

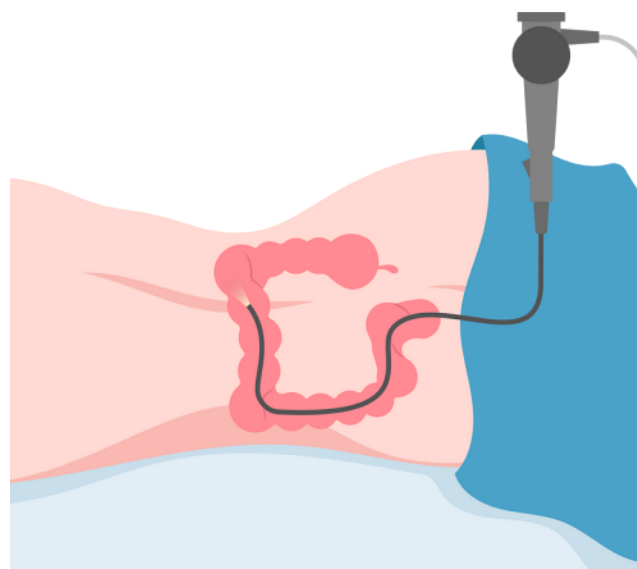
Open Access Services - Colonoscopy

About Open Access Services

Open Access Services is a programme by Woodlands Health (WH) that allows patients seeking medical attention at primary care facilities to have direct referral access to endoscopy, minor surgery, and advanced imaging, bypassing the need for a consultation with a specialist.

Why Am I Being Referred for this Procedure?

Based on your symptoms, your doctor has referred you for a minor procedure known as 'colonoscopy'. Information about this procedure can be found on pages 3 to 6.



What to Expect

1

Before Procedure

- Your doctor submits a referral to WH.
- Your doctor briefs you on the estimated procedure cost.
- A WH staff will give you a call to arrange an appointment and provide financial counselling.



2

Procedure Day

- Arrive at the Endoscopy Centre at Woodlands Health Campus, Tower A, Level 2.
- Register at the Patient Services Station.
- A doctor will conduct a screening check and seek your consent before the procedure.



3

After Procedure

- A WH staff will advise you on next steps including booking of a follow-up appointment (if needed) and payment.
- Please return home to rest.
- Depending on your results, you may be informed to follow up with your doctor or specialist.



About Colonoscopy

1. What is colonoscopy?

Colonoscopy is a procedure to investigate your large intestine or bowel (colon). Some parts of the small intestine (terminal ileum) can also be investigated. Using the camera on the tip of a flexible tube, diseases that affect the internal lining of the colon can be detected. Your doctor can remove polyps (lumpy growth that can become cancerous) from the internal lining of the colon, or take samples (biopsy) for further evaluation. Piles or haemorrhoids (swellings of the blood vessels in the region of the anus) can also be treated by tying with a medical rubber band.

2. Why do I need this procedure?

Your doctor has recommended that a colonoscopy is required to investigate the signs and symptoms of diseases that may be attributable to the colon or to screen for colon polyps or colon cancer.

3. What are the preparations for the procedure?

You will be given special instructions on your diet and on how to prepare your bowels before the scope. Please follow these instructions closely so that your bowels are properly prepared before the procedure.

You should not eat (or drink anything EXCEPT for plain water) for at least 6 hours before the procedure. You are allowed to drink plain water or take your usual medications (unless otherwise instructed) until 2 hours before the procedure. Your doctor may advise you to fast longer if you have certain medical conditions or for certain procedures.

During fasting, you will be advised on withholding or modifying the dosage of your diabetic medications. To reduce the risk of bleeding, your doctor may advise you to stop consuming any blood thinners (sometimes up to two weeks) prior to the procedure/surgery.

Your doctor may also advise replacing it with an alternative temporary treatment. Please continue to take all your other usual medications, unless otherwise instructed by your doctor.

4. How is the procedure performed?

A camera on the tip of a flexible tube will be inserted into your anus by an endoscopist. It will be maneuvered from the end of the large intestines (the rectum and anus) till the beginning of the large intestines (the caecum and sometimes the terminal ileum). Using the camera, the endoscopist will be able to detect diseases that affect the internal part of the large intestines.

5. What are the risks and complications of the procedure?

There are small risks to the procedure, such as:

- Bowel perforation:

This occurs when the tip of the colonoscope goes through the bowel wall, resulting in perforation (causing a hole in the bowel wall). This may rarely occur with the removal of polyps or performing a biopsy. This is a serious complication as bowel contents (stool) may leak from the large intestine into the abdomen and can result in severe infection and death. An emergency operation may be required. The risk of perforation is very low, about 1 in 1000 cases (0.1%).

- Bleeding:

The removal of polyps (polypectomy) or performing a biopsy may also result in bleeding. Additional measures (e.g. injection of medication or usage of clips) may be performed to stop the bleeding. The risk of bleeding is less than 3%. The risk of bleeding if a polypectomy is performed may range from 0.1% to 6%. This may occur after you are discharged from the hospital.

Symptoms of bleeding from the colon commonly presents as passage of red or maroon-coloured blood, with or without any accompanying stool during bowel motion. Severe bleeding may cause fainting spells. You should go to the Accident & Emergency department if bleeding occurs. If some blood thinning medications are not discontinued for the recommended duration, the risk of bleeding may be higher.

- Sedation:

Sedation risks are rare and some possible side effects are: decreased rate of breathing, changes in heart rate and blood pressure, headache, nausea and vomiting, and inhalation of stomach contents into the lungs. The effects of sedation can vary considerably between individuals. Use of potentially dangerous machinery, driving and other similar activities within 24 hours of the procedure IS DANGEROUS AND STRONGLY DISCOURAGED.

- Incomplete colonoscopy and missed pathology:

A complete colonoscopy is achieved when your doctor succeeds in maneuvering the endoscope all the way to the caecum or beyond. However, due to anatomy, adequacy of bowel preparation or bowel disease, this may not be possible in less than 5% of the time. If your colonoscopy is incomplete, after the procedure, you may be advised to have a repeat colonoscopy or a separate procedure performed to complete the evaluation of your large intestine.

- Risks of piles ligation (if applicable):

Rubber band ligation can rarely precipitate severe bleeding which may need further procedures to treat. It can also cause pain and retention of urine (temporary inability to urinate). In very rare cases, it can lead to severe infection of the perianal region.

6. What would I expect after the procedure?

You may experience some bloating and flatulence caused by the air that was pumped in during the procedure. This is normal and will improve quickly. Our staff will monitor you in the observation area for a short period of time to ensure you recover well from the sedation. Generally, no post-procedure analgesia is required. Light refreshments will be provided before you leave Endoscopy Centre.

7. What are other treatment options besides colonoscopy?

CT colonography is a X-ray investigation where the colon is filled with air and a CT scan is used to image the large intestine. You will need to remain still during the procedure and be able to hold air within the colon. Interventions such as removing polyps or taking a biopsy cannot be performed during barium enema or CT colonography. Therefore, if any abnormality is found, a subsequent colonoscopy may be required. There is also lower accuracy in picking up abnormalities, namely small lesions less than 5mm in size, or flat lesions.

Comparatively, the colonoscopy can visualise and pick up the smallest lesions, followed by CT colonography.

8. What will happen if I do not undergo the procedure?

Your doctor has indicated that your medical condition requires further evaluation with a colonoscopy. Failing to undergo this procedure may delay the entire diagnostic process or result in misdiagnosis of a potentially serious medical problem.

Medication

On the day before your procedure, you will also begin taking a medication called Polyethylene Glycol Electrolyte (PEG) solution, which is used to empty the colon before colonoscopy. You may experience nausea, vomiting and diarrhoea.

Important:

- Do continue taking your medication for heart disease and high blood pressure.
- Consult the nearest doctor if you experience vomiting or severe abdominal pain (stomachache).
- Please stop taking SGLT2 inhibitors 2 days before your colonoscopy.
- Stop taking blood thinning medication (such as anti-platelet agents and anti-coagulation medication) and iron tablets, as advised by your doctor.
- Do not take your diabetes medication on the day of your colonoscopy.

One Day Before Procedure

Dietary Restrictions

- Please consume only light, low-fibre food and drinks, such as:



White bread
(no spread)



White porridge/
rice



Lean meat
(chicken/fish)



Eggs



Coffee/tea
(no milk)

- Do not consume any dairy products, oily or high-fibre foods, such as:



Milk, yoghurt,
cheese, butter



Fruits and
vegetables



Whole grains/
oats

Time	Instructions
7am	Have a light, low-fibre breakfast.
12pm	Have a light, low-fibre lunch.
6pm	Have a light, low-fibre dinner.
6.30pm	Stop consuming solid food until your procedure is over.
7–9pm	Prepare the PEG solution by mixing 2 sachets of PEG powder with 8 glasses of water (total of 2 litres). Drink the solution and finish it by 9pm.
9–11pm	Drink water to replenish the water lost from the effects of the PEG solution.

Day of Procedure

Time	Instructions
5 - 6am	Do not eat anything until your procedure is over. Prepare the PEG solution by mixing 1 sachet of PEG powder with 4 glasses of water (total of 1 litre). Drink the solution and finish it by 6am. Stop drinking water 2 hours before your colonoscopy appointment.

Scan this QR code to watch a video on how to prepare your bowel for colonoscopy.

Or go to: <https://for.sg/wh-bowel-prep>



Good vs Poor Bowel Preparation

Bowel preparation is important for the colonoscopy procedure to be effective. A clean colon allows the doctor to clearly see the lining of the colon for accurate diagnosis. If your colon is not clean, the view may be blocked and the procedure may have to be repeated.

If your stool looks like Stool 1 to 4 shown in the pictures below, please report to the Endoscopy Centre 2 hours before your procedure. Your doctor may give you additional medication for bowel preparation.

Stool 1

Dark and murky
with solid or
semi-solid stool



Stool 2

Brown and murky
with small amount
of solid stool



Stool 3

Brown liquid
with lots of
sediments



Stool 4

Brown liquid
with minimal
sediments



Stool 5

Brown liquid
with no
sediments



Stool 6

Light yellow,
clear liquid with
no sediments



Clean colon after good
bowel preparation



Reporting for Your Appointment

After arriving at Woodlands Health Campus, please go to the Endoscopy Centre to register for your procedure.

Endoscopy Centre

Tower A, Level 2

Woodlands Health Campus

17 Woodlands Drive 17

Singapore 737628

To get there, go to Lift Lobby 1 and take the lift to Level 2. Turn right after exiting the lift.



If you are driving, park near the green zone and take the lift at Lift Lobby 1 to Level 2.



Scan for directions
to Woodlands
Health Campus
for.sg/wh-getting-to



Scan for maps
of the Campus
for.sg/wh-getting-around

Please arrive 1 hour before your appointment time.

If you do not receive your appointment details within 3 working days from the date of your clinic visit, please call the Endoscopy Centre at 6361 6021 (Monday to Friday, 8.30am to 5.30pm).

Please keep to your scheduled appointment. If you are unwell (i.e. fever, cough or flu) or wish to postpone or cancel the procedure, please call the Endoscopy Centre or Woodlands Health Contact Centre at 6363 8000 (Monday to Friday, 8.00am to 5.30pm and Saturday, 8.00am to 12.30pm).

Documents to Bring

- Referral letter to Endoscopy Centre
- NRIC / Passport / Birth Certificate / Employment Pass or Work Permit
- Medical Benefits: Civil Service Card (CSC) / Public Service Card (PS card)
- Medical Benefit Identity Memo (MBIM) for SAF Personnel
- Singapore Blood Transfusion Service Medical Benefits Card
- PA Card (MCD) / Medical Exemption Card (MCD/MOH) / RUAS Card
- Letter of Guarantee (LOG) / Hospital Identity or Admission Card (HIC/HAC)

If you wish to use Medisave to pay for your admission, please bring the Medisave Account Holder's NRIC and the printed and completed Medisave form.

Personal Care

For your safety, please completely remove these items before arriving for your procedure:

- Contact lenses
- Make up
- Jewellery
- Nail varnish



We also ask that you do not bring too much cash or personal belongings as the lockers provided are small.

Discharge Care

- Please arrange for an adult (21 years old and above) to accompany you home if possible.
- Do not drive or operate any vehicle upon discharge.

