialist who referred you for the examination.

You will need to follow up the results of your examination with your referring doctor / specialist.

Repatriation General Hospital

Daws Road, Daw Park, South Australia 5041

Ph: 8275 1906 | F: 8275 1116

www.repatradiology.com.au | repat.radiology@health.sa.gov.au

Opening Hours: Monday—Friday, 8.30am—5pm

CT COLONOSCOPY PATIENT INFORMATION

If you are DIABETIC, changes to your diet can affect your blood sugar. If you are concerned please consult your doctor.

Can I take my medications as normal?

You should take all your medications as normal. If you have any concerns, please contact our nursing staff on 8275 1961.

Before your x-ray please let the Radiographer know if you are, or think you may be pregnant.

It is important to tell the radiology staff if you have haemorrhoids or have had rectal or lower bowel surgery.

Are there any risks?

The examination will involve a small dose of x-ray radiation. The potential benefits of diagnosing a medical condition are believed to be greater than the risks from receiving a small dose of x-ray radiation.

There is a very small risk of bowel perforation but this is minimized by using the minimal amount of carbon dioxide needed to visualize the bowel.

What will happen during the examination?

You will be required to change into a hospital gown for the examination. You will be asked to lie on the CT examination table and a small, flexible, lubricated tube will be placed into the back passage (rectum). A small balloon will then be inflated around the tube which will create a stable seal in your rectum (unless you have advised us of previous rectal or lower

bowel surgery). The bowel is then gently filled with carbon dioxide gas through this tube to inflate it. Scans are taken on the CT scanner, both lying on your back and lying on your front. There may be some discomfort during the procedure, as you are asked to hold onto as much of the gas as possible, but as soon as the scans are taken, the tube will be removed and you will be able to go to the toilet.

How long will the examination take?

The examination will take approximately 30-45 minutes.

What will happen after the examination?

After the procedure you will be able to continue your day as normal, as we use carbon dioxide gas, it absorbs into the bowel much faster than air and causes less discomfort.

You will be offered a drink and something to eat before you leave the department.

Can I drive after the examination?

You will be able to drive home after the procedure.

Who can I contact if I am not sure about something?

If you have any questions at all, please do not hesitate to contact our reception staff on 8275 1906 during business hours and they will assist with your questions, or direct you to the most appropriate staff member to assist you.

Updated November 2017(Review December 2018)

Questions?

Please feel free to call us on 82751906 for any questions before or after the procedure and you will be directed to the appropriate health care professional.

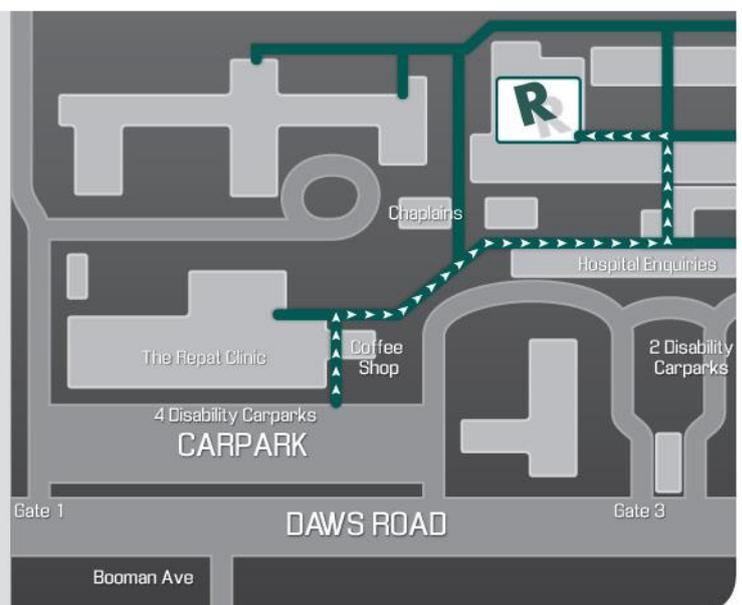
Where can I park?

You may park your car on Daws Road, or in the "Clinics" outpatients car park, this is the first entrance on the left off Daws Road. Follow the walkway to Repat Radiology, it is well signposted.

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/// PATIENT CONSENT FORM

Surname:
Given name(s):
Date of birth:
Sex:
MRN:

I _____ have been given the **CT Colonoscopy Patient Information Sheet**.

I have read or have had read to me the patient information sheet and consent to have the procedure.

- I have been informed of the risks and benefits of this procedure.
- I was able to ask questions and raise any concerns about the proposed procedure. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form.

My signature below is evidence that I give my consent to have this medical procedure performed.

Patient Signature: _____ Printed Name: _____ Date: _____

Radiologist/delegate statement

I have explained to the patient the proposed procedure and confirm that the above named patient has read or has had read to them and understands the patient information sheet. The patient has consented to proceed with the procedure.

Signature: _____ Date: _____ Designation: _____

Additional information discussed with patient: