HTC Medicis
Avenue de Tervueren 236
1150 Brussels
Tel. : 02/762.50.44

Gastroenterology :
Dr K. Farahat — GSM : 0479/74.38.76
Dr A. Sarafidis — alexandre@sarafidis.eu

Subject

Nom :

Last name:

First name:

Address:

Date of birth: _____ / _____ / _____

Dear Madam, Dear Sir,

You have chosen to include a colonoscopy in your check-up program.

This examination is scheduled on …… at …….. h ……..

Please present yourself at the HTC reception desk (level -1) with your identity card.

Enclosed you will find 4 important documents :

① information regarding the **colonoscopy**

② instructions for proper preparation and guidelines for a **low-fiber diet**

③ a **health questionnaire** to be completed if the procedure is performed *under anesthesia*

④ the **informed consent form**, to be signed and returned on the day of the examination

Thank you for your cooperation.

Yours sincerely,

The HTC Gastroenterology Team

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① Information regarding colonoscopy

Colorectal cancer, or cancer of the large intestine, is the second leading cause of cancer-related death in Belgium. Each year, approximately 8,000 new cases are diagnosed.

In nearly 80% of cases, this cancer develops from small growths of the mucosa called polyps. These lesions are most often initially benign but may slowly evolve into cancer over about ten years.

Colonoscopy allows examination of the inside of the colon using a flexible endoscope inserted through the anus. This examination not only detects polyps but also allows their immediate removal, thereby interrupting the process that may lead to cancer.

Screening colonoscopy is recommended from the age of 45, even in the absence of symptoms.

Préparation

The quality of the examination directly depends on the **quality of the preparation**. This includes:

- A **low-fiber diet for 4 days** before the examination.
- Taking **laxatives** to completely empty the bowel.

Stools must be **clear like urine** to allow optimal exploration.

Procedure

- The examination lasts approximately **30 minutes**.
- It is most often performed under **light anesthesia** to ensure comfort. In the absence of anesthesia, a sedative medication is administered to improve tolerance of the procedure

Important : You must not drive or perform tasks requiring sustained attention after the examination. Plan **to be accompanied** for your return home or to take public transport.

Risks

Rare complications (less than 1 in 1,000 cases) may occur, such as:

- Intestinal perforation
- Significant bleeding
- Splenic injury

In case of complications, hospitalization may be required for medical or surgical treatment.

Medical information to report

Please inform your doctor if you:

- have allergies, diabetes, a cardiac stent, or cardiovascular or pulmonary history.
- are taking anticoagulants :

TYPE OF ANTICOAGULANTS	**MANAGEMENT**
Antiplatelets Plavix (clopidogrel) ; Brilique (ticagrélor) ; Efient (prasugrel)	Stop 5 days before
Vitamin K antagonists (Sintrom, Marcoumar)	Stop 3 days before + bridging with LMWH (Clexane) subcutaneously at 1.5 mg/kg body weight per day, last injection the day before the examination
New oral anticoagulants Eliquis (apixaban) ; Lixiana (édoxaban) ; Pradaxa (dabigatran) ; Xarelto (rivaroxaban)	Stop 2 days before
Aspirin	Do not stop

In all cases, advice from the **cardiologist** and/or **anesthesiologist** is essential.

Consent

An **informed consent form, read, approved, and signed**, must be given to the doctor before the examination.

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② Instructions – Colonoscopy with or without anesthesia

🗓️ If the colonoscopy is scheduled in the morning (7:30 am – 1:00 pm)

Start a low-fiber diet 4 days before the examination (see list below).

The day before examination :

- **7:00 pm**: Dissolve dose n°1 of Plenvu® (1 sachet) in 500 ml of cold water and drink within 30 minutes.
- **7:30 pm**: Drink at least 500 ml of water within 30 minutes.
- **9:00 pm**: Dissolve dose n°2 of Plenvu® (2 sachets) in 500 ml of cold water and drink within 30 minutes.
- **9:30 pm**: Drink at least 500 ml of water within 30 minutes.

You may drink water while taking Plenvu®.

Light evening meal.

On the day of examination

- Remain fasting for **solid foods**.
- You may drink (water, tea, coffee without milk) **up to 2 hours before** the examination.
- Take your usual medication.

⇨ Stools must be clear, like urine, to allow optimal examination.

🗓️ If the colonoscopy is scheduled in the afternoon (from 1:30 pm)

→ Start a low-fiber diet 4 days before the examination (see list below).

The day before examination :

- **9:00 pm**: Dissolve dose n°2 of Plenvu® (2 sachets) in 500 ml of cold water and drink within 30 minutes.
- **9:30 pm**: Drink at least 500 ml of water within 30 minutes.

You may drink water while taking Plenvu®.

Light evening meal.

On the day of examination

Have a light breakfast and finish it no later than 7:30 am.

- **8:00 am**: Dissolve dose n°2 of Plenvu® (2 sachets) in 500 ml of cold water and drink within 30 minutes.
- **8:30 am**: Drink at least 500 ml of clear water within 30 minutes.

You may drink (water, tea, coffee without milk) **up to 2 hours** before the examination.

Take your usual medication.

⇨ Stools must be clear, like urine, to allow optimal examination.

Note :
If you tend to suffer from **constipation**, we recommend taking Dulcolax® 5 mg (bisacodyl), 2 tablets at bedtime during the four days preceding the examination.

🍽️ **Low-fiber diet (4 days before the examination)**

✅ Allowed foods:

• **Breads:** white bread, rusks, biscuits made with white flour or cornstarch
• **Cooked starches:** white rice, white pasta, plain or mashed potatoes
• **Cereals:** such as Rice Krispies, Corn Flakes
• **Sweet products:** fruit jelly, honey
• **Proteins:** all meats, all fish and seafood, eggs
• **Dairy products:** plain milk, plain yogurt (without pieces), fromage blanc, cheeses, pudding, custard, rice pudding
• **Fats:** butter, oil
• **Biscuits:** plain dry biscuits, petit beurre, sponge fingers, waffles
• **Drinks:** water, tea, coffee, herbal teas, milk, pulp-free juice, non-carbonated beverages

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③ HEALTH QUESTIONNAIRE

To be completed and handed to the doctor on the day of the examination

Thank you for completing this questionnaire to better assess your health status and to take all necessary measures for your safety during the examination and anesthesia.

Last name: ..... First name: ..... Age: .....

Weight: ..... kg Height: ..... cm

- Smoking? ☐ no ☐ yes (≤ 1 pack/day ☐ or ≥ 1 pack/day)
- Alcohol? ☐ occasional ☐ regular

- Allergies? ☐ no ☐ yes Allergies to medications? ☐ yes ☐ no
- Regular medications? .....

- Heart rhythm disorder? ☐ yes ☐ no Pacemaker? ☐ yes ☐ no
- Heart condition? ☐ yes ☐ no
- Coronary or cardiovascular stent? ☐ no ☐ yes, since ..... years

- Hypertension? ☐ yes ☐ no

- Shortness of breath with minimal exertion? ☐ yes ☐ no
- Asthma, chronic bronchitis or emphysema? ☐ yes ☐ no

- Kidney failure? ☐ yes ☐ no
- Diabetes? ☐ yes ☐ no

Neurological condition? ☐ yes ☐ no

- Easy bruising or frequent nosebleeds? ☐ yes ☐ no

- Transmissible disease (HIV, Hepatitis B/C)? ☐ yes ☐ no

- Glaucoma? ☐ yes ☐ no

- Surgical procedure? ☐ yes ☐ no
- Hip/knee prosthesis? ☐ yes ☐ no

- History of anesthesia-related problems? ☐ yes ☐ no

Questions for the anesthesiologist:

- .....
- .....

Thank you for your cooperation.

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To be completed and given to the physician on the day of the examination

④ Informed Consent Form for a Colonoscopy

I, the undersigned: ……

declare that I have received complete, clear and appropriate information regarding the indication, the procedure, the expected benefits, as well as the potential risks and complications related to the colonoscopy.

I have had the opportunity to ask all the questions I considered necessary and to obtain the required answers from my physician/gastroenterologist. I confirm that I have understood all the information provided.

I therefore freely and without any constraint agree to undergo this medical examination.

Read and approved,

Date: …… Signature: ……