



Patient information sheet

Colonoscopy – Plenvu –

Dear patient,

You are scheduled to have a colonoscopy performed. With this information sheet I would like to inform you about the examination. Please read it carefully.

A colonoscopy and the histological examination of any tissue samples that might be taken make it possible to detect pathological changes. In addition, this examination is especially recommended for cancer prevention.

The Colonoscopy:

During the examination, a flexible, thin tube is inserted into the large intestine through the anus until it reaches the transition to the small intestine. By blowing in air or CO₂ (carbon dioxide), the intestine unfolds and the intestinal wall can be thoroughly assessed. If abnormalities (e.g. polyps) appear, small tissue samples can be taken for microscopic examination with additional instruments (e.g. biopsy forceps, electric loop). The removal of tissue samples and polyps is painless.

Polyp removal:

Polyps are mostly benign growths of the mucous membrane. Most polyps do not cause any discomfort. However, they can bleed and, depending on their type and size, also become malignant. Stalked polyps can be encircled at the base and painlessly removed from the mucous membrane with an electric loop. With flat polyps, often medication is injected into the surrounding mucous membrane in order to first lift the polyp and then remove them.

Other options for gastric examinations include ultrasound, computer tomography (CT), magnetic resonance imaging (MRI) and capsule endoscopy. Although these procedures are low-risk, they do not offer the possibility of taking tissue samples or remove polyps and thus detect and remove cancer precursors at an early stage.

Preparation:

A thorough cleaning of the intestine is necessary in order to carry out the examination. Only a completely cleansed intestine can be reliably assessed. Therefore, please observe the following recommendations for preparation.

If possible, **do not eat any grains, pulses or foods that are high in fibre**, at least 5 days before the examination date.

(e.g. wholegrain bread, muesli, grapes, nuts, cabbage, tomatoes or peppers, artichokes, asparagus, corn, spinach, cucumbers, berries, figs, kiwi, apple peels, swelling agents (wheat bran, etc.)).

Permitted are for example white and grey bread, pasta (no whole grain), potatoes, rice, meat, bananas, peeled apples, cooked carrots, and cooked cauliflower.

The preparation of the colonoscopy in your case is done with **Plenvu®**. **Plenvu®** contains 3 bags. **Portion 1**, with one pack no. 1 (the evening before), and **Portion 2**, with two packs no. 2A and no. 2B (in the morning), of a solution salt.

These bags, bag 1 (on its own) or 2A and B (together), are dissolved in 1/2 litre of still water (no other liquid) (**Plenvu: 1/2 l in the evening, 1/2 l in the morning + 0.5-1 l clear liquid each**). Dissolving can take up to 8 minutes. Each serving should be taken within 30 minutes (1 glass every 10-15 minutes).



1. On the day before the examination bag 1:
2. On the day of the examination bags 2a and 2 b:

On the day before the examination, please do not eat any solid food after breakfast, I recommend a clear broth for lunch. You should also drink plenty of clear liquids throughout the day (especially still water, but also clear apple juice, sweetened tea or broth). **In the late afternoon (approx. 17 o'clock)**, you should drink the first portion of Plenvu (bag 1) within 30 minutes, only then drink 0.5-1 l clear liquid. Please do not drink milk or coloured juices with pulp (dark drinks such as coffee should not be drunk either)!

On the day of the examination, drink the 2nd portion of Plenvu (bags 2a and 2b) **in the early morning about 3 hours before the examination**. Afterwards you should drink 0.5 - 1 l clear liquid within 30 minutes.

You can take **medication** about 1 hour staggered to the laxative measures (e.g. 1 hour before the examination). After consultation with us, **diabetes medication** should be paused on the day before the examination as well as on the day of the examination and only taken again after the examination. "**Blood thinners**" are paused before the examination (or not), depending on the doctor's assessment, and the intake after the examination is determined at the final consultation.

Laxatives can impair the effect of the "**pill**". Additional contraceptive measures are therefore recommended until the next menstrual period.

Sedation ("sedative injection"):

Since blowing in air and demonstrating the device can cause a feeling of pressure or pain, you will receive a sedative injection before the examination begins.

This leads to pain relief and relaxation as well as to a memory gap, so that the examination is perceived as pleasant.

The disadvantage of sedation is that your ability to respond is impaired for an extended period of time afterwards. You are therefore not allowed to drive, operate machinery or drink alcohol until the next morning. During this time you should also not make any important or legally binding decisions.

It is therefore very important that you are picked up by an adult or a taxi from the practice to be brought home.

End of the examination:

At the end of the examination I will inform you the results that were obtained. However, a side effect of the sedative injection can be that some patients later do not remember the examination itself or the results. In this case, if you would like further information, please call the practice the next day or make an appointment.

Usually, the examination results are available to your general practitioner / referring physician within 5-7 working days.

If polyps have been removed, bleeding can still occur days later. A perforation, i.e. a hole in the area where the polyp has been removed, can also occur days later and usually manifest itself with acute, severe abdominal pain.

If you feel unwell (e.g. dizziness, nausea), fever above 38 degrees, persistent or sudden abdominal pain or bleeding, please visit the nearest hospital immediately and call a doctor.

Risks and possible complications:

It is common practice to obtain written consent before the examination after you have been informed about the risks and side effects. A colonoscopy is generally low-risk. Despite the utmost diligence, complications can occur in individual cases during and after the procedure, which can also be life-threatening and may require further treatment measures or subsequent operations. For legal reasons, I have to tell you all the possible theoretical complications.

Which complications can occur?

1. Injuries of the intestinal wall (perforation), adjacent tissue structures or organs (e.g. spleen) or sphincter injuries are rare, even in the case of pathological changes in the abdominal cavity. They can result in life-threatening pleurisy or peritonitis. Treatment: antibiotic administration, possibly repeated endoscopy, surgery.
2. Bleeding after a polypectomy or removal of tissue samples (especially with increased bleeding tendency): Usually stopped by haemostatic drugs, application of heat, or staples (which are later spontaneously excreted). Surgical intervention or blood transfusion is rarely required. The risk of infection (e.g. hepatitis, HIV) has become extremely rare in foreign blood transmission.
3. Respiratory, cardiovascular and circulatory disorders right up to cardiac arrest: These can occur after administration of the "sedative injection" in the case of severe respiratory, pulmonary or cardiac diseases. Prevention: Continuous monitoring of oxygen and pulse (pulse oximetry). This way, a risk can be identified and treated in good time.
4. Intolerances / allergy (e.g. to latex, sedatives or anaesthetics). Please bring your **allergy pass** with you to the examination.
5. An infection with fever, which is easily treatable using antibiotics, may occur. The spread of germs into the bloodstream, even life-threatening sepsis or endocarditis or other serious infections requiring intensive medical treatment are rare.
6. Skin/tissue/nerve damage due to storage, preparatory measures (injections, disinfection, electrical current) with possibly permanent consequences: Pain, inflammation, tissue death, scars, sensory and functional disorders, paralysis.
7. Flatulence and painful intestinal cramps
8. In case of pregnancy there is a risk of damage to the unborn child by medication or X-rays (in follow-up examinations).

Due to demand, appointments for examinations are made well in advance. If it is not possible for you to make the agreed appointment, please let us know **as soon as possible** so that we can assign it to another patient. At the same time we can arrange a new appointment with you.

As far as possible, please wear comfortable light clothes/shoes (rather no tight jeans or pantyhose), as we will help you dress afterwards.

Plenvu - Questions about previous illnesses, medication intake, Allergies / intolerances

1. Do you take any **medication** regularly? No Yes
 If so, which one(s)?

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2. Are you **allergic** to anything (medication, soy)? No Yes
 If so, which one(s)?

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3. Do you take any **anticoagulants** (Aspirin, Marcumar, Plavix, Clopidogrel, Iscover, Xarelto, Eliquis, Pradaxa, Prasugrel, etc..)? No Yes

4. Joint endoprosthesis, metals (not teeth), pacemakers? No Yes

5. Blood disease or increased bleeding tendency? No Yes

6. Infectious disease (hepatitis, AIDS, TB)? No Yes

7. Do you have a metabolic disease (diabetes)? No Yes

8. Chronic disease (e.g. glaucoma, epilepsy)? No Yes

9. Muscular disorder? No Yes

10. Have you ever had an endoscopy / colonoscopy before? No Yes

11. If so, were there complications? No Yes

12. Previous operations (abdomen, heart, lungs)? No Yes

13. Pregnancy? No Yes

Height Weight

Doctor's note to the patient information:

Discussed was: the necessity of the intervention, choice of procedure, advantages and disadvantages compared to other methods, possible extensions of the procedure, risks, possible complications, possible follow-up procedures, chances of success, behaviour before and after the intervention, as well as individual peculiarities:

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The following examination is scheduled for (Date)

(Pick up 2 hours later in the practice)

Colonoscopy / coloileoscopy (colonoscopy of the large intestine and transition to the small intestine)

Polyp removal

Consent

I am aware of the fact that the planned implementation of the agreement may involve some risks, **I waive a proposed recon meeting** and I agree to the procedure.

Aachen, Siganture:

I agree to the proposed examination. I have been informed about the procedure and the risks and have no further questions. (pick up only in the practice!)

Aachen, Signature:

Issued on :