PF ENDOTERAPIA

Instructions for Preparing for a Colonoscopy with FORTRAN

	DIET	Use of Fortrans
4 days before the procedure	Do not consume : • bread with grains, • stone fruit (e.g. grapes, tomatoes, kiwis, strawberries), • flaxseed, poppy seeds, sesame seeds • beetroots	without Fortrans
2 days before the procedure	Do not consume: • fatty meat and cold cuts, • raw vegetables, • peas, beans, • various types of groats, • dark bread You may consume: • white bread, • lean cold cuts, eggs, • cooked fish or chicken meat, • rice, small pasta, boiled potatoes, • blended soup, broth with fine noodles • you can drink coffee, tea, clarified juices (without pulp), still mineral water, fruit teas,	without Fortrans
1 day before the procedure	around 8.00 AM: a light breakfast consisting of white bread (a roll or two slices of bread), egg, lean cold cuts, coffee, tea, clarified juices, still mineral water; around 03:00 PM: starch jelly or gelatine dessert without fruit, after 03:00 PM: you may suck on hard candies and drink plenty of still water. do not eat anything until after the procedure	1 DAY BEFORE THE STUDY between 4:00 PM – 5:00 PM  Dissolve 2 sachets of Fortrans in 2 litres of still water. Drink 1 glass every 15 minutes. 1 sachet/1 litre of water
on the day of the procedure	up to two hours before the procedure you may drink any amount of still water, tea or clarified juices; you can also suck on hard candies. do not eat anything until after the procedure	THE DAY OF THE PROCEDURE  3-5 hours before the procedure dissolve 2 sachets of Fortrans in 1.5 litres of still water; drink 1 glass every 15 minutes. 1 sachet/0.75 litres water

- Bowel movements after the second dose will be less intense.
- To improve the taste of the Fortrans solution, you can chill it in the fridge or add a few drops of lemon juice.
- It is crucial to drink the entire prepared solution.
- If nausea occurs, slow down the drinking pace and/or take a one-hour break.

Please be sure to read the information on the next page

Preparation to Colonoscopy

Dear Patients, to make sure that your large bowel is properly prepared to the examination, please read carefully the following information and recommendations. Your doctor should decide about the selection of one of the preparation regimens presented below.

NOTES

1. To improve the quality of bowel preparation (cleansing) for the examination, it is recommended to add 500 mg of **simethicone** to each dose of the laxative, e.g. **Espumisan** drops, 1 teaspoon (5 ml).

2. **People who regularly take medication**, e.g. for high blood pressure, heart disease, epilepsy, asthma or other conditions, should take their morning dose of medication with a small amount of water on the day of the examination – even if the examination is to be carried out under anaesthesia.

3. **People with diabetes** should inform the registration desk of their condition and consult their treating doctor about how to prepare for the examination.

a) Metformin preparations: ***Metformax, Metformin, Siofor, Glucophage, Formetic, Avamina, Diabufor, Etform, Metcrean, Ranmet, Symformin, Zenofor, Combodiab, Depepsit Met, Eprocliv, Fordiab, Jamesi, Janumet, Juzimette, Lonamo Duo, Maymetsi, Matsigletic, Symetlip, Ristfor, Anvildis Duo, Eucreas, Gliptivil Combo, Ipinzan, Vinetso*** – the last dose should be taken no later than 48 hours before anaesthesia.

b) SGLT2 inhibitors: ***Jardiance, Synjardy, Forxiga, Xigduo, Segluromet, Invokana, Qtern*** – the last dose should be taken no later than 72 hours before anaesthesia.

c) GLP-1 analogues: ***Semaglutide (Ozempic, Wegovy); Dalaglutide (Trulicity); Tirzepatide (Mounjaro)*** – the last dose should be taken no later than 7 days before anaesthesia.

d) ***Liraglutide (Saxenda, Victoza***) – the last dose should be taken no later than 2 days before anaesthesia.

e) ***Rybelsus*** – the last dose should be taken no later than 24 hours before anaesthesia.

4. People taking medicines that reduce blood clotting

a) do not stop taking acetylsalicylic acid preparations (e.g. ***Acard, Polocard, Acesan***)

b) new oral anticoagulants (***Pradaxa, Xarelto, Eliquis, Lixiana***) – these should be discontinued on the day before the test and the morning dose should be omitted on the day of the test.

c) oral anticoagulants (***Acenocoumarol, Warfarin***) – the INR should be measured in the week prior to the examination: if the result is within the range of 2–3, do not adjust the medication doses; if higher, consult a doctor.

For patients at high risk of thromboembolism, following a heart attack or a stroke**,** the best course of action is to consult a doctor or anaesthetist at our centre. It is advisable to switch to ***Clexane*** at doses of 40, 60 or 80 mg, depending on body weight, 5 days before the procedure and for 2 days afterwards.
In the event that a more extensive endoscopic procedure is required, such as the removal of polyps, it may be necessary – despite adherence to the general guidelines set out above – to repeat the procedure after adjusting the anticoagulant therapy (e.g. in patients taking **Acenocoumarol or Warfarin**, switching to low-molecular-weight heparins).

IF IN DOUBT, THE BEST COURSE OF ACTION
IS TO CONSULT AN ANAESTHETIST AT OUR CENTRE

5. **Pregnant and breastfeeding women** should consult their doctor to discuss how to prepare for the examination.

6. Please bring **any medical records** you have – such as hospital discharge summaries, reports of previous endoscopic examinations, abdominal ultrasound scans, ECGs, echocardiograms, spirometry results and others – and show them to the doctor before the examination.

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For examinations under anaesthesia, up-to-date (i.e. no older than 3 months) results are required for:

- ✓ **complete blood count**
- ✓ **electrolytes – sodium/potassium**
- ✓ **total bilirubin**
- ✓ **creatinine**
- ✓ **glucose**
- ✓ **APTT and INR (if the patient is taking anticoagulants)**
- ✓ **TSH (if the patient is taking thyroid hormones – Euthyrox, Letrox)**
- ✓ **ECG**

Patients should know the names and doses of the medicines they are taking or have a list of them.
It is advisable to bring these medicines with you.

For a procedure under anaesthesia, you must be accompanied by an adult who is able to assist you.

7. After a procedure performed under anaesthesia, you will remain in the recovery room. The duration of observation depends on the type of procedure and the patient's condition. After this time, under the care of their accompanying person, they may go home. ***There is a strict 12-hour ban on driving, operating machinery and consuming alcohol***. In very rare cases, a longer period of observation may be necessary. Please take this into account when making your plans.

8. Patients who require reading glasses are asked to bring them with them.

9. The estimated ***start time of the examination may be subject to change***, as the duration of endoscopic examinations is difficult to predict.