PATIENT GUIDE

Colonoscopy with Picoprep and Dulcolax

Preparation, the examination itself, aftercare and patient questionnaire

In brief

During a colonoscopy a flexible camera is passed through the rectum and into the large bowel so the lining can be seen directly. Tissue samples can be taken, and many polyps can be removed during the same examination. The bowel must be thoroughly emptied following the plan in this guide.

What is a colonoscopy?

A colonoscopy is an endoscopic examination of the large bowel. The colonoscope is roughly the thickness of a little finger and has a camera as well as channels for air, water, suction and instruments. The examination is intended to reach the whole of the large bowel, but in some cases it may be incomplete because of bowel cleansing, anatomy, discomfort or technical circumstances. When relevant, CT colonography may be an alternative or a supplement.

When is a colonoscopy used?

- For blood in the stool, a low blood count, unexplained weight loss, abdominal pain or a changed bowel pattern.
- For screening or investigation for cancer of the colon and rectum, including when family history matters.
- For follow-up after polyps or after treatment for bowel cancer.

The need for follow-up and the timing of a new colonoscopy depend among other things on family history, previous findings, the number and size of polyps, the microscopy result and the quality of the examination. There is no single fixed 3-year or 5-year schedule that suits everyone.

How is the examination carried out?

The duration varies and depends among other things on the anatomy of the bowel, the quality of the cleansing and whether tissue samples are taken or polyps removed. The examination itself often takes 10-45 minutes, but the visit as a whole can take longer.

Discomfort differs from person to person. Some mainly feel pressure and air, while others get brief or stronger cramps as the scope passes the bends of the bowel. The need for sedative and pain-relieving medicine is assessed together with the clinician based on your health, your needs and the extent of the examination.

If you are given sedation into a vein

You must have an adult companion with you on the way home. For 24 hours you must not drive a car or cycle, operate machinery, drink alcohol, sign legally binding documents or make important decisions.

Tissue samples and polyps

If changes are seen, tissue samples can be taken. Many polyps can be removed during the same examination, but not all can or should be removed on the same day. Larger, broad-based or awkwardly placed changes may require a separate procedure or referral to a centre with particular expertise.

The specialist will talk with you after the examination. If tissue samples have been taken, you will be told when the result is expected and how you will receive it.

PREPARATION

How to prepare

This plan applies when the clinic has prescribed Picoprep and Dulcolax for you.

Follow the plan you were given

Do not use another patient's plan, and do not change the dose or the timing yourself. If your appointment letter or a specific message from the clinic differs from this guide, follow the personal message from the clinic.

Day plan

Time	What you should do
4 days before	Take 2 Dulcolax tablets of 5 mg once daily. This is day 1 of 3.
3 days before	Take the same Dulcolax dose, day 2 of 3. Start a low-fibre diet without grains and seeds.
2 days before	Take the same Dulcolax dose, day 3 of 3. Continue the low-fibre diet and drink plenty.
The day before	Eat a small, light meal no later than one hour before the bowel cleansing starts. After that, clear fluids only. Take Picoprep at 2 pm and at 8 pm as described below.
The day of the examination	No solid food. Drink only clear fluids until the stop time stated in your appointment letter or personal instruction.

Low-fibre diet without grains and seeds

- Avoid wholegrain rye bread, wholemeal bread, muesli, oats, nuts, almonds, seeds, popcorn, pulses and fruit and vegetables with skin or pips.
- You can eat white bread, light rolls, pasta, rice, potatoes without skin, lean meat, fish, eggs, soft cheese and peeled or cooked fruit and vegetables.

After your last solid meal: clear fluids only

- Allowed: water, sparkling water, clear squash, clarified apple juice, light soft drinks, clear broth, tea and coffee without milk, and ice lollies or sorbet without berries and pieces of fruit.
- Not allowed: milk, cream, yoghurt, juice with pulp, cloudy or thick soups, and red, blue or purple drinks. Alcohol must not be used as a clear fluid.

Picoprep the day before the examination

- 2 pm: Pour the first sachet into 150 ml of cold water. Stir for 2-3 minutes until the mixture stops fizzing. Drink it within 15 minutes. Then drink at least 1.5 litres of clear fluid over the next 4-6 hours.
- 8 pm: Take the second sachet in the same way. Then drink at least 1.5 litres of clear fluid over the next 2-4 hours.

The cleansing causes heavy, watery diarrhoea. Stay close to a toilet. Cramps, nausea, interrupted sleep and irritation around the anus are common. A rich, unperfumed cream can protect the skin.

Medication must be assessed individually

Anticoagulant and antiplatelet medicines, diabetes medication, insulin, GLP-1-based medicines (for example Ozempic, Wegovy, Rybelsus, Saxenda, Victoza or Trulicity), as well as Mounjaro (GIP/GLP-1), iron supplements and other regular medication may require a specific plan. Never stop or change prescribed medication without a specific agreement with the clinic or the doctor treating you. If you have diabetes or kidney disease, contact the clinic in good time.

AFTER THE EXAMINATION

Aftercare and warning signs

Most people go home after a short period of observation. Always follow the message you are given at the clinic.

When the examination is finished

- Allow about half an hour for ordinary observation. The observation time can be longer depending on medication and how the examination went.
- You can usually eat and drink normally again, unless you are told otherwise.
- If you have been given sedation into a vein, an adult companion must accompany you home, and the 24-hour rules apply.

Common complaints

In the hours and the first 1-2 days afterwards you may experience:

- bloating, passing wind and mild cramps
- tiredness or slight nausea after the cleansing and any medication
- loose stools or no stools, because the bowel has been emptied
- a small amount of fresh blood if tissue samples were taken or polyps removed

Risks

Colonoscopy is a well-established examination. Serious complications such as major bleeding, a reaction to medication or a hole in the bowel wall are rare. The risk is not the same for everyone and is higher when large or complex changes are treated than during a purely diagnostic examination.

Contact the clinic or seek acute assessment

React to major or persistent bleeding, severe, increasing or persistent abdominal pain, fever or shivering, repeated vomiting, dizziness, fainting or a generally affected condition.

When should you call 112?

Call 112 for heavy or persistent bleeding, severe abdominal pain, difficulty breathing, severe chest pain or chest pain with shortness of breath, fainting or affected consciousness.

Contact

The clinic	Outside the clinic's opening hours
Telephone 39 64 01 25 Phone hours Monday-Thursday 9 am-12 noon mail@kirurgen.dk	For other acute symptoms: the acute line 1813 in the Capital Region or the out-of-hours doctor in your region. A planned appointment at the clinic does not replace an acute assessment.

Remember the 24-hour rules after intravenous sedation

No driving, cycling, operating machinery, alcohol, legally binding signatures or important decisions. You must have an adult companion with you on the way home.

The most extensive and continuously updated patient information is available at kirurgen.dk/patientvejledning/koloskopi. This PDF covers the specific Picoprep-Dulcolax plan and does not replace individual messages from the clinic.

BRING TO THE EXAMINATION

Patient questionnaire before colonoscopy

Fill in the form before your visit. The information is used to plan a safe and individual course of care.

Contact details

Name and civil registration number	
Mobile number	
E-mail	

Allergies or previous reaction to medication

All medication - continue on the back if needed

Also write down herbal medicines and supplements. Blood-thinning medication requires contact with the clinic.

Name	Strength	Number per day	Reason

Questions about your health

Call the clinic in good time on 39 64 01 25

This applies in particular if you take blood-thinning medication, antiplatelet medication, diabetes medication, insulin, GLP-1-based medicines (for example Ozempic, Wegovy, Rybelsus, Saxenda, Victoza or Trulicity) or Mounjaro (GIP/GLP-1), or if you have kidney disease. Never stop or change prescribed medication on your own.

Question	Yes	No
Do you take blood-thinning or antiplatelet medication?	☐	☐
Do you have diabetes? Write the type and treatment under remarks.	☐	☐
Do you use Ozempic, Wegovy, Rybelsus, Saxenda, Victoza, Trulicity or Mounjaro?	☐	☐
Have you been diagnosed with kidney disease?	☐	☐
Have you been found to have MRSA at a hospital?	☐	☐
Have you previously had surgery on the abdomen or pelvis?	☐	☐
Do you have a pacemaker or ICD?	☐	☐
Do you have a mental illness, early dementia or dementia we should know about?	☐	☐

Remarks

Thank you for your help. Bring the completed form to the examination.