

An introduction to Central-Praxis

Dear Patient,

Our practice specialises in gastrointestinal diseases and covers the entire spectrum of gastroenterology. Our focus is on diagnostic and therapeutic endoscopy (gastroscopy and colonoscopy). For these procedures, we use the latest generation of endoscopy technology.

In this brochure, we have compiled all the information you need to know about your planned colonoscopy. On the following pages, you will find instructions on how to prepare for your colonoscopy as well as helpful information on the examination procedure.

For more information, please visit: www.central-praxis.ch.

Preparing for your colonoscopy



Optimal preparation begins four days before the procedure. It is important that your colon is completely clean, otherwise it is not possible to guarantee an accurate diagnosis. If there is any residual fecal matter, there is a chance that problems such as polyps and tumours will not be spotted. Furthermore, grains, seeds or fibre-rich food will clog the examination equipment.

The right food to eat during the preparation stage

Four days before the procedure:

Eat:

- Low-fibre food (e.g. white bread)
- Tea, fruit juice (without pulp)
- Chicken, veal, fish, dairy products, eggs, mashed potatoes, rice

Avoid:

- Fruit and vegetables containing seeds (e.g. grapes, strawberries, kiwis, tomatoes, figs, etc.)
- Fibre-rich foods (e.g. asparagus, raw food, salad, muesli, wholegrain products, linseed, nuts, etc.)

One day before the procedure:

Last solid meal:

- Lunch before 1 p.m. (e.g. potatoes, pasta, rice, white bread, cheese, eggs, tea). No more solids after this!

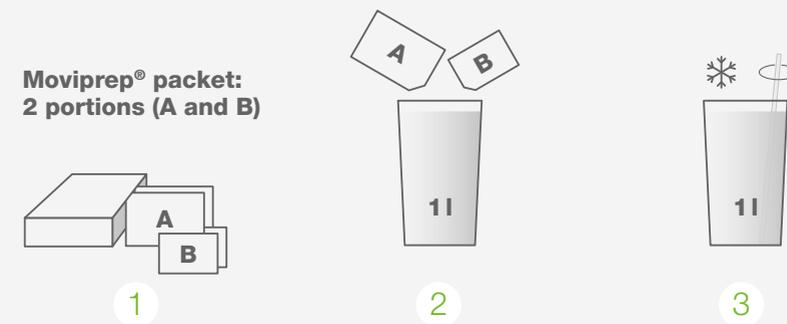
Allowed all day:

- Clear liquids (not fizzy!), clear stock, glucose and sweets.

Bowel evacuation with Moviprep® and X-Prep®

- What is Moviprep®? A powder that is used to make a colon rinse solution. Dissolved in water and drunk, it cleanses your colon.
- What is X-Prep®? An extract syrup made from senna fruits which is combined with Moviprep® to empty your bowels.

Preparing a portion of Moviprep®



- 1 A Moviprep® packet contains 2 x sachet A and 2 x sachet B (for two portions).
- 2 To prepare a portion, pour the contents of one sachet A and one sachet B into a container. Add 1 litre of water.
- 3 Stir until the liquid is almost clear (this can take several minutes).
Suggestion: Drink Moviprep® chilled or through a straw.

Once you've started taking Moviprep®

From now until the procedure, do not consume any more solids. Please drink at least one more litre of clear liquid during this time period.

See page 6 for the times when you should take the preparation.

Taking Moviprep® and X-Prep®

1/2 small bottle



1/2 small bottle



Your individual consumption times:

First portion on the

day before

day of the procedure

o'clock

Second portion on the

day of the procedure

o'clock

Colonoscopy before 1 p.m.: Take 1 litre of Moviprep®, 1/2 a small bottle of X-Prep® and 1/2 litre of a clear liquid of your choice on the day before the procedure and the day of the procedure (two portions in total).

Colonoscopy after 1 p.m.: Take 2 x 1 litre of Moviprep®, 2 x 1/2 a small bottle of X-Prep® and 2 x 1/2 litre of a clear liquid of your choice on the day of the procedure (two portions in total).

- Drink half a small bottle of X-Prep® (approx. 37.5 ml) undiluted directly before taking the Moviprep®.
- Drink 1 litre of Moviprep® within 1 – 2 hours.
- Try to drink a glass every 10 – 15 minutes.
- We highly recommend that you drink at least one more litre of a clear fluid of your choice.
- There should be at least one hour between finishing the second litre of Moviprep® and the start of the procedure in order to ensure that the colon has been completely cleansed.
- While taking the preparation, you need to be near a toilet.



Colonoscopy



A colonoscopy is advisable if you are experiencing general stomach problems, blood in the stool or general weight loss, or you suffer from anaemia or have an iron deficiency, among other things. Equally, if there are changes in your bowel movements or if there is a history of health problems (e.g. cancer) in the family, an examination is recommended. Once you reach the age of 50, a preventative examination is generally advisable and is covered by compulsory health insurance.

Preparation

In order to achieve a conclusive and accurate result in the examination, it is necessary to empty your bowels completely in advance. The medication that needs to be taken causes diarrhoea, which is why it is advisable to carry out the preparations at home in familiar surroundings. Please adhere to our instructions and contact us if you have any questions or concerns. It is absolutely normal for the colon still to contain liquid even after being emptied. There is no need to worry about this. We can easily remove any remaining liquid using our modern equipment.

Please consult the section "Preparing for your colonoscopy" on page 4 for details on how to prepare in time for your appointment.

Colonoscopy procedure

On the day of the procedure, we will be expecting you at our practice at the agreed time. We plan our procedures in a way that minimises waiting times for you. In the discussion beforehand, the doctor will comprehensively go over the complaint with you and address any questions or concerns you may have. In order to make the procedure as comfortable as possible, you

will receive some medication to help you relax (short-acting sedative), which prevents you from feeling any pain and guarantees the smooth running of the procedure. The procedure itself lasts approximately 30 minutes. It will be followed by another discussion with the doctor, who will explain the findings to you and answer any questions you may have.

The examination

Taking some medication to help you relax will make the procedure pain-free, which guarantees that it will run smoothly. In the meantime, we will monitor your breathing and circulation. During the procedure, all sections of the large intestine and a part of the small intestine are examined using an optical, flexible instrument called a colonoscope. It is possible to remove tissue samples painlessly. Polyps – benign tissue growths of varying sizes – can also be painlessly removed during the procedure. Samples are subsequently sent to a specialist laboratory for analysis. In most cases, polyps are benign tissue growths (adenomas). However, they can grow and develop into colon cancer over the course of several years. We will discuss the findings from your samples and, if necessary, arrange an appointment for a check-up endoscopy.

After the examination

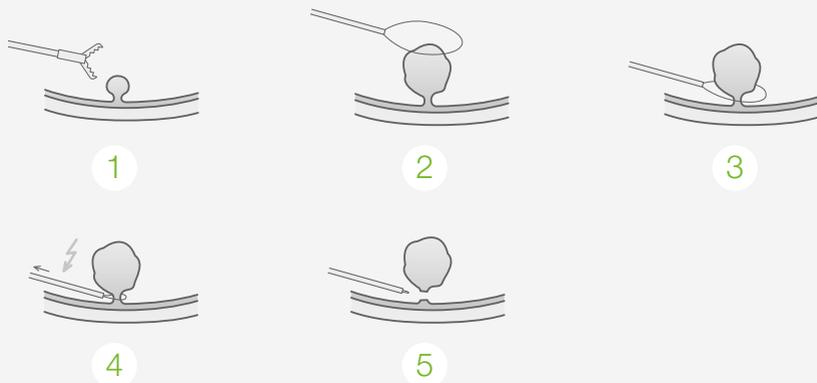
Please do not drive yourself to the appointment, as the medication we administer will impair your ability to drive; take public transport or have someone drive you instead. You may eat and drink normally again directly after the procedure, unless otherwise instructed by your doctor.

You will be informed of the results of the procedure immediately afterwards. It takes two to three days for the results of the analysis of any samples to come back. If they reveal any abnormalities, we will let you know. A report is sent to the general practitioner of every patient we treat.

Polyps

Polyps are benign tissue growths of varying sizes. However, as they may turn malignant over the course of time, they are routinely removed.

Tissue extraction and the removal of small and large polyps



1 Removal using forceps

2 – 5 Removal using wire snare with electrical current

Possible risks of the colonoscopy

Both the procedure and the removal of tissue samples and polyps are low risk. Although we take the greatest possible care, bleeding may occur (in 0.5 percent to 3 percent of cases) either directly after the removal of the polyps or at a later stage. On very rare occasions (in 0.3 percent to 0.5 percent of cases), there is a rupture of the intestinal wall (perforation) which can require an operation. In rare cases, the medication given to help you relax can lead to impaired breathing or heart function, which is why we monitor this during the procedure.

Facts on the early detection of colon cancer

The costs of the measures for the early detection of colon cancer (colon carcinoma) have been covered by compulsory health insurance (OKP) since 1 July 2013 for all men and women between the ages of 50 and 69. The majority of professional medical associations and the Swiss Cancer League therefore recommend that even patients not experiencing pain undergo a precautionary examination to rule out the presence of colon cancer once they have turned 50. Colonoscopy is the most reliable method for this.

Colon cancer in Switzerland – facts and figures

Colon cancer is one of the most common malignant diseases in Switzerland. Around 4,100 people fall ill with it each year, and approximately 1,600 die as a result of the disease. More than 90 percent of sufferers are over the age of 50, with men more often affected than women. However, there is also an increased risk among younger people if one of their parents or siblings has been diagnosed with colon cancer or colon polyps. The more relatives who suffer from such problems, the higher the risk. The same applies for inherited genetic mutations.

Most cases of colon cancer are not detected until the disease has reached a later stage, as examinations are mostly conducted only once symptoms have started to occur and the disease is usually quite advanced. If colon cancer is discovered at an early stage, it is usually curable. Nowadays, the five-year survival rate is approximately 60 percent.



Symptoms

According to estimates, it takes approximately 10 years for benign polyps to develop into cancer. In the early stages, most polyps and tumours produce no symptoms at all.

Blood in the stool is one of the first and main symptoms of colon cancer. However, the blood can also be non-visible (occult) or go unnoticed. Other possible symptoms are general weight loss, stool urgency, recent and persistent stomach pains or irregular bowel movements.

Early detection of colon cancer – screening

The objective of screenings is to detect the possible presence of a disease before symptoms start to occur. If a screening reveals abnormal findings, further examinations are conducted to confirm or rule out the presence of a disease. Thanks to screenings, colon cancer can often be detected at an early stage when it is still curable.

Methods for early detection

The most frequently used methods for the early detection of colon cancer and its preliminary stages are testing for occult blood in the stool and colonoscopy. Another imaging technique used is CT colonography. Other newer developments include faecal DNA tests or blood tests (determination of tumour markers).

Colonoscopy

Colonoscopy is the most reliable method used for the detection of colon cancer and its preliminary stages. Moreover, it has the advantage that any preliminary stages discovered (such as polyps) can usually be removed immediately during the procedure (polypectomy). The polyps are subsequently examined under a microscope. By removing benign polyps, the subsequent development of colon cancer can be prevented.

If no polyps are discovered, another colonoscopy is recommended 10 years later. If they are discovered, a follow-up examination is advisable sooner.

For more information, visit www.krebsliga.ch/darmkrebs

Source: "Faktenblatt Früherkennung von Darmkrebs" (Fact Sheet on the Early Detection of Colon Cancer), Swiss Cancer League, Berne, © February 2014, KLS / 2.2014 / 8000 D / 1662

Frequently asked questions



Bowel evacuation (catharsis)

- **Am I able to work during the bowel evacuation?**
This is not recommended, because you have to go to the toilet often during the preparation stage.
- **When does the laxative start to work?**
Usually within 1 – 3 hours.
- **Is it important to drink the entire laxative, or can I stop once the stool contains only clear liquids?**
Yes, the entire laxative should be drunk to ensure an accurate analysis of the mucous membrane.
- **What can I do if I don't feel well during the preparation stage?**
Take a Motilium lingual tablet (available without a prescription) and wait 20 minutes before you drink the rest of the laxative.
- **I need to vomit – is that bad?**
No – that can happen. Try to drink plenty of fluids; warm tea is ideal. If you are mainly vomiting clear fluid, the laxative is still having the desired effect.
- **How do I get to the practice without having a mishap on the way?**
Don't drink any more liquids for an hour before leaving the house, and you should find that you can travel to the practice without any major problems.
- **Do I need to bring a change of clothes?**
This is generally not necessary. In some cases, it can help to have a change of underwear and a clean pair of trousers on hand.
- **I'm finding it hard to drink the laxative – what can I do?**
The following tips may help avoid the strange taste: drink Moviprep® chilled, drink it through a straw, pour it into a PET bottle and drink from that (less odour), hold your nose while drinking, dilute with clear apple juice or syrup, try mixing with clear stock, dissolve glucose in it or take small sips.
- **I'm on my period. Can I still have the colonoscopy?**
Yes – There is nothing particular to bear in mind.

The procedure

- **Will I be given an anaesthetic?**
No – thanks to the short-acting sedative (Propofol), you will not feel anything during the procedure, though you will wake up immediately after. Your breathing and circulation will not be affected.
- **Is the procedure painful?**
No, because a sedative (Propofol) is administered for the duration of the procedure. Many patients even find that the procedure is a pleasant experience.
- **Can I have the procedure without taking the sedative?**
In principle, yes. However, as a colonoscopy without the sedative can be unpleasant, we strongly advise against it.
- **Can I watch during the procedure?**
Yes – despite the sedative, it is usually possible to watch during the second part.
- **I'm scared of this procedure. Is it dangerous?**
No, a colonoscopy is a completely routine procedure, and the removal of both tissue and polyps is low risk.
- **Can the gastroscopy and the colonoscopy be done together?**
Yes, they can be performed during the same examination.
- **Can polyps be removed immediately during the procedure?**
Yes, they can usually be removed immediately using forceps or a snare.

After the procedure

- **May I eat everything as normal straight after the procedure?**
Yes, you may eat as normal again afterwards.
- **Will I experience flatulence after the procedure?**
We use CO₂ for the procedure, which is absorbed very rapidly by the body. As a result, you are very unlikely to experience any flatulence.
- **Does the procedure cause damage to the intestinal flora?**
No. In some cases, a probiotic (Bioflorin) can be taken.
- **Does the diarrhoea stop immediately after procedure?**
Yes, it usually stops after the last dose of laxative has been taken.

- **Can I go home alone after the procedure?**
Yes. We recommend that elderly patients arrange for someone to collect them.
- **Will I find out the result of my procedure immediately after the colonoscopy?**
Yes, the preliminary findings (presence or absence of polyps) are discussed immediately. In the case of tissue samples, you will receive a detailed report in 2 – 3 days.

Illnesses and medication

- **I'm diabetic. What do I need to bear in mind?**
Refrain from taking X-Prep®. If you are an insulin-dependent diabetic, bear in mind that a "high" blood sugar level (up to 8 mmol/l) is preferable. If possible, arrange a morning appointment. Please contact us if you have any further questions.
- **How should I take my diabetes medication/insulin before the colonoscopy?**
In principle, you should stop taking diabetes medication on the day of the procedure. If basal insulin is used, we recommend reducing the insulin dose by 30 percent on the day before (starting from the evening before). As you have an empty stomach on the day of the procedure, there's no need to inject any bolus insulin before the colonoscopy. If you suffer from an insulin-dependent diabetes mellitus, we would ask you please to measure your blood sugar again directly before the procedure.
- **Can I take my own medications during the evacuation process?**
No, you should not take them until after the colonoscopy, as they otherwise risk being flushed out and won't have the usual effect.
- **Does blood-thinning medication need to be stopped?**
In principle, Plavix and Aspirin cardio can be taken in monotherapy. For all other blood-thinning medication (Marcoumar, Xarelto), please consult with your general practitioner or with us.

Organisational matters

- **How long will the procedure take?**
Around 1 1/2 hours for the colonoscopy and around 1 hour for the gastroscopy (including the discussion afterwards).
- **Am I able to work after the colonoscopy?**
It's not recommended. Patients with jobs requiring them to drive vehicles or operate heavy machinery are not allowed to work on the day of the procedure.
- **May I drive after the colonoscopy?**
No, you may not drive vehicles for 12 hours after the procedure due to the medication that has been administered.
- **Will I receive a Certificate of Incapacity for Work (AUFZ)?**
Yes, we are happy to provide you with an AUFZ for the day of the procedure.
- **Can I do sports again right after the procedure?**
Yes. The only sports you should avoid are swimming, climbing and cycling (biking).
- **Will I be fit and able to do everything the next day?**
Yes, there are no restrictions the following day.

Miscellaneous

- **Is the colonoscopy covered by my health insurance?**
If you are experiencing colon problems or having a precautionary screening (and you are between 50 and 69), the costs are covered (although they are not exempt from the deductible excess).
- **Why do I have to pay for X-Prep® myself?**
X-Prep® is not covered by your health or supplementary insurance because it is on the List of Pharmaceutical Products for Special Application (LPPV).

About us

Central-Praxis, located at Weinbergstrasse 26, has been led by gastrointestinal specialists since 1968. It was established by Dr. med. Felix Fierz – President of the Canton of Zurich Doctors' Association – after he took over the practice from Dr. med. Werner Biber. In 1981, he was superseded by the gastroenterologist Dr. med. Andreas Dolder, who practised medicine here for over 31 years. His son Dr. med. Mathias Dolder – also a gastrointestinal specialist – has been continuing the tradition since 2012. Since 2015, Dr. med. Mathias Dolder and Dr. med. Martin Wilhelmi have jointly run the practice.



Dr. med. Mathias Dolder

FMH specialist in gastroenterology and hepatology

FMH specialist in general internal medicine

FMH certificate of competence as an emergency doctor (SGNOR)



Dr. med. Martin Wilhelmi

FMH specialist in gastroenterology and hepatology

FMH specialist in general internal medicine

FMH certificate of competence in sonography (SGUM)