

## Bowel Prep for GI Endoscopy - Full Clinical Guideline

Reference no.: CG-SC/2010/126

### 1. Introduction

The National patient Safety Agency (NPSA) published guidance on reducing the risk of harm from oral bowel cleansing solutions in February 2009, following a growing number of reported incidents and deaths. Many of these reports related to electrolyte imbalance or dehydration resulting from poor fluid intake or inappropriate use of bowel cleansing products.

### 2. Aim and Purpose

This guideline summarises the procedures for the authorisation and supply of oral bowel cleaning products used in the Trust for GI Endoscopy with adult patients only.

### 3. Assessment

Assess the patient to confirm that there are NO contraindications.

**Absolute Contraindications** – do NOT authorise supply of bowel cleansing product

- Severe GI obstruction, ileus or perforation
- Severe Inflammatory Bowel Disease
- Toxic megacolon
- Reduced conscious level
- Hypersensitivity to any ingredients
- Dysphagia (unless via NG tube)
- Ileostomy (Picolax® contraindicated, usually no prep required)

#### **Co-morbidities and Risk factors**

The following comorbidities are not absolute contraindications but may require additional arrangements or consideration of alternatives to colonoscopy e.g. CT Pneumocolon.

- Kidney disease (CKD 4 or 5)
- Electrolyte imbalance (out of range)
- Severe dehydration
- Cardiac failure
- Liver cirrhosis
- Risk of falls due to urgent need to access toilet

### Bowel Preparation

1. Where Moviprep Klean-Prep or Plenvue is used as bowel preparation routine U+Es are not required (ESGE Bowel prep guidelines 2019).
2. U+Es within 3 months is required in the following circumstances
  - Known Renal impairment
  - Use of Picolax as bowel preparation
3. Review concurrent drugs. The following drugs should be omitted unless advised to continue by requesting consultant. Patients will be advised to do this by endoscopy pre-assessment service
  - a. ACE inhibitors/Angiotensin Receptor blockers - discontinue on the day of bowel prep and do not reinstate until 72 hours after procedure
  - b. Diuretics - discontinue on the day of bowel prep only (unless risk of pulmonary oedema)
  - c. *NSAIDs* discontinue on the day of bowel prep and do not reinstate until 72 hours after procedure
  - d. Patients taking the oral contraceptive pill should be advised to take alternative precautions during the week following the administration of the oral bowel cleansing agent.
4. If no contraindications, authorise supply of oral bowel cleansing product.
5. Where patient unsuitable for home administration of bowel prep consider CT pneumocolon / CT rather than colonoscopy for example, the elderly (>80 years) and those with reduced mobility or comorbidities such as heart failure

## **CHRONIC KIDNEY DISEASE**

Endoscopic procedures should be requested in the usual way including completion of an authorisation for supply of oral bowel cleansing products.

### **Chronic Kidney Disease**

Most patients with chronic kidney disease (CKD 3-5) not receiving dialysis should have standard bowel prep of 2 sachets of Moviprep unless there are specific contra-indications. For high risk patients, please arrange to have U+Es checked when they attend for the procedure, and 48hrs post procedure.

### **Patient undergoing Renal Support (Haemodialysis or Peritoneal dialysis)**

These patients should only have bowel cleansing agents prescribed after discussion with the Renal team. Moviprep is not absorbed and will not cause fluid overload, but these patients are at risk of dehydration. The endoscopic procedure will also need to be timed with haemodialysis treatments, and for peritoneal dialysis patients undergoing colonoscopy/sigmoidoscopy their dialysate should be drained to leave their peritoneal cavity empty prior to the procedure. Peritoneal dialysis patients will also need antibiotic cover, to be arranged via the CAPD team.

### **Renal transplant patients**

As well as the risks of dehydration, there is a risk of bowel cleansing preparations interfering with absorption of vital immunosuppressant drugs in these patients. Please discuss all such cases with the renal team.

MEDICATION review as per patients with normal renal function

### **Chronic Kidney Disease**

- a. ACE inhibitors/Angiotensin Receptor blockers - discontinue on the day of bowel prep and do not reinstate until 72 hours after procedure
- b. Diuretics - discontinue on the day of bowel prep only (unless risk of pulmonary oedema)
- c. *NSAIDs* discontinue on the day of bowel prep and do not reinstate until 72 hours after procedure
- d. *SIADH* – Lithium, antipsychotics, carbamazepine, SSRI, Tricyclic antidepressants can be continued but ensure recent U&E checked-

### **Patient undergoing Renal Support (Haemodialysis or Peritoneal dialysis)**

The renal consultants will provide specific advice on medication for these patients.

**5. References:**

Consensus Guidelines for Prescription and Administration of Oral Bowel Cleansing Agents  
[www.rcr.ac.uk/docs/radiology/pdf/Oral\\_Bowel\\_Cleansing\\_Guidelines.pdf](http://www.rcr.ac.uk/docs/radiology/pdf/Oral_Bowel_Cleansing_Guidelines.pdf) (Adapted Nov 2009)

Chronic kidney disease in adults: assessment and management **NICE guidelines [CG182]**  
**Published date: July 2014** [www.nice.org.uk/guidance/cg182/chapter/1-recommendations](http://www.nice.org.uk/guidance/cg182/chapter/1-recommendations)  
 (Adapted NOV 2015)

[www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/reducing-risk-of-harm-from-oral-bowel-cleansing-solutions](http://www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/reducing-risk-of-harm-from-oral-bowel-cleansing-solutions)

[www.bsg.org.uk/attachments/960\\_obca\\_draft\\_10.pdf](http://www.bsg.org.uk/attachments/960_obca_draft_10.pdf)

[www.esge.com/assets/downloads/pdfs/guidelines/2019\\_a\\_0959\\_0505.pdf](http://www.esge.com/assets/downloads/pdfs/guidelines/2019_a_0959_0505.pdf)

**6. Documentation Controls**

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