



STATE OF THE ART BOWEL PREP AT JOLIMONT

A good bowel prep is a critical part of good colonoscopy, both in terms of accuracy and safety. Regular referrers may have noticed that Jolimont has changed the bowel preparation regimen prior to colonoscopy for open access patients this year. These changes are evidence-based, and aim to enhance the tolerability of the prep from a patient perspective, while maintaining or improving the quality of the bowel prep for us (we don't want to miss any polyps!).

1. LOW RESIDUE 'WHITE DIET'

In a study conducted by my group at The Alfred and published this year in the Journal of Gastroenterology and Hepatology, we showed that allowing patients to eat a very low residue 'white' diet in the 2 days prior to the colonoscopy (up until starting the bowel prep) made them much happier with the preparation without compromising the efficacy. In essence, the low residue diet is pretty largely absorbed in the small intestine, leaving much less colonic residue to be cleared by the prep. This approach is particularly good for diabetics, by drastically reducing the solid fasting time. See attached copy of the White Diet – it's quite a different approach.

2. SPLIT PREPS

'Splitting' the prep means taking at least some of it on the morning of the procedure. There is good evidence that this makes the preparation vastly more effective for both morning and afternoon procedures. Current fasting guidelines allow clear fluids to be taken up to 2 hours prior to the procedure, but a morning procedure does require an early rise to have the last dose, which is not always popular! Patients also worry about 'accidents' en route to the clinic, but in fact these are very rare.

3. SMALL VOLUME PREPS

While small volume preps are attractive in theory, in practice many patients find them hard to drink as they taste much stronger. Also, unless they are washed down with large volumes of clear fluids, dehydration and fluid/electrolyte shifts can emerge, causing nausea, vomiting, dizziness and headache. The elderly, and patients with renal or cardiac compromise are particularly susceptible, and oral 'Fleet' seems to be the most prone. At Jolimont we use a combined prep ('Prepkit C') which utilizes 2 small Picoprep sachets and 1 larger Glycoprep C sachet; the second Picoprep sachet is taken in the morning (see 'Split Preps' above). We find this provides the best balance between tolerability, efficacy and safety. However, if you think your patient should have something different to our standard prep, please don't hesitate to call Jolimont well prior to your patient's procedure, so we can discuss the options.



If you have any questions, queries or comments about bowel preparation, or any other aspect of the endoscopy services we offer at Jolimont, please don't hesitate to call me via Jolimont on (03) 9654 8033



JOLIMONT ENDOSCOPY

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WEB Site www.jolimont.com.au

Algorithms

We are constantly improving our web site for our GP's and consumers. Links have been included on GP information page for Algorithms developed and kindly provided by Dr Karen Barclay based on the ***Clinical Practice Guidelines for Surveillance Colonoscopy*** and the ***Clinical Practice Guidelines for the prevention, early detection and management of Colorectal Cancer(CRC)***. They are a useful derivative resource for GPs, gastroenterologists and Endoscopist and by using the link on the web site you will have the latest updated version for the following: -

- **Colonoscopic Surveillance Intervals – Following Surgery for Colorectal Cancer**
- **Colorectal Cancer Screening – Family History**
- **Colonoscopic Surveillance Intervals – Inflammatory Bowel Disease**

Patient Survey

The results from the March 2016 patient survey have been collated. Patients were asked a series of questions covering from the time they booked the procedure to when they were discharged post procedure.

Our patients found reception staff 100% courteous and 100% were able to make an appointment at a time that suited them. Patients found the Centre easy to find, the paperwork simple to understand and the process for booking in easy.

100 % found our Doctors spent an adequate amount of time with them, explained the procedure and findings and had questions answered to their satisfaction and our nurses were competent and responsive to individual needs.

51% of patients were here for their first visit,

46% had been here at least twice and 3% were returning after 6 visits or more.

Patient and Consumer Centred Care

This is an integral part for the delivery of effective, safe and high quality care. We welcome comments relating to our service and question's from our consumers regarding the work we do and the service we provide. This way we can ensure that you have access to understandable health information which is essential for patients to have their choices taken into consideration and allow staff to support the needs of their patients more effectively.

Staff Profile

Welcome to Marie to our admin team. She is working on reception and you will hear her friendly voice when you ring to make a booking.

Marie has spent the last 16 years working at Medicare.



Infection Control

We have a gap audit against current standard AS/NZS 4187:2014 done by Melbourne Pathology in April. The new standard came out in 2014 and it has changes that all Health facilities are working towards and Jolimont will have in place by the end of 2016. Effective hand Hygiene is the single most important strategy in preventing health care associated Infections and both clinical and non-clinical Staff do a yearly on-line learning package at www.hha.org.au.

Performance Indicators as per NSQHS Indicators are collected monthly and audited yearly.



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THE WHITE DIET

The **White Diet** is a simple low residue diet which allows food to be eaten the day prior to colonoscopy without compromising the quality of the bowel preparation under normal circumstances.

WHITE DIET FOODS PERMITTED:

- Milk, plain yoghurt, margarine, butter, vanilla ice cream, white chocolate
- Plain cream cheese, cottage cheese, ricotta cheese, fetta cheese, sour cream
- Egg whites, mayonnaise, cream, white sauce
- White rice or pasta, potatoes (peeled)
- Rice Bubbles, regular white bread/toast, plain rice crackers
- Chicken breast (no skin), grilled white fish fillet

WHITE FOODS TO BE EXCLUDED: Other white foods including

- *pears, parsnip, cauliflower, onion,*
- *high fibre white breads (e.g. Wonder White),*
- *Tofu, coconut, porridge, banana, mushrooms, semolina, couscous, popcorn.*

WHITE DIET SAMPLE MENU PLAN:

REMEMBER TO DRINK AT LEAST A GLASS OF APPROVED CLEAR FLUIDS* EVERY HOUR

Breakfast: Rice Bubbles with milk and white sugar
Regular white toast and scrambled egg – whites only

Morning Tea: Plain rice crackers with feta cheese

Lunch: Sliced chicken breast, butter, regular white bread sandwich
White chocolate Freddo or Lemonade icy-pole

Afternoon Tea: Plain vanilla yoghurt or vanilla milkshake

Early Dinner: Plain grilled white fish, white sauce
Boiled white rice or pasta or peeled potato
Vanilla ice cream

***Approved Clear Fluids:**

- Water, clear salty fluids (e.g. clear broth),
- clear fruit juices (e.g. apple and pear), plain jelly,
- black tea or coffee (no milk),
- Sports drinks (Gatorade, PowerAde, Hydrolyte etc.),
- Carbonated beverages, barley sugar, clear fruit cordials.
- Moderate Alcohol allowed



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GLYCOPREP KIT C' INSTRUCTION SHEET

You will need: **ONE Glycoprep-C 70g sachet and TWO Pico Prep 15.5g sachets**

FOUR DAYS BEFORE YOUR PROCEDURE:

Stop oral iron supplements, but continue blood thinners unless specifically advised not to.

TWO DAYS BEFORE YOUR PROCEDURE

Start eating from 'The White Diet' In the evening, make up the sachet of Glycoprep-C 70g with 1 litre of water, following the instructions on the packet. Chill in the refrigerator to make it easier to drink.

ONE DAY BEFORE YOUR PROCEDURE

During the day drink at least one glass of Approved Clear Fluids* (plus preparation liquids) each hour until bedtime.

You may eat anything, in moderation, from 'The White Diet' until 5:00pm. You do not drink this until 8:00 pm the following day.

6:00 pm FIRST DOSE: Add the entire contents of ONE sachet of Pico Prep to approx. 250 mls of water. Stir until fizzing ceases. Drink the mixture slowly but completely. This should be followed by adequate Approved Clear Fluids* to maintain hydration.

8:00 pm SECOND DOSE: Remove the made up Glycoprep-C from the fridge. Drink all of this solution over the next hour or so. If you feel nauseated slow down the rate. Follow up with Approved Clear Fluids* (at least one glass an hour until bedtime) to maintain hydration.

DAY OF PROCEDURE

4 HOURS BEFORE YOUR ADMISSION TIME:

THIRD DOSE: Add the entire contents of ONE sachet of Pico Prep to approx. 250 mls of water. Stir until fizzing ceases. Drink the mixture slowly but completely.

Drink 200 mls of Approved Clear Fluids* per hour, until 2 hours prior to your arrival time then FAST

NO FLUIDS TO BE CONSUMED IN THE TWO HOURS PRIOR TO YOUR ADMISSION