

VIRTUAL COLONOSCOPY

DATE OF PROCEDURE	
TIME OF ARRIVAL	

(The examination can be delayed because of the specific nature of the procedure)

The procedure can be covered by NFZ insurance or performed as a fully paid service.

A referral for specialist treatment is mandatory for procedures covered by NFZ insurance.

Patients who register for a procedure covered by NFZ insurance are asked to arrive to the CT Laboratory at the scheduled date and time.

A medical referral or request from the attending physician is required for examinations which are paid for by patients.

Patients who register for paid examination are asked to go to the Reception Desk of the Specialist Outpatient Care Department (elevator 3, 1st floor) to make the payment and provide the necessary patient data.

HOW TO PREPARE FOR YOUR APPOINTMENT:

- Make sure to bring the results of **creatinine** test and – if you have hyperthyroidism – **TSH** assay with you for your appointment (the test results are valid for 2 weeks).
- If you use metformin (METFORMAX, SIOFOR, GLUCOPHAGE, FORMETIC, METRAL, METIFOR, GLUFORMIN), do not take this drug within 48 hours before and 24 hours after your appointment (in consultation with the attending physician).
- If you use anticoagulants (Sintrom, Syncumar, Acenocumarol) and subcutaneous Heparin injections – please consult a physician. If you take any other medications, continue with your therapy as usual.
- It is advised to take your prior colonoscopy result with you (if you had any).
- Patients must prepare for the lower gastrointestinal series: they must clean out the bowel from food residues.
- The referring physician prescribes a special medication that the patient must buy at a pharmacy. Note that the medication is available on **prescription only**.
- The most commonly prescribed bowel cleaning agents in the alphabetical order: **Citra Fleet, Eziclen, Fortrans, Moviprep, Olopeg**.
- The choice of the bowel cleansing agent depends on the preferences of the physician and the patient, the patient's health status and co-morbidities.
- Do not eat whole-grain bread, stone fruit and vegetables (such as cucumber, tomatoes, grapes, poppy, kiwi, strawberries) during 4 days before the scheduled colonoscopy.

On the day before the examination:

- eat a light breakfast, a soup for lunch (broth or creamy soup) – this is your last meal before the examination;
- drink the prescribed bowel cleaning agent between 3.00 p.m. - 11.00 p.m. according to information on the package leaflet.
- On the day of the examination: drink only clear non-carbonated fluids; do not eat anything. If you are a dialysis patient, please consult your nephrologist.

Before the examination:

- Make sure to tell the medical staff if you have any allergies or if you are hypersensitive to the contrast agents.
- You should bring the medical reports of your previous tests and procedures (discharge summaries, reports of ultrasound scans, angiography scans, computer tomography scans, specialist consultations) and a list of your current medications with you for your appointment.
- If you experience any adverse symptoms following intravenous contrast infection (shortness of breath, dizziness, nausea, itchy skin, chest pain) **during the procedure**, please tell the medical staff about it.
- You are advised to drink around 2.5 liters of non-carbonated water or unsweetened drinks during 24 hours **after the examination** in order to help your body eliminate the contrast agent.
- In rare cases, you may experience nausea, skin rash or itching after administration of the contrast agent. Please immediately report these symptoms to the physician.
- You will be monitored for around 20 minutes after the examination.

HOW TO COLLECT THE RESULTS:

The results will be ready after around 14 days of the examination.

Call 516 171 166 to learn if your results are ready.

You can collect the results in person or on the basis of a written authorization at the Hospital's Main Reception Desk (next to the reception officer suite) from Monday to Friday **between 8.00 a.m. – 4.00 p.m. (until 6.00 p.m. on Thursdays)**.

CONSENT FOR A MEDICAL SERVICE

1. I have received this written information about the nature and possible complications of **computed tomography with a contrast agent: Optiray, Ultravist**

2. General information

Use of iodine contrast agents may cause adverse reactions, which are usually transient, typically mild to moderate. Cases of acute and life-threatening reactions, including fatal reactions, have been reported. The reactions usually occur within several minutes following administration of the contrast agent, but may also occur much later.

- a) **Pain and swelling at the injection site** is most commonly caused by extravasation of the contrast agent. The reactions are usually transient and do not cause any lasting deterioration in health. However, inflammatory condition and even skin necrosis have also been reported after administration of this class of contrast agents.
- b) **Anaphylactic shock (acute allergic reaction)** can have various manifestations, and all possible signs and symptoms are only rarely seen in a single patient. It usually occurs within 1 minute to 15 minutes (only rarely after 2 hours) after the contrast agent administration. Symptoms may include malaise, agitation, feeling of warmth/ flushing, increased sweating, dizziness, lacrimation, inflammation of the nasal mucous membranes, palpitation, paresthesia (sensation disorders), itching, throbbing headache, sore throat, sensation of a lump in the throat, swelling difficulty, coughing, sneezing, hives, erythema, mild local edema, angioedema, shortness of breath caused by the swelling of the tongue and oropharynx, and/or oropharyngeal spasm.
- c) **Nausea, vomiting, abdominal pain, diarrhea**
- d) Primary circulatory collapse – it may occur as the only and/or initial reaction without any accompanying respiratory symptoms or any of the symptoms listed above.
- e) **Vascular contraction resulting in ischemia.**
- f) **Severe cardiovascular reactions including vasodilatation accompanied by reduced arterial pressure, abnormally fast heartbeat (tachycardia), shortness of breath, agitation, cyanosis, loss of consciousness resulting in cardiac and respiratory arrest, which may be fatal. These reactions may occur suddenly and may require full and intensive resuscitation, for which the person who performs the examination is not responsible.**

3. I confirm that on the date of the scheduled examination the referring physician provided me with "Patient Information concerning complications of computed tomography/urography with/without a contrast agent" and informed me extensively about the nature and the risk of complications associated with the scheduled diagnostic procedure. I informed the physician about my health status. I am aware that X-ray radiation may have a negative effect on the human body, for which the person who performs the examination is not responsible.

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Patient's Signature

To learn how to prepare for the examination, go to www.bonifratrzy.krakow.pl

To cancel or reschedule the procedure, please contact us:
call 12/37 97 390 – fully paid examinations
call 12/37 97 377 – examinations covered by NFZ insurance
e-mail: informacja@bonifratrzy.krakow.pl