



Liverpool and Wirral Bowel Screening Service

Patient Passport

Telephone: 0151 706 4980
Opening Hours: 8am - 4:30pm

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Your details

Your name

Previous colonoscopy

Previous findings

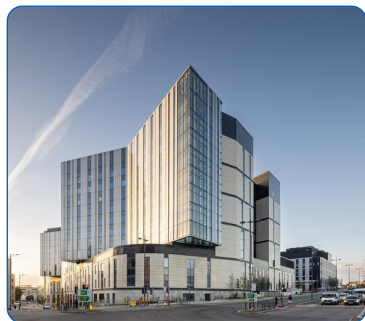
Other comments and instructions

Your colonoscopy appointment

Date	Day	Time	Site

The Endoscopists

Meet our Endoscopists, one of which will perform your procedure on the day.



Royal and Broadgreen Hospitals

- Dr Sanchoy Sarkar
- Sarah Stewart
- Dr Edmund Derbyshire
- Dr Neil Haslam
- Scott Hambleton
- Prof Paul O'Toole
- Dr Douglas Penman



St Helens Hospital

- Dr Ash Bassi
- Dr Vanessa Theiss
- Dr David McClements



Arrows Park Hospital

- Dr David Ramanaden
- Dr Omar Noorullah
- Dr Adrian Thuraisingam
- Mr Vaislle-Liviu Titu

How do I get to my appointment?

Royal Liverpool University Hospital

Address: Prescot Street, Liverpool, L7 8XP

Telephone: 0151 706 2720

The Endoscopy Unit is located on the 4th Floor.

Cars

The hospital is well signposted throughout the city and is located on a main road. A drop off point is situated at the front of the hospital but there is no on-site parking (see car park section).

From the M62

The hospital is approximately three miles from the M62 and is signposted.

From the Mersey Tunnels

Queensway - Turn left at the roundabout at the tunnel exit and immediately bear right into the filter lane, turn right at the traffic lights. Follow signs for the hospital and visitor/disabled parking.

Kingsway - Follow the exit slip road on the main carriageway keeping in the left hand lane. At the traffic lights bear left and follow signs for the hospital and visitor/disabled parking.

Car parking

If travelling by car, there is a multi-storey car parking facility, Q-Park on Epworth Street, L6 1LY. If using this facility, there is also access to Epworth Street via Erskine Street.

Disabled parking

There are disabled spaces available within Q-Park and are well marked and signposted.

There is a height restriction of 2.1 metres / 6 foot 10.7 inches at Q-Park so if you have a vehicle above this height please contact the hospital's security team on Tel: 0151 706 2228 to make alternative arrangements.

Parking charges do apply and are displayed at the entrance to the car park.

Shuttle bus facility

There is a courtesy minibus service to and from the car park between 8:30am and 4:30pm. If you would like to use this service, please ask one of the car park attendants upon your arrival.

If you require assistance after this time, please ask one of the nurses in your clinic and they will organise this for you.

Q-Park contact details

Address: Epworth Street, off Erskine Street, Liverpool L6 1LY

Tel: 0870 442 0104

Email: info@q-park.co.uk or go to www.q-park.co.uk

A map of the Royal Liverpool Hospital site is available by scanning the QR code or following the link:



https://www.uhliverpool.nhs.uk/application/files/4817/2069/2933/Royal_Liverpool_University_Hospital_map.pdf

Broadgreen Hospital

Address: Thomas Drive, Liverpool L14 5LB

Telephone: 0151 706 4980

The Diagnostic Hub is located on Level two of the main building

Cars

The hospital is well signposted throughout the city and is located on a main road.

From the M62

Leave the M62 motorway at junction 5, signed A5080 Knotty Ash and Huyton. Take the first exit from the roundabout, signed A5080 Knotty Ash and Broadgreen Hospital. Continue for approximately one mile, straight through the first set of traffic lights.

At the next set of traffic lights turn right onto Thomas Lane (under a railway bridge). Continue for approximately half a mile and at the next traffic lights, turn left onto Thomas Drive and enter the hospital site on the right.

Please enter the postcode L14 3LB if you are travelling by satnav.

Car parking

There is a multi-storey car park within the grounds of Broadgreen Hospital. The car park is open 24 hours a day, seven days a week, and charges apply.

Disabled parking

Blue Badge holders may park free of charge. Automatic number plate recognition is in place, please park in a marked bay and display your badge.

Note that Blue Badge holders parking on double yellow lines is not covered on private land. Please follow the instructions on the machine.

Shuttle bus facility

A shuttle bus service runs Monday to Friday 8am to 5.30pm with several pick up points around the hospital grounds.

This service runs every 15 minutes, Monday to Friday, 8am–12.30pm and 1pm–5.15pm, stopping at entrances to the main buildings.

Buses

There is a variety of bus services which operate from the surrounding areas and drop off at the hospital or within walking distance. To find information about times and services please contact the Merseytravel Traveline on 0871 200 2233 or visit the Merseytravel website at: www.merseytravel.gov.uk

Trains

Broadgreen train station is a five to ten-minute walk from the hospital. Follow Thomas Lane to Thomas Drive, then take South Road onto West Road.

Broadgreen Hospital is located four miles away from the city centre if you are travelling via train to Liverpool Lime Street station.

A map of Broadgreen Hospital site is available by scanning the QR code or following the link:



https://www.uhliverpool.nhs.uk/application/files/3616/9701/0030/Broadgreen_map.pdf

Arrowe Park Hospital

Address: Arrowe Park Road, Upton, Wirral CH49 5PE

Telephone: 0151 604 7095.

The Endoscopy Unit is located on the 3rd Floor.

Cars

If travelling by car, the hospital is clearly signposted from the M53 motorway. A car parking fee is charged per visit. Car parking is limited on the hospital site. Accessible (blue badges) car parking is also available however there are a limited number of spaces.

Pay machines

A 'Pay on Foot' system is in operation with pay machines at the following locations:

- The main entrance to the hospital building.
- The main lift lobby on the ground floor.
- The entrance to the emergency department.
- Outside the fracture clinic.
- Near to the exit on car park B.

Travelling south

Leave the M53 at Junction three and take the third exit off the roundabout onto the A552. Follow the A552 until you reach the junction at the Arrowe Park Hotel. Bear right at the lights and continue onto the A551 signposted for Upton, for approximately a third of a mile until you reach the main hospital entrance on the left.

Travelling north

Leave the M53 at Junction three and take the first exit off the roundabout onto the A552. Follow the A552 until you reach the junction at the Arrowe Park Hotel.

Bear right at the lights and continue onto the A551 signposted for Upton, for approximately a third of a mile, until you reach the main hospital entrance on the left.

By bus

There are several bus services that call at Arrowe Park Hospital. To find out more about bus services to Arrowe Park Hospital, please contact:

- Merseytravel - Telephone 0151 227 5181 or website www.merseytravel.gov
- Traveline North West - Telephone 0871 200 2233 or website www.traveline-northwest.co.uk

By train

The nearest train station is Upton and 1.3 miles from Arrowe Park Hospital.

A map of Arrowe Park Hospital site is available by scanning the QR code or following the link:



www.wuth.nhs.uk/our-locations/arrowe-park-hospital/getting-here/parking-at-arrowe-park-hospital/

St Helens Hospital

Address: Marshalls Cross Road, St Helens, WA9 3DA

Telephone: 01744 646 461

The Endoscopy Unit is located on Level one in the Purple Zone.

Cars

A parking fee is payable. Please allow extra time for parking.

From M62

Junction 7 onto A570. M57 junction two toward St Helens. St Helens hospital is located 6 miles from the M57 junction.

By bus

Merseytravel No 32, 32a, 33, 35 and 17 available from St Helens town centre. Drops off outside St Helens hospital. For more information contact Arriva on Tel: 0871 200 2233 or visit www.arriva.co.uk

By train

The nearest station to the hospital is Lea Green. For more information please contact National Rail Enquiries on Tel: 08457 484 950.

A map of St Helens Hospital site is available by scanning the QR code or following the link:



www.sthk.nhs.uk/about/st-helens-hospital

Possible causes of positive Faecal Immunochemical Test (FIT) kits

Possible causes of a positive FIT test can include:

- Piles / haemorrhoids.
- Fissures, small tears in the lining of the bowel sometimes caused by constipation.
- Inflammatory bowel disease where the bowel becomes red and inflamed.
- Diverticular disease.
- Polyps.
- Cancer.

Following a positive FIT test, it is advised that you have a camera test to check the large bowel to see if there is anything there causing the bleeding. This procedure is called a Colonoscopy.

To discuss this procedure and assess your suitability, you will be allocated an appointment with a Specialist Screening Practitioner, also known as a SSP.

This will be a 45 minute appointment to talk about the procedure, the bowel preparation and where the SSP will conduct a health assessment. It will also allow you the time to ask any questions.

Patients with Lynch Syndrome

The Bowel Cancer Screening Programme have taken over the screening of Lynch patients to support current surveillance services. This is to ensure patients with Lynch Syndrome are invited for their Endoscopy in a timely manner.

- Those with Lynch Syndrome have an increased risk of developing Bowel Cancer.
- A screening colonoscopy will be offered every two years to:
 - **Those with Lynch syndrome until the age of 75 or your SSP advises you otherwise**
 - **Those who have MMR gene PMS2 or MSH6 and are 35 years or older**
 - **Those who have MMR gene MLH1 or MSH2 EPCAM and are 25 years or older .**
- The aim of screening is to detect polyps and bowel cancers.
- The SSP assessment will assess your individual circumstances and prepare you for the colonoscopy when this is due.
- You will be invited for colonoscopy locally within six weeks of this appointment.
- If you have had a recent colonoscopy or are being screened under another service, then please speak to your SSP.

Statistics for patients with Lynch syndrome

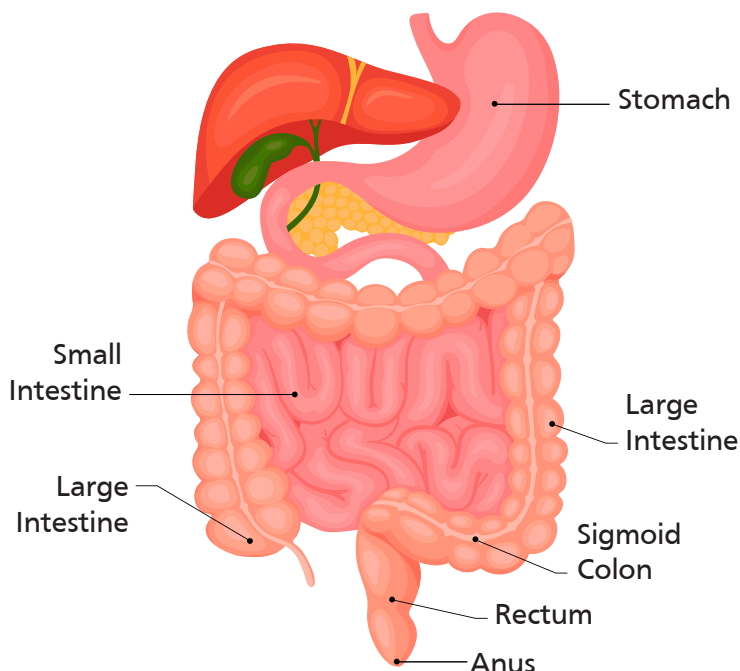
- 2% chance of finding bowel cancer with each colonoscopy
- 10% chance of developing bowel cancer over 10 years
- Whilst you are part of the Lynch Surveillance Programme you will not receive a test kit in the post

What are the benefits of a Colonoscopy?

This test is the most accurate way we have of looking at the large bowel (colon) to find out if there is any disease present. It also allows for a sample of tissue (biopsy) to be taken for examination by the pathology department and removal of polyps that can grow on the bowel wall.

Polyps are small growths on the lining of the large bowel. Most polyps are harmless, but some are more likely to change to cancer, we can usually remove them during colonoscopy. This can greatly reduce your risk of getting bowel cancer. If there are signs of bowel cancer, we may be able to offer treatment. Finding bowel cancer early can make it more likely treatment will be effective.

Diagram of the colon



Are there any alternatives to the procedure?

This is the best test to examine the large bowel (colon). We can use alternative tests such as a CT colonography for some patients, but these are not always as useful because a direct examination of the bowel, also has the advantage that samples can be taken at the same time. (PIF590).

What happens during a Colonoscopy?

A colonoscopy is a test to examine the lining of your large bowel through your anus (back passage) and rectum. It involves a very long, thin tube through the bowel.

The colonoscopist will gently pump water or gas (carbon dioxide) in. This opens up your bowels and helps them to see. You may feel like you need the toilet, but your bowels should already be empty so do not worry. It's normal to feel a bit bloated. You may have some stomach cramps. Having a colonoscopy may be uncomfortable but it should not be painful.

We are a large teaching Trust and so we are involved in teaching students in research work. You may also be asked to take part in research. Qualified doctors and nurse practitioners in training to perform endoscopy, may perform your test under supervision by a skilled endoscopist. If you do not feel happy about this, please tell a member of staff.

You have the right to refuse and your decision will not affect your treatment in any way. To get ready for your examination you will be asked to undress and wear a gown and modesty shorts. You may bring a dressing gown and slippers if you wish. Please do not bring in large amounts of cash or valuables as the Trust can not be held responsible for them. (PIF590).

You will be taken to the endoscopy room where you will be made comfortable lying on your left side with your knees drawn up. You will be given oxygen through your nose and have a monitor placed on your finger.

If you wish to add sedation, a needle will be placed in your arm and you will be given a sedative to make you drowsy. (PIF590).

When you are comfortable the telescope is passed into your anus (bottom) and the examination commences. The doctor views the bowel on a television monitor through the camera in the tube.

After the Colonoscopy

After the procedure is complete you will be taken to a recovery area while the sedation wears off. After a short period of time you will be able to get dressed and have something to eat and drink.

You may notice some windy pains due to the air that has been put into the bowel. This should move from inside the bowel once you are up and moving around. You may have some spotting of blood if you have had any polyps or large pieces of tissue samples removed. (PIF590).

Results from Colonoscopy

The nurses and doctors will be able to tell you what they see during your test, however, sometimes histology from biopsies and polyps are required which can take longer for analysis. (PIF590). An SSP will contact you when your results are available, you can choose to receive these by phone or in a clinic face to face.

Serious post procedure symptoms

If you experience any severe pain in your neck, chest or abdomen or if you are bleeding heavily you must return to Emergency Department and bring your colonoscopy report as to inform the staff what you have had done.

Surveillance Colonoscopy

If your polyps are larger than 1cm in size and you have two or more, or a total of five or more small polyps you will be invited to attend a surveillance colonoscopy in three years time.

When we receive your results back from histopathology, some may be invited back in six months, a year or three years time in order for us to examine the bowel again. The polyps that must be removed are those called adenomas. Not all polyps will be adenomas when seen through the microscope.

When the SSP gives you your results they will advise, if according to our guidelines, you would require a follow up procedure. If this situation arises then you will be sent a health check form around the time the next procedure is due and a short telephone consultation with a nurse will be carried out.

What are the risks of a Colonoscopy?

Perforation

It is possible to damage the large bowel lining making a hole, but this happens rarely. This allows bowel contents to escape causing severe inflammation in the abdomen (peritonitis). This nearly always needs an operation to repair the hole. The risk of this happening is approximately one in every 1700 examinations.

Bleeding

If a polyp is found, it may need to be removed because certain polyps are of the type that can turn into cancer if left untreated for a long period. Removing them when still benign (non cancerous) removes this risk but not all polyps are in this category. The Endoscopist can decide at the time of the test if the polyp should be removed. Sometimes a biopsy may be taken and you may be rebooked for another procedure to remove the polyp.

A polyp is usually removed by using a small electric current to burn through the base and remove it from the bowel wall. The risks of removing the polyp include bleeding. This can often be stopped straight away but may occasionally be more serious or even happen a few days later. Around one in 2500 having a colonoscopy needs a blood transfusion.

Depending on the size of the polyp, the risk of this happening is one in 200 when polyps are removed. The other risk from removing a polyp is making a hole in the bowel wall; the risk of this happening is one in 500 and may require surgery. (PIF590V12).

Blood transfusion

Please inform your SSP if you have any objections to receiving blood or blood products.

Pain

It is important that you inform the Endoscopist if you are in any pain or discomfort as there is usually something that they can do to help this. This may involve a change of position or removing some air to avoid the discomfort. If the procedure becomes too uncomfortable then the Endoscopists can stop the test.

Missed pathology

As the colonoscope examines the bowel it may miss small polyps or lesions. Surveillance procedures one to three years later can sometimes detect missed pathology but more importantly new growth.

Your consultant may request that you attend for a CT Colonography, the risk of this include:

- Is there a history of contrast reaction?
- Bowel Perforation 1:3000.
- Missed rate of rectal cancers.
- May miss polyps/cancers, polyps <5mm not visible.
- Delivers a dose radiation but this carries a very low risk.

What pain relief will be offered?

Entonox

This involves using the lips to create a tight seal around the mouthpiece in order to inhale the Entonox, to provide pain relief. Deep regular breaths should be used to inhale the nitrous oxide to prevent the onset of pain or discomfort. Some patients may have side effects such as feeling light-headed, dizzy or sick. On rare occasions, people may feel a tingling sensation in their fingers. All these side effects are temporary and wear off when you stop breathing Entonox. (PIF805).

Intravenous conscious sedation

This involves an injection given into a tiny plastic tube in your vein, which will make you slightly drowsy and relaxed. You will not be unconscious; you may feel awake during the procedure. Its purpose is to relieve any anxiety and help you relax, not to put you to sleep. There are a few drugs that we use commonly for this including Midazolam, Pethidine and Fentanyl.

- Midazolam is a drug which acts for a short time and may make you sleepy and remember nothing, other patients are nice and relaxed.
- Pethidine and Fentanyl are a bit like Morphine used to dull pain for some procedures.

Sedation is not a general anaesthetic, you may feel awake during the procedure. It is safer than a general anaesthetic. All patients respond differently to these drugs, some are very drowsy and others are awake but relaxed. As long as you are comfortable during the procedure it will be safe to continue.

The drugs may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards. (*PIF590V12 and PIF592V8*).

We cannot give more than the recommended amount of these drugs in case of side effects. A side effect of these drugs is to slow your breathing, this should not normally happen but sometimes patients can be over sensitive to the drug.

For the next 24 hours you must not:

- Be alone. Have a responsible adult stay with you for at least twelve hours.
- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of your treatment. Your general health and medicines you are taking may increase the time you need off work.

You should:

- Take it easy for the rest of the day.
- Avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children, elderly or sick relatives.

If you think you may be affected by sedation or are concerned that you may have problems with your heart or breathing, please inform your SSP before the procedure.

Consent - Your questions answered

About the consent form

Before a doctor or other health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision is helpful - for example if your treatment involves sedation or general anaesthesia. You will then be asked to sign a consent form.

If you later change your mind, you're entitled to withdraw consent, even after signing. You will be asked to sign a consent form. This is to confirm you understand the risks and agree to have the procedure.

What should I know before deciding?

A health professional must ensure you know enough to enable you to decide about treatment. They will write information on the consent form and offer you a copy to keep as well as discussing the choices of treatment with you. Although they may well recommend a particular option, you are free to choose another. People's attitudes vary on things like the amount of information too. If you would rather not know about certain aspects, discuss your worries with whoever is treating you.

Should I ask questions?

Always ask anything you want. As a reminder, you can write down your questions. The person you ask should do his or her best to answer, but if they don't they should find someone else who is able to discuss your concerns. To support you and prompt questions, you might like to bring a friend or relative. Ask if you would like someone independent to speak up for you.

Is there anything I should tell people?

If there is any procedure you do not want to happen, you should tell the people treating you. It is also important for them to know about any illness or allergies you have suffered in the past.

Can I find out more about consent?

The Department of Health leaflet "Consent - what you have the right to expect" is a detailed guide on consent in versions for adults, children, parents, carers/relatives and people with learning disabilities. Ask for one from your clinic or hospital, or order one from NHS Response Line 08701 555 455 or read it online at www.doh.uk/consent.

Who is treating me?

Amongst the health professionals treating you may be a doctor in training - medically qualified but now doing more specialist training. They range from recently qualified doctors to almost ready to become consultants. They will only carry out procedures for which they have been appropriately trained. Someone senior will supervise - either a person accompanying a less experienced doctor in training or someone more experienced.

What about anaesthesia?

If your treatment involves general or regional anaesthesia (where more than a small part of your body is being anaesthetised), you will be given general information about it in advance. You will also have the opportunity to talk with the anaesthetist when he or she assesses your state of health shortly before treatment. Hospitals sometimes have pre-assessment clinics which provide patients with the chance to discuss things a few weeks earlier.

Questions to ask Health Professionals

As well as giving you information, health professionals must listen and do their best to answer questions. Before your next appointment you can write some down in the space below.

Questions may be about the treatment itself, for example:

- What are the main treatment options?
- What are the benefits of each option?
- What are the risks, if any, of each option?
- What is the success rates for different options (if suggested) is necessary?
- What are the risks if I decide to do nothing for the time being?
- How can I expect to feel after the procedure?
- When am I likely to get back to work?

Questions may also be about how the treatment might affect your future state of health or style of life, for example:

- Will I need long term care?
- Will I be morbidly affected?
- Will I still be able to drive?
- Will it affect the kind of work I do?
- Will it affect my personal/sexual relationships?
- Will I be able to take part in my favourite sport/exercise?
- Will I be able to follow my usual diet?

Health care professionals should welcome your views and discuss any issues so they can work in partnership with you for the best outcome.

Use the space below to write any questions you would like to ask at your appointment.

How to prepare for your Colonoscopy

You have agreed to a colonoscopy examination to investigate your large bowel. Three days before you are due to take the Plenvu/Moviprep laxative you are to follow the pre-colonoscopy low residue diet. For Plenvu follow three days of the low residue diet and x2 Senna for three nights.

If you are diabetic/suffer from chronic constipation please follow the instructions given to you by your SSP and follow five days of low residue diet, and x2 senna for five nights.

Type of food	Foods allowed	Foods to avoid
Starchy foods	<ul style="list-style-type: none"> ✓ White rice ✓ Cous cous ✓ Pastry (white flour) ✓ Croissants ✓ White flour 	<ul style="list-style-type: none"> ✗ Wholemeal or granary bread ✗ Wholemeal flour ✗ Wholemeal pasta ✗ Brown rice ✗ Pearl barley ✗ Quinoa
Breakfast cereal	<ul style="list-style-type: none"> ✓ Cornflakes ✓ Rice Krispies ✓ Frosted flakes 	<ul style="list-style-type: none"> ✗ All wholewheat cereals e.g. Branflakes, Weetabix, Shreddies etc ✗ Porridge and Muesli (all containing dried fruit and nuts)
Dairy	<ul style="list-style-type: none"> ✓ Milk ✓ Yoghurts (smooth) ✓ Cheese ✓ Tofu ✓ Butter/Margarine 	<ul style="list-style-type: none"> ✗ Yoghurts or cheese containing fruit or nut pieces

Type of food	Foods allowed	Foods to avoid
Meat, fish and eggs	<ul style="list-style-type: none"> ✓ White meat ✓ Fish ✓ Poultry ✓ All eggs 	<ul style="list-style-type: none"> ✗ Red meat or fish that is tough or gristly ✗ Skin and bones of fish and chicken ✗ Pies ✗ Egg dishes containing vegetables
Vegetables	<ul style="list-style-type: none"> ✓ Potatoes without skins, boiled, mashed or chipped ✓ Crisps 	<ul style="list-style-type: none"> ✗ Vegetables ✗ Salad ✗ Baked beans ✗ Split peas ✗ Lentils ✗ Peas ✗ Sweetcorn ✗ Celery ✗ All seeds ✗ Tough skins ✗ Potato skins
Fruit	<ul style="list-style-type: none"> ✓ None 	<ul style="list-style-type: none"> ✗ Fruit including dried fruit, citrus fruit and berries ✗ Prunes ✗ Smoothies ✗ Fruit juices with bits
Nuts	<ul style="list-style-type: none"> ✓ None 	<ul style="list-style-type: none"> ✗ Avoid all including coconut and almond

Type of food	Foods allowed	Foods to avoid
Desserts and sweets	<ul style="list-style-type: none"> ✓ Sponge cakes without fruit or nuts ✓ Custard ✓ Ice Cream ✓ Jelly ✓ Rice pudding and semolina ✓ Chocolate without fruit and nuts ✓ Boiled sweets ✓ Rich tea biscuits ✓ Smooth yoghurt 	<ul style="list-style-type: none"> ✗ Puddings, cakes and biscuits made with wholemeal flour, dried fruits or nuts ✗ Chocolate or toffee with dried fruits or nuts ✗ Popcorn ✗ Marzipan ✗ Digestive biscuits ✗ Marmalade with peel or jam with seeds
Alcohol	<ul style="list-style-type: none"> ✓ White wine ✓ Lager/Beer ✓ Spirits with light coloured mixer i.e. lemonade/tonic 	<ul style="list-style-type: none"> ✗ Red/Rose wine ✗ Dark mixers i.e. Cola ✗ Guinness
Other	<ul style="list-style-type: none"> ✓ Clear soups ✓ Spices and stock cubes ✓ Tea and Coffee ✓ Squash ✓ Marmite ✓ Honey ✓ Shredless marmalade and seedless jam 	<ul style="list-style-type: none"> ✗ Lentil and vegetable soups ✗ Pickles and chutneys ✗ Horseradish ✗ Relish

What to do if you are Diabetic

If you are Diabetic, please follow the below:

- **If you normally monitor your blood sugar, then please check it every two hours.**
- If you feel dizzy, sweaty or irritable (hypo) take:
 - Two to three teaspoons of sugar **or**
 - Six glucose tablets **or**
 - One glass of Lucozade
- You should feel better almost immediately, if not repeat the above treatment. If symptoms persist contact your doctor.
- If you were given Ensure drinks in clinic please take these to replace your meals.
- Do not take your diabetic medication on the day of your procedure. Bring your medication with you. **If you take insulin, please take this as instructed by your diabetic nurse.**

About your bowel preparation

The Specialist Screening Practitioner (SSP) will discuss with you in clinic which bowel prep is most suitable, based on your lifestyle and any medical conditions you may have.

The SSP has highlighted the following bowel preparation will be most suitable:

Moviprep bowel preparation

Please follow instructions on pages 30 - 35

☐

Plenvu bowel preparation

Please follow instructions on pages 36 - 40

☐

How to take your Moviprep bowel preparation

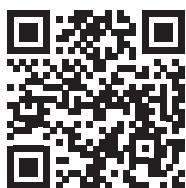
Moviprep is a strong laxative which is supplied in a box containing four sachets of a whitish sugar free lemon flavoured powder. Sachets are marked 'A' and 'B'. Mix one sachet of A and B with one litre of water to make a drink. To have a successful examination of your bowel you must ensure that your bowel is empty and clean. If the bowel is not cleared of bowel motion, it would be impossible to see all of it properly and this could mean the test would have to be repeated.

The preparation of the medication and the suggested timetable for food and medication have been provided to maximise the success of the procedure and reduce the amount of side effects experienced.

- To make one dose, mix sachet A and B with a litre of water.
- Stir until the powder is completely dissolved and the solution is clear or slightly hazy, this may take up to five minutes.
- You may add cordial to improve the taste (not blackcurrant).
- You can make up the mixture and chill it, put ice cubes in it or drink it through a straw.
- Each dose (1 litre) of Moviprep should be consumed slowly over a period of one to two hours.
- There is no need to rush, a glass (250ml) every 15 to 30 minutes is sufficient.
- You should also drink an additional litre of water or clear fluid with each litre of Moviprep.

While a good colonoscopy prep is specially designed to help you stay hydrated, you're going to lose a lot of fluid as your bowels are flushed clean. Even mild dehydration can cause uncomfortable symptoms including dizziness, light-headedness and headache so it is important to drink plenty of clear fluids before, during and after the prep process.

If you become unwell whilst taking the preparations please contact the Bowel Screening Centre on Tel: 0151 706 4980 for advice.



You can watch a video of Bowel preparation with Moviprep by following the link or scanning the QR code.

https://youtu.be/r8CVPGF_Alg

Morning appointment

The day before your procedure

7am - 8am	Eat breakfast according to the low fibre diet. This will be the last solid meal you have until after your procedure
9am	From this time onwards do not eat any solid food . Your bowel needs to be empty for your procedure. You can drink any of the fluids from this list; water, clear fizzy drinks, lucozade, clear soup, dilute drinks, tea and coffee without milk.
Lunch	Remember to drink plenty of clear fluids throughout the day
2pm	Make your first litre of Moviprep and drink over a period of one to two hours. Remember to drink an additional litre of fluid following this dose.
6pm	Make your second litre of Moviprep and drink over a period of one to two hours. Remember to drink an additional litre of fluid following this dose.
	Once your bowels are empty and you have stopped going to the toilet you can go to bed. This is normally about two hours after you finish the Moviprep.

The day of your procedure

- Attend the department at the AM scheduled time.

Afternoon appointment

The day before your procedure

Lunch 12pm	Eat lunch according to the low fibre diet. This will be the last solid meal you have until after your procedure.
1pm	<p>From this time onwards do not eat any solid food. Your bowel needs to be empty for your procedure.</p> <p>You can drink any of the fluids from this list; water, clear fizzy drinks, lucozade, clear soup, dilute drinks, tea and coffee without milk.</p>
Tea 5pm	<p>You can have clear soup or jelly (not red or blackcurrant).</p> <p>Remember to drink plenty of clear fluids throughout the day.</p>
6pm	<p>Make your first litre of Moviprep and drink over a period of one to two hours.</p> <p>Remember to drink an additional litre of fluid following this dose.</p>
	<p>Once your bowels are empty and you have stopped going to the toilet you can go to bed.</p> <p>This is normally about two hours after you finish the Moviprep.</p>

The day of your procedure

7am - 8am	<p>Make your second litre of Moviprep and drink over a period of one to two hours.</p> <p>Remember to drink an additional litre of fluid following this dose.</p>
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- Attend the department at the PM scheduled time.

Evening appointment

The day before your procedure

Tea 6pm	Eat dinner according to the low fibre diet. This will be the last solid meal you have until your procedure
7pm	From this time onwards do not eat any solid food. Your bowel needs to be empty for your procedure. You can drink any of the fluids from this list; water, clear fizzy drinks, lucozade, clear soup, dilute drinks, tea and coffee without milk.

The day of your procedure

7am	Make your first litre of Moviprep and drink over a period of one to two hours. Remember to drink an additional litre of fluid following this dose.
12pm	Make your second litre of Moviprep and drink over a period of one to two hours. Remember to drink an additional litre of fluid following this dose.
2pm onwards	Do not eat anything until after the procedure. Drink plenty of clear fluids until two hours before the appointment time.

- Attend the department at the evening scheduled time.

Additional information about taking Moviprep

Any oral medication should be continued as normal unless instructed otherwise. **Do not take medication two hours either side of drinking your dose of Moviprep.**

Remember you are not allowed to eat anything until after your test, you are able to drink clear fluids up to two hours before your appointment time. Please bring your medications with you.

Please do not drink any alcohol whilst taking bowel preparation.

What can I expect?

After you drink Moviprep you will have lots of watery bowel movements, so stay near to a toilet as you may need to use it urgently. You may experience some abdominal cramp - this is normal in some people.

The skin around your bottom can become red and sore due to frequent diarrhoea. A barrier cream such as Vaseline or nappy rash preparations can protect the skin. The soreness is temporary and will disappear in a few days.

Are there any side effects from Moviprep?

You may experience headaches, nausea and sometimes vomiting. Abdominal bloating can occur and less frequently abdominal cramps.

Most side effects are due to dehydration and can be avoided by drinking plenty of clear fluids.

How to prepare your Plenvu bowel preparation

Dose one

1



Empty dose one sachet into 500mls jug

2



Add water to make 500ml, stir until fully dissolved

3



Sip slowly for 60 minutes

Dose two

1



Empty dose two sachets (A and B) into 500mls jug

2



Add water to make 500ml, stir until fully dissolved

3



Sip slowly for 60 minutes



You can watch a video of Bowel preparation with Plenvu by following the link or scanning the QR code.

<https://youtu.be/Ht75r2mgxH0>

Morning appointment

The day before your procedure

7am - 1pm	Eat breakfast according to the low fibre diet. This will be the last solid meal you have until after your procedure.
1pm	From this time onwards do not eat any solid food . Your bowel needs to be empty for your procedure. You can drink any of the fluids from this list: water, clear fizzy drinks, Lucozade, clear soup, dilute drinks, tea, and coffee without milk.
Lunch	Remember to drink plenty of clear fluids throughout the day
5pm	Make your first dose of Plenvu as described on page 27 and drink over 60 minutes. Remember to drink an additional 500mls/one pint of fluid following this dose.
9pm	Make your second dose of Plenvu as on page 27 and drink over 60 minutes. Remember to drink an additional 500mls/one pint of fluid following this dose.
	Once your bowels are empty and you have stopped going to the toilet you can go to bed. This is normally about two hours after you finish the Plenvue.

The day of your procedure

- Attend the department at the AM scheduled time.

Afternoon appointment

The day before your procedure

Lunch 3pm	Eat lunch according to the low fibre diet. This will be the last solid meal you have until after your procedure.
3pm	From this time onwards do not eat any solid food . Your bowel needs to be empty for your procedure. You can drink any of the fluids from this list: water, clear fizzy drinks, Lucozade, clear soup, dilute drinks, tea, and coffee without milk.
Tea 5pm	You can have clear soup or jelly (not red or blackcurrant). Remember to drink plenty of clear fluids throughout the day.
7pm	Make your first dose of Plenvu as described on page 27 and drink over 60 minutes. Remember to drink an additional 500mls/one pint of fluid following this dose.
	Once your bowels are empty and you have stopped going to the toilet you can go to bed This is normally about two hours after you finish the Plenvu.

The day of your procedure

6am	Make your second dose of Plenvu as on page 27 and drink over 60 minutes. Keep drinking until two hours before your test. Remember to drink an additional 500mls/one pint of fluid following this dose.
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- Attend the department at the PM scheduled time.

Evening appointment

The day before your procedure

Dinner 6pm.	Eat dinner according to the low fibre diet. This will be the last solid meal you have until after your procedure.
9pm	<p>From this time onwards do not eat any solid food. Your bowel needs to be empty for your procedure.</p> <p>You can drink any of the fluids from this list; water, clear fizzy drinks, Lucozade, clear soup, dilute drinks, tea, and coffee without milk.</p>

The day of your procedure

7am	<p>Make your first dose of Plenvu as described on page 27 and drink over 60 minutes.</p> <p>Remember to drink an additional 500mls/one pint of fluid following this dose.</p>
11am	<p>Make your second dose of Plenvu as on page 27 and drink over 60 minutes.</p> <p>Remember to drink an additional 500mls/one pint of fluid following this dose.</p>
12pm	Drink plenty of clear fluids until two hours before your appointment time.

- Attend the department at the evening scheduled time.

Additional information about taking Plenvu

Any oral medication should be continued as normal unless instructed otherwise. **Do not take medication two hours either side of drinking your dose of Plenvu.**

Remember you are not allowed to eat anything until after your test, you are able to drink clear fluids up to two hours before your appointment time. Please bring your medications with you.

Please do not drink any alcohol whilst taking bowel preparation.

What can I expect?

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Are there any side effects from Plenvu?

You may experience headaches, nausea and sometimes vomiting. Abdominal bloating can occur and less frequently abdominal cramps.

Most side effects are due to dehydration and can be avoided by drinking plenty of clear fluids.

Bowel preparation checklist

Step by step

Take TWO Senna at night on these dates

1	
2	
3	
4	
5	

Start low residue diet on these dates

1	
2	
3	
4	
5	

Stop solid food and start clear fluids on

1	
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Take bowel preparation on

1	
2	

Stop fluids two hours before test and take medication two hours before or two hours after taking the preparation.

Your notes

Further information

Any problems do not hesitate to contact our administration team

Monday - Friday

8am - 4:30pm

Telephone: 0151 706 4980

Feedback

Your feedback is important to us and helps us influence care in the future. Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others.

Please take the time to text back, you will not be charged for the text and can opt out at any point.

Your co-operation is greatly appreciated.



You can watch a handy video of the whole Bowel Cancer Screening Patient Pathway by following the link or scanning the QR code.

[Liverpool and Wirral NHS Bowel Cancer Screening Programme on Vimeo](#)



Follow the link or scan the QR code to read more about Bowel cancer screening

<https://www.nhs.uk/conditions/bowel-cancer-screening/>

Author: Liverpool and Wirral Bowel Screening Service
Review Date: July 2028

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

يمكن توفير جميع المعلومات المتعلقة بالمرضى الموافق عليهم من قبل انتمان المستشفى عند الطلب بصيغ أخرى، بما في ذلك لغات أخرى وبطرق تسهل قراءتها وبالحروف الطباعة الكبيرة وبالصوت وبطريقة برايل للمكفوفين وبطريقة مون والكرونيآ.

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Dhammaan warbixinta bukaanleyda ee Ururka ee la oggol yahay waxaa marka la codsado lagu heli karaa nuskhado kale, sida luqado kale, akhris fudud, far waaweyn, dhegeysi, farta braille ee dadka indhaha la', Moon iyo nidaam eletaroonig ah.

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