

AM PRE-OP DRINKS WITH BOWEL PREPARATION

Procedure: _____

Date: _____ Please report to the admission desk at: _____

NEW REFERRAL REQUIRED BEFORE PROCEDURE YES / NO (Send to practice not hospital)

Location: _____

Your doctor is _____

Your anaesthetist is _____

If you have any questions or to discuss out of pocket expenses your anaesthetist may charge please ring _____

If you are having day surgery you will not be able to drive home, please arrange for someone to drive you home after your procedure. It is essential you have a responsible adult present for the next 24 hours

2 DAYS PRIOR TO YOUR PROCEDURE

Please eat only a **LOW FIBRE DIET** this day (See **DIET page for low fibre diet options**)

DAY PRIOR TO YOUR PROCEDURE

You may have **LOW FIBRE DIET** until **9am**

Then commence with **CLEAR FLUIDS** (See **DIET page for clear fluid options**)

The aim of the preparation is to clean the large bowel thoroughly. You will probably find that diarrhoea will begin one to two hours after commencement of the laxative solutions. At completion of the preparation, liquid bowel actions may be light brown, green or yellow in colour with a small amount of debris – this is satisfactory.

AT 5.00 PM:

Add the contents of one sachet of PicoLax to 250mls of water, stir until fizzing stops, then drink. Followed by 4 glasses of water/clear fluids over the next hour.

AT 7.00 PM:

Add the contents of one sachet of PicoLax to 250mls of water, stir until fizzing stops, then drink. Followed by 4 glasses of water/clear fluids over the next hour.

BETWEEN 8.00PM and 10.00 PM:

Drink 4 x 200mL tetrapaks of preOp®

Continue to drink at least a glassful of clear fluid every hour while you are awake.

DAY OF YOUR PROCEDURE

Drink 2 x 200mL tetrapaks of preOp® finishing by _____ am

You may drink **CLEAR FLUIDS** until _____ (6 hours before admission time)

You may continue **WATER** (250ml per hour) until _____ (4 hours before admission time)

And then nothing by mouth until instructed by hospital staff this includes lollies, chewing gum and smoking

DIET

LOW FIBRE DIET

- White bread – fresh or lightly toasted
- Butter / margarine
- Vegemite, honey
- Yoghurt – low fat, plain or vanilla
- White cheese ie cottage, feta, ricotta
- Eggs – scrambled, poached or boiled
- Chicken – skinless
- Fish – skinless.
- Potato – peeled and cooked
- Pumpkin – peeled and cooked
- Plain biscuits – Jatz, Arrowroot

Milk is allowed including milk substitutes

CLEAR FLUID DIET

(yellow, orange, brown colourings only)

- Water
- Clear broth, stock cubes in water
- Cordial
- Fruit juice – strained, without pulp or seeds ie clear apple
- Teaspoon of Bonox or Vegemite in hot water
- Black tea, herbal tea or coffee
- Sugar, honey or artificial sweeteners are allowed
- Plain jelly – without fruit
- Clear ice blocks – lemon sorbet
- Sports drinks or gastrolyte.
- Soda water, mineral water, lemonade
- You may suck on barley sweets or other hard travel sweets

MEDICATIONS

PLEASE TAKE ALL YOUR REGULAR MEDICATIONS except for the following:

- **Clopidogrel (Plavix, Iscover, Clopidogrel Plus, Coplavix, Duo Cover)**
- **Dabiatran (Pradaxa)**
- **Rivaroxaban (Xarelto)**
- **Apixaban (Eliquis)**
- **Other anticoagulants need to be addressed specifically with your doctor**

STOP

Aspirin should be stopped 10 days prior to your procedure, unless otherwise instructed by your doctor.

All natural remedies / medications should be stopped 7 days prior to your procedure

Fish oil

Krill oil

Glucosamine

Iron should be stopped 5 days prior to your procedure, if colonoscopy is also being performed.

Warfarin should be stopped 4 days prior to your procedure unless otherwise instructed by your doctor.

Non-steroidal anti-inflammatory drugs should be stopped 2 days prior to your procedure

Nurofen/Ibuprofen

Indocid

Celebrex

Mobic

Voltaran

Diuretics should not be taken on the morning of your procedure

Fruzemide

Spironolactone

If you have **diabetes** please refer to the **DIABETIC MEDICATION** pages for instructions

Please take all your other regular medications as per normal



PLEASE PURCHASE FROM YOUR CHEMIST
TWO (2) SACHETS OF PICOLAX
(Sodium picosulfate oral powder preparation)
and follow the instructions sent to you for the
procedure.

Peter **Hewett**
Andrew **Luck OAM**
Darren **Tonkin**
Elizabeth **Murphy**
Chris **McDonald**
Chris **Lauder**

Lister House
142 Ward Street
North Adelaide SA 5006

Should PICOLAX SACHETS be unavailable please substitute with
PICOPREP SACHET and follow the instructions sent to you for
the procedure

Telephone 08 8267 3355
Facsimile 08 8361 8822

www.colorectalsurgery.com.au

