



Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU

This Patient Group Direction (PGD) must only be used by registered health professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used. Health professionals should always access the PGD via the PTHB internet to ensure that they are always working to the most up to date version

Patient Group Direction

for the supply of

Moviprep® powder for oral solution

by registered nurses employed as Specialist Screening Practitioners (SSP) or endoscopy practitioners

for

bowel preparation prior to sigmoidoscopy or colonoscopy examination

to

participants of Bowel Screening Wales (BSW) programme or for individuals under the care of the symptomatic endoscopy service

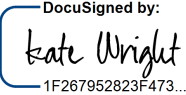

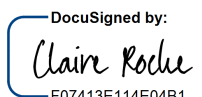

in Powys Teaching Health Board

Version number: PGD 0083 D

Change History

Version number	Change details	Date
PGD0083	Initial Issue	01/02/15
PGD0083-A	Review issue- addition of symptomatic service	01/09/16
PGD0083-B	Review issue	10/01/21
PGD0083-C	Review issue to include: <ul style="list-style-type: none"> • update in safeguarding process & contact numbers, minor formatting and wording changes • Modification due to Bowel Screening Program update to include posting medication and inclusion criteria • Removal of issue to symptomatic patients 	25/04/23
PGD0083-D	Review issue to add use for symptomatic individuals as per PGD proposal form, which was agreed at the Oct 2024 PGD subgroup meeting, following confirmation from Bowel Screening Wales that the PGD may be amended to include symptomatic individuals under the care of the endoscopy service. <p>Clinical changes throughout to reflect current reference sources; cautions and contra-indications updated.</p> <p>Information leaflets updated.</p> <p>Removal of a reference to a local protocol for the preparation of diabetic patients for colonoscopy.</p> <p>Minor changes to format to promote consistency with other PTHB PGDs.</p>	11/06/2025

PGD authorisation

Name	Job title and organisation	Signature	Date
Senior doctor Dr Kate Wright	Lead doctor for PTHB		6/4/2025
Chief Pharmacist Jonathan Boyd	Chief Pharmacist for PTHB		6/9/2025
Senior representative of professional group using the PGD Claire Roche	Executive Director of Nursing and Midwifery for PTHB		6/4/2025
Clinical Governance Lead Amanda Edwards	Clinical Governance Lead for PTHB – Assistant Director for Innovation and Improvement		6/11/2025

The PGD is not legally valid until it has had the relevant organisational authorisation. It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Appendix A provides a practitioner accreditation sheet. Individual practitioners must be authorised by name to work to this PGD.

Those using this PGD must ensure that it is organisationally authorised and signed by an appropriate authorising person, relating to the class of person by whom the product is to be supplied, in accordance with Human Medicines Regulations 2012 (HMR2012)¹. The PGD is not legal or valid without signed authorisation in accordance with HMR2012 Schedule 16 Part 2. Operation of this PGD is the responsibility of commissioners and service providers. The final authorised copy of this PGD should be kept by PTHB for 8 years after the PGD expires. Practitioners and organisations must check that they are using the current version of the PGD.

¹ This includes any relevant amendments to legislation.

Training and competency of registered health professionals

<p>Qualifications and professional registration</p>	<p>Practitioners must only work under this PGD where they are competent to do so.</p> <p>Practitioners working under this PGD must also be a registered professional with the following body:</p> <ul style="list-style-type: none"> • Nurses currently registered with the Nursing and Midwifery Council (NMC) <p>The practitioner will be either working as an SSP or working in an Endoscopy Unit in PTHB.</p> <p>Practitioners must also fulfil the Additional requirements listed below.</p> <p>Check Appendix A – Staff Accredited to use this Patient Group Direction to confirm whether all the registered practitioners listed above have organisational authorisation to work under this PGD.</p>
<p>Initial training and knowledge requirements</p>	<p>The registered healthcare professional authorised to operate under this PGD must have undertaken appropriate education and training in:</p> <ul style="list-style-type: none"> • The competencies to undertake clinical assessment of individuals ensuring safe provision of the medicine listed in accordance with local policy • PTHB Gastro-Intestinal Endoscopy Operational Protocol (TEP061) • The knowledge of the current guidelines on The Management of Bowel Screening Wales (BSW) Participants in PTHB (TEP064)(Only required for SSPs) • The competence in remote consultation using telephone, or other means of communication that supports a remote consultation • The supply of Moviprep[®] and knowledge of its uses, contraindications and adverse effects • Storage requirements for Moviprep[®] • The procedure regarding posting of medication and related legal requirements

	<p><u>Additionally, practitioners:</u></p> <ul style="list-style-type: none"> • must be authorised by name as an approved practitioner under the current terms of this PGD before working to it • must have undertaken appropriate training for working under PGDs for supply/administration of medicines. Recommended training eLfH PGD eLearning programme. PTHB staff to access via ESR • must have undertaken training appropriate to this PGD as required by local policy • must be familiar with the product(s) and alert to changes in the BNF and Summary of Product Characteristics www.medicines.org.uk • must have undertaken and completed Safeguarding of Children, Young People and Vulnerable Adults - Training and Competency Passport, at level applicable to the role • must have received training and be competent in the recognition, management and reporting of recognised adverse reactions. • must have up to date Basic Life Support (BLS) skills. • must have access to the PGD and associated online resources. <p>THE PRACTITIONER MUST BE AUTHORISED BY NAME, UNDER THE CURRENT VERSION OF THIS PGD BEFORE WORKING ACCORDING TO IT.</p> <p>THE DECISION TO SUPPLY ANY MEDICATION RESTS WITH THE INDIVIDUAL REGISTERED HEALTH PROFESSIONAL WHO MUST ABIDE BY THE PGD AND ANY ASSOCIATED ORGANISATIONAL POLICIES.</p>
<p>Competency assessment</p>	<ul style="list-style-type: none"> • Staff operating under this PGD are encouraged to review their competency using the NICE Competency framework for health professionals using patient group directions and to complete the eLfH PGD elearning programme (PTHB staff to access via ESR). Evidence of ongoing PGD training to be submitted to Line Manager annually– this should include an annual completion certificate of PGD e-learning or a dated screenshot of the PGD e-learning assessment results as proof of completion. • Individuals operating under this PGD must be assessed as competent (see Appendix A) and complete a self-declaration of competence to operate under this PGD in their Personal Appraisal and Development Review (PADR) (where relevant). The personal development plan (yellow) section of the PADR booklet should be used to record completion of Statutory and Mandatory training, including annual PGD e-learning.

	<ul style="list-style-type: none"> • Evidence of training in BLS and safeguarding. • Practitioners must recognise their own limitations and personal accountability and act accordingly.
<p>Ongoing training and competency</p>	<ul style="list-style-type: none"> • Individuals operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training provided as required. • Annual PGD training (eLfh PGD eLearning programme)- PTHB staff to access via ESR. Evidence of ongoing PGD training to be submitted to Line Manager annually. • Updating at least every 2 years, or earlier in response to new local/national guidance, on the use of PGDs and Moviprep®. • Practitioners must ensure they are up to date with relevant issues and clinical skills. • Completion and submission of Continuous Professional Development (CPD) as required by NMC; evidence of appropriate CPD must be retained and made available on request. • Compliance with all mandatory NHS training.

Clinical condition

<p>Clinical condition or situation to which this PGD applies</p>	<p>Individuals who require bowel clearance before undergoing colonoscopy or sigmoidoscopy for either of the following reasons:</p> <ol style="list-style-type: none"> 1. Individual referred for an endoscopic procedure as part of their investigation within the symptomatic endoscopy service (individual will be fully assessed either face to face in clinic or by telephone or remote consultation with an endoscopy practitioner to ensure they meet the inclusion criteria for endoscopy within a community hospital) <p>OR</p> <ol style="list-style-type: none"> 2. Individual is a participant of the Bowel Screening Wales programme (individual will be fully assessed by telephone or remote consultation with the Specialist Screening Practitioner (SSP)). NB: This PGD will be used in conjunction with the clinical guidelines: TEP 064 Management of Bowel Screening Wales Participants in PTHB <p>NB All Practitioners must work in line with the endoscopy protocol and guidelines: TEP 061</p>
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	<p>It is the responsibility of the supplying practitioner to ensure that the individual is within the inclusion criteria, and that there are no reasons for exclusion before proceeding to supply the medication. If there is any reason for concern, seek medical advice.</p>
<p>Inclusion Criteria</p>	<ul style="list-style-type: none"> • Adults aged 18 years old and over, for either: <ol style="list-style-type: none"> 1. endoscopic investigation (colonoscopy, flexible sigmoidoscopy) for diagnostic purposes as part of their suspected cancer pathway. An endoscopy practitioner will carry out a clinical assessment to ensure the individual meets the inclusion criteria for endoscopy within a community hospital and to ensure that there is no contraindication or risk from the use of a bowel cleansing solution. OR 2. investigation as per Bowel Screening Wales Programme inclusion criteria, following a clinical assessment carried out by the Specialist Screening Practitioner to ensure that there is no contraindication or risk from the use of a bowel cleansing solution • Individual is able to take oral medication following clinical assessment • Individual must meet criteria as specified in TEP 061/TEP064 (if relevant) • Medical and drug history taken, no reason for exclusion • Individual has had a measurement of kidney function (U+Es) obtained within the last 3 months (and also within 3 months of the procedure date) • Informed consent from the individual or a person legally able to act on the person’s behalf, must be obtained prior to supply and recorded appropriately. Refer to PTHB Consent to Treatment and Examination Policy. <p>In case of any doubt, contact medical team.</p> <p>Any vulnerable adult or child protection concerns should be referred to Safeguarding and the PTHB safeguarding policies followed and the endoscopy unit procedures followed, where appropriate. Consider discussing with GP. Where there are safeguarding concerns (Child Protection or Protection of Vulnerable Adults, POVA), advice from the local Safeguarding team should be sought (see below).</p>

Exclusion criteria

(Exclusion under this PGD does not necessarily mean the medication is contraindicated, but it would be outside its remit and another form of authorisation will be required)

- Informed consent not given (Individuals for whom valid consent, or 'best-interests' decision, in accordance with the [Mental Capacity Act 2005](#), has not been obtained or received). Refer to section "[Action to be taken if individual declines treatment](#)".
 - Known or suspected hypersensitivity to Moviprep® or/and to any of the excipients in the medicinal product - see [Summary of Product Characteristics](#)
 - Individual under 18 years of age
 - Individual who doesn't meet the conditions as stated in [TEP 061/TEP064](#) (if relevant)
 - Individuals who:
 - cannot swallow, have difficulty swallowing food or drink, or are awaiting a swallow reflex test
 - are nil by mouth
 - have impaired gag reflex, a tendency to aspiration, or a tendency to regurgitate swallowed drink, food or acid from the stomach
 - use starch-based thickeners (see [interactions](#))
 - have not had a measurement of kidney function (U+Es) obtained within the last 3 months (and also within 3 months of the procedure date)
 - are pregnant or breastfeeding
 - have reduced levels of consciousness
 - have an ileostomy
 - take oral immunosuppressants following a renal transplant (due to potential concerns over the absorption - see [interactions](#))
 - receive haemodialysis or peritoneal dialysis
 - Individuals with known or suspected:
 - gastrointestinal obstruction or perforation
 - disorders of gastric emptying (e.g. gastroparesis)
 - ileus
 - gastric retention
 - phenylketonuria (due to presence of aspartame)
 - glucose-6-phosphate dehydrogenase (G6PD) deficiency (due to the presence of ascorbate)
 - severe acute inflammatory bowel disease
 - toxic megacolon, which complicates very severe inflammatory conditions of the intestinal tract including Crohn's disease and ulcerative colitis.
 - Individuals with known:
 - dehydration
- hypovolemia or individuals with comorbidities indicating a predisposition to hypovolaemia, which may include (but are not limited to) those with chronic or severe diarrhoea, chronic vomiting,

	<ul style="list-style-type: none">• dysphagia, persistent hyperglycaemia and those taking high-dose diuretics• diverticulitis• creatinine clearance <30ml/minute.• Conditions outside of the clinical situations criteria Refer to section " Action to be taken if individual is excluded "
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**Cautions
/reasons for
seeking further
advice from a
prescriber**

- Individuals with complex multiple pathologies, polypharmacy or multiple allergies.
- Check for any other medications that the individual is taking, including topical or inhaled products, food supplements and herbal or homeopathic products. Refer to [interactions](#) section and [contact prescriber](#) for a management plan if necessary.
- Individuals on a controlled sodium or potassium diet or with reduced kidney function (also see [exclusions](#)).
- Diabetic glycaemic control can be problematic during the period of dietary restriction, requiring an individual to follow advice from their local diabetic specialists, along with advice provided in leaflets to be posted with the medication. Individuals with access to a blood glucose meter will need to check blood sugars regularly once starting the diet restrictions and taking the bowel preparation. If possible, diabetic individuals should have a Hypo-box/clear lemonade/ jelly babies available in case of hypoglycaemia.
- Individual with cardiac impairment (NYHA class III and IV).
- In individuals with known risk factors for [ischaemic colitis](#). Post-marketing cases of serious [ischaemic colitis](#) have been reported in individuals treated with macrogol for bowel preparation.
- Use caution in patients with a history of seizures, at increased risk of seizure or at risk of electrolyte disturbance.
- Moviprep[®] should be administered with caution to fragile individuals in poor health or individuals with serious clinical impairment such as:
 - Individuals with cardiac arrhythmia
 - Clinically significant renal impairment- NB also see [Exclusions](#)
 - individuals at risk of arrhythmia, for example, those on treatment for cardiovascular disease or who have thyroid disease or electrolyte imbalance
 consider performing a baseline and post-treatment electrolyte, renal function test and ECG as appropriate.

This list is not exhaustive. Refer to SPC www.medicines.org.uk for further information.

Under Section 128 and 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult or child is at risk. Any vulnerable adult or child protection concerns should be referred to [Safeguarding](#) and the [PTHB safeguarding policies](#) followed. Consider discussing

	<p>with GP. Any safeguarding concerns need to be directed to Safeguarding Hub:</p> <ul style="list-style-type: none">• to generic email address: PowysTHB.Safeguarding@wales.nhs.uk <p>and</p> <ul style="list-style-type: none">• Central Safeguarding number: 01686 252806. <p>Out of hours: 0845 0544847 Advice can also be sought from local Safeguarding Leads.</p>
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<p>Arrangements for referral for medical advice</p>	<ul style="list-style-type: none"> • BSW patients - Contact BSW Endoscopist for medical advice. • Symptomatic patients – Refer to Symptomatic Endoscopist for medical advice. • Refer to medical staff as appropriate.
<p>Action to be taken if individual excluded</p>	<ul style="list-style-type: none"> • Explain reason to individual / carer. • Record reason and record action taken. • Refer to Endoscopist for review and prescribing of alternative agent if appropriate. • Endoscopist to decide alternative management if alternative bowel cleansing agent not appropriate.
<p>Action to be taken if individual declines treatment</p>	<ul style="list-style-type: none"> • Explain consequences of refusing treatment. • Advise individual that without bowel cleansing the colonoscopy procedure cannot go ahead and diagnosis will not be possible. • Make individual or their representative aware of alternative sources of treatment/ management (DGH or GP) as appropriate. • Document refusal and any advice given. Complete a Discharge Against Advice Form if appropriate. • Where appropriate, complete the letter on the WPAS system and send to the GP.

Details of the medicine

<p>Name, form and strength of medicine</p>	<p>Moviprep[®], Powder for oral solution The ingredients of Moviprep[®] are contained in two separate sachets:</p> <ul style="list-style-type: none"> • Sachet A <ul style="list-style-type: none"> ○ Macrogol 3350 100 g ○ Sodium sulfate anhydrous 7.500 g ○ Sodium chloride 2.691 g ○ Potassium chloride 1.015 g • Sachet B <ul style="list-style-type: none"> ○ Ascorbic acid 4.700 g ○ Sodium ascorbate 5.900 g
<p>Legal category</p>	<p>P: Pharmacy only medicine</p>
<p>Off-label use</p>	<p>Medicines should be stored according to the conditions detailed in the Storage section below. However, in the event of an inadvertent or unavoidable deviation of these conditions, a pharmacy professional must ensure the medicine remains pharmaceutically stable and appropriate for use if it is to be issued. Where medicines have been assessed</p>

	<p>by a pharmacy professional in accordance with national or specific product recommendations/manufacturer advice as appropriate for continued use this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with the pharmacy professional.</p>
<p>Route/method of administration</p>	<p>Oral</p> <p>Each box contains 2 sealed plastic bags, where each bag contains sachets A & B (one dose).</p> <p>A litre of Moviprep® consists of one sachet A and one sachet B dissolved together in water to make a one litre solution. Reconstitution of Moviprep® in water may take up to 5 minutes and is best performed by adding the powder to the mixing vessel first followed by the water. The individual should wait until all the powder has dissolved before drinking the solution.</p> <p>The reconstituted solution should be drunk over a period of one to two hours. This process should be repeated with a second litre of Moviprep® to complete this course.</p>
<p>Dose and frequency</p>	<p>A course of treatment consists of 2 litres of reconstituted Moviprep®:</p> <p>Either</p> <ul style="list-style-type: none"> - One pair of sachets (A and B) should be made up to 1 litre with water and taken over 1-2 hours in the evening before the procedure. One pair of sachets (A and B) should be made up to 1 litre with water and taken over 1-2 hours in the early morning of the day of the procedure. <p>OR</p> <ul style="list-style-type: none"> - 2 litres of reconstituted solution to be taken in the evening before the procedure, OR 2 litres of reconstituted solution to be taken in the morning of the procedure. <p>It is strongly recommended that one litre of clear liquid, which may include water, clear soup, fruit juice without pulp, soft drinks, tea and/or coffee without milk, is also taken during the course of treatment.</p> <p>NB. Advise to follow dosage recommendations on the provided instructions, taking into account the time of the appointment.</p> <p>Treatment should be completed at least 2 hours before the procedures.</p>

<p>Quantity to be supplied</p>	<ul style="list-style-type: none"> Supply one box of over-labelled (pre-labelled) Moviprep[®], containing 4 sachets (2 x sachet A and 2 x sachet B). Write individuals name and date on the medication label. If the medication is to be supplied by posting, the medication must be added to the envelope bearing the individual’s name and address by the nurse working to this PGD. Instructions for use and additional guidance (see information section) must also be sent in the package together with the appointment letter. The nurse working to this PGD must seal the envelope, and follow the departmental SOP for posting bowel preparations. Whilst the medication will be supplied in advance of the individual’s procedure to allow them to read the supplied information and contact the department with any queries, the Moviprep[®] must not be issued so far in advance that the individuals’ medical criteria may change. <p>NB. The addition to and sealing of the envelope must not be delegated to any other member of staff.</p>
<p>Maximum or minimum treatment period</p>	<p>One episode of care.</p> <p>To be taken in accordance with dose and frequency section above.</p>
<p>Storage</p>	<p>Stock must be securely stored according to PTHB Medicines policy (MMP 001) and in conditions in line with SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk.</p> <p>The unopened sachets should be stored below 25°C.</p> <p>The reconstituted solution should be covered and stored below 25°C, for up to 24 hours.</p> <p>The solution may be kept in the refrigerator.</p>

<p>Drug interactions</p>	<ul style="list-style-type: none"> • Starch-based thickeners. MHRA/CHM advice April 2021: polyethylene glycol laxatives (this includes Moviprep®) and starch-based food thickeners have a potential interactive effect when mixed, leading to an increased risk of aspiration. Addition of Moviprep® to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, resulting in a thin watery liquid that, when swallowed, increases the risk of potentially fatal aspiration in individuals with dysphagia. Healthcare professionals are advised to avoid directly mixing macrogol-based laxatives with starch-based thickeners, especially for individuals with dysphagia who are considered at risk of aspiration. See exclusion criteria. • ACE inhibitors, angiotensin-II receptor antagonists, and NSAIDs: Consider withholding these on the day that Moviprep® is given and for up to 72 hours after the procedure. NSAIDs reduce renal perfusion and therefore limit the kidneys' capacity to compensate for reduced renal perfusion through volume depletion. • Diuretics: Consider withholding on the day of Moviprep® administration. • Medicines known to induce the syndrome of inappropriate antidiuretic hormone secretion: Individuals receiving medicines known to induce the syndrome of inappropriate antidiuretic hormone secretion (such as tricyclic antidepressants, selective serotonin reuptake inhibitors, many antipsychotic drugs and carbamazepine) may increase the risk of water retention and/or electrolyte imbalance. Serum urea and electrolytes should be checked before administration of oral bowel-cleansing preparations in individuals taking them. • Stimulant laxatives: concomitant use of stimulant laxatives (such as bisacodyl or sodium picosulfate) in individuals treated with macrogol for bowel preparation, have led to post-marketing cases of serious ischaemic colitis <p>Other oral drugs should not be taken 1 hour before, during or one hour after, administration of Moviprep® because absorption might be impaired.</p> <ul style="list-style-type: none"> • The therapeutic effect of drugs with a narrow therapeutic index or short half-life may be particularly affected • If taking oral contraceptives, an individual may need to use additional forms of contraception (e.g. condom) to
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	<p>prevent pregnancy during the week after administration of Moviprep®. See advice in SPC.</p> <ul style="list-style-type: none">• Caution in individuals in whom the possibility of a reduction in the absorption of their regular medication may prove catastrophic (eg. patients taking immunosuppression for transplants) may require admission for the administration of intravenous medications. NB. those taking immunosuppression for renal transplant are excluded from this PGD• Consider that epileptic control may be affected – discuss with individual’s GP or specialist as appropriate <p>A detailed list of drug interactions is available in the BNF or SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk</p> <p>Consult a prescriber for advice as appropriate.</p>
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<p>Adverse effects</p>	<p>Due to the nature of the intervention, undesirable effects occur in the majority of individuals during the process of bowel preparation. Diarrhoea is an expected effect resulting from the use of Moviprep®.</p> <p>Common or very common side effects:</p> <ul style="list-style-type: none"> anal discomfort chills dehydration dizziness fever gastrointestinal discomfort: may include dyspepsia, abdominal distension/ pain (abdominal pain is usually transient and can be reduced by taking preparation more slowly) headaches hunger malaise nausea rigors sleep disorder thirst vomiting <p>As with other macrogol containing products, allergic reactions including rash, urticaria, pruritus, dyspnoea, angioedema and anaphylaxis are a possibility. Individual should be advised to stop taking Moviprep® and contact a doctor immediately if these occur.</p> <p>If individual experiences symptoms such as severe bloating, abdominal distension, abdominal pain or any other reaction which makes it difficult to continue the preparation, they may slow down or temporarily stop consuming Moviprep® and should consult a doctor.</p> <p>If the individual experiences sudden abdominal pain or rectal bleeding, or other symptoms of ischaemic colitis, when taking Moviprep® for bowel preparation, they should be advised to contact their doctor or seek medical advice immediately. Cases of oesophageal rupture (Boerhaave syndrome) associated with excessive vomiting after intake of macrogol 3350 with electrolytes for bowel preparation has been reported post-marketing, mostly in elderly patients. Advise patients to stop administration and seek immediate medical assistance if they experience incoercible vomiting and subsequent chest, neck, and abdominal pain, dysphagia, hematemesis or dyspnoea. If individual develops any</p>
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	<p>symptoms indicating arrhythmia or shifts of fluid/electrolytes (e.g. oedema, shortness of breath, increasing fatigue, cardiac failure), plasma electrolytes should be measured, ECG monitored and any abnormality treated appropriately. Individual must be advised to stop taking Moviprep® and immediately contact a doctor if they experience a seizure.</p> <p>This list is not exhaustive. Refer to BNF or SPC via www.medicines.org.uk for complete list.</p> <p>Report any suspected adverse reactions to a doctor. All significant adverse drug reactions and any administration errors must be recorded via the Datix Once for Wales Reporting system.</p> <p>Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme at: http://yellowcard.mhra.gov.uk or search for MHRA Yellow Card in the Google Play or Apple App Store. For established medicines, serious adverse events in adults that may be attributable to the medication should be reported.</p>
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<p>Records to be kept</p>	<p>Record consultation details as required by local procedures. In addition, record:</p> <ul style="list-style-type: none"> • That valid informed consent to treatment was obtained or a decision to treat was made in the individual's best interests in accordance with the Mental Capacity Act 2005. Record name of representative who gave consent, if appropriate. Record advice given and action taken if excluded or declines treatment. • Name of individual, address, date of birth. • GP contact details where appropriate. • Relevant past and present medical history, including medication history and any known allergies/adverse events and nature of reaction (if established) • Any reasons for exclusion or referral, including actions taken and advice given. • Examination finding/s, where relevant. • Printed name and signature of registered health professional responsible for supply. • Date of supply (time and date of posting, if supplied by post, in addition to any records required according to departmental posting SOP) • Name, form, strength, dose, route, frequency, and quantity of medication supplied • Batch number and expiry date of medicine supplied • Advice given about the medication including side effects, benefits, and when and what to do if any concerns. • Any advice received from medical cover and advice given to individual / carer. • Record that medication was supplied via PGD, record PGD title and version number <p>Records should be signed and dated (or a password-controlled e-records) and securely kept for a defined period in line with local policy.</p> <p>All records should be clear, legible and contemporaneous.</p> <p>A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with local policy.</p>
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Patient information

<p>Written/verbal information to be given to individual or carer</p>	<p>Provide information (or direct to information source) about colonoscopy and safe use of the medication; available via BSW Information resources.</p> <p>Provide PIL (Patient Information Leaflet) available in the medicine pack or via www.medicines.org.uk and draw the individual/carers' attention to it. BSW individual/carers will be provided with a copy of the PTHB Information booklet (Appendix B). Symptomatic individuals attending a morning appointment will be provided with the leaflet in Appendix C; symptomatic individuals attending an afternoon appointment will be provided with a copy of the leaflet in Appendix D. All individuals will be provided with either the 'Additional leaflet provided for morning appointments' (Appendix E) or the 'Additional leaflet provided for afternoon appointments' (Appendix F), as appropriate.</p> <p>During the telephone or remote consultation assessment, the endoscopy nurse or SSP will explain:</p> <ul style="list-style-type: none"> • contraindications and cautions as documented in the PIL • clearly how and when to take Moviprep® (including how to reconstitute the solution - see route/method of administration and dose and frequency) <ul style="list-style-type: none"> ○ Advise that no solid food should be eaten for at least 4 hours before taking Moviprep®, during treatment and until procedure is completed. ○ After reconstitution in water Moviprep® consumption may begin immediately or if preferred it may be cooled before use. Instruct that the reconstituted solution should be covered and kept at below 25°C (can be kept in the fridge) for up to 24 hours. ○ The first litre of Moviprep® solution should be drunk over 1 to 2 hours. ○ Expected duration of the effect; watery bowel movements are an expected outcome, and the individual should be advised to stay close to a toilet when they start drinking Moviprep®. ○ The individual must be encouraged not to get dehydrated - the fluid content of Moviprep® when reconstituted with water does not replace an individual's regular liquid intake and adequate fluid intake must be maintained. It is strongly recommended that at least 1 litre of clear liquid (which may include water, clear soup, fruit juice without pulp, soft drinks, tea and/or coffee without milk) is also taken during the course of treatment. This advice should be tailored according to the
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	<p>individual's needs and condition. These drinks can be taken at any time until 2 hours before the procedure.</p> <ul style="list-style-type: none"> • side effects (refer to adverse effects section and ensure individual/carer is aware of symptoms/side effects which would require them to stop the Moviprep®, contact a doctor, or to take other actions) • that if the individual does not have a bowel movement within 6 hours of taking Moviprep®, they must stop the intake and contact a doctor immediately. • interactions: <ul style="list-style-type: none"> ○ Other oral medicines should not be taken 1 hour before, during, or after, administration of Moviprep® because absorption might be impaired and they may not work so well. ○ Provide advice relevant to the individual from the interactions section <p>Ensure the individual/carer understands how to contact their endoscopy nurse/SSP, or local out of hours service, if required.</p>
<p>Follow-up advice to be given to individual or carer</p>	<ul style="list-style-type: none"> • Refer to endoscopy guidelines TEP 061 and TEP 064 • Inform individual of possible side effects and their management. • Advise individual/ carer to seek medical advice immediately if they have any unexpected reaction or other cause for concern. Refer to adverse effects section for further details. Contact GP via surgery or emergency out of hours service. • If the individual does not have a bowel movement within 6 hours of taking Moviprep®, they must stop the intake and contact a doctor immediately. • Individual will be followed up when they attend for their colonoscopy.

Key references

- BNF [BNF \(British National Formulary\) | NICE](#) - accessed 24/02/2025
- SPC Moviprep (last updated 16/04/2025) www.medicines.org.uk accessed 09/04/2025
- Rapid Response Report NPSA/2009/RRR012 – Reducing risk of harm from oral bowel cleansing solutions. February 2009.
- Consensus Guidelines for the safe prescription and administration of oral bowel cleansing agents [Gut 2012;61:1525-1532](#).
- [Specialist Pharmacy Service](#) website accessed 24/02/2025:
 - Delegation of roles under a PGD 14 May 2024
 - Patient Group Direction use in remote consultations 3 February 2022

Appendix A Staff Accredited to use this Patient Group Direction

Authorising Manager: I confirm that the practitioners named below have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of Powys Teaching Health Board for the named healthcare professionals below who have signed the PGD to work under it.

The authorising manager must use the competency checklist (below).

Practitioner: By signing this PGD you are indicating that you agree to its contents and that you will work within it. PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Printed name of registered health professional	Signature of registered health professional	Printed name of senior representative authorising health professional	Signature of senior representative authorising health professional	Date

The authorising manager should retain a copy of the list, which will be requested for audit purposes. This list should be kept by PTHB for 8 years after the PGD expires.

The healthcare professional should retain a copy of the document after signing.

Competency check list for manager or senior team lead to use as part of the authorising process for health professionals to work to a Patient Group Direction (PGD). Review of authorisation will take place on each PGD update and at the individual’s annual PADR.

Name:		Sign / Initial	Further training identified	Comments (also specify any further training required)
Role:				
1	The PGD sign off is for the following PGD:(document the exact title and PGD number)			
2	We have discussed the expiry of the PGD and are using a version accessed electronically			
3	The member of staff has the appropriate qualifications and professional registration as outlined in the PGD			
4	The Patient Group Direction has been read in full by the staff member			
5	The identified training has been completed as specified in the PGD and is in date			
6	We have discussed some examples of inclusion criteria and exclusion criteria			
7	The staff member is confident in the administration method and doses			

Staff member print & sign name		Date
Manager or senior team lead to print & sign name		Date

Please send a copy of this completed form to individual’s line manager and to the staff member, in conjunction with the PGD Appendix A authorisation sheet. A copy of this form should also be kept by service lead in the training file.

Appendix B: Information booklet for BSW individuals



INFORMATION AND ADVICE FOR YOUR PROCEDURE WITH BOWEL SCREENING WALES

This booklet covers the following information:

1. Medication Guidance	Page 2
2. Dietary Guidance	Page 3-5
3. Importance of taking your bowel preparation properly	Page 6
4. Further help and advice	Page 6-7

Along with this booklet you should also have:

- An appointment letter containing the **date** and **time** of your procedure
- Bowel preparation sachets and instruction sheet
- Consent booklet – to be read and signed
- Medication stoppage letter (if applicable)
- Blood test request forms (if applicable)
- Patient information leaflets (Eido Healthcare leaflet and information on polyps)



1. MEDICATION GUIDANCE

- If you take any medication which thins your blood (such as Warfarin), a referral to the anticoagulation clinic may have been made for you. If so, the clinic will contact you to tell you how to manage your warfarin prior to the procedure, or your Screening Nurse will have included extra information regarding these medications with this pack.
- If you take iron tablets, your Screening Nurse will tell you when to stop these.
- If you take clopidogrel or ticagrelor tablets, or similar medication, you will usually need to stop taking these before your procedure (see medication stoppage letter) unless you have been told otherwise by your Screening Nurse.

Three days before your procedure:

- Stop taking any **constipating** tablets such as Loperamide (Imodium).
- Continue to take any regular medications unless you have been told otherwise by your Screening Nurse. If you are taking any codeine based medication, you should contact your GP for a safe alternative medication to take until after your procedure.

If you regularly, or occasionally take a **laxative**, continue to take this as usual until the day before you start taking your bowel preparation. This will help to avoid constipation and improve the quality of the bowel preparation.

The day before your procedure:

- Continue to take your regular medication as usual, but do not take any bulk forming laxatives. Stop taking these the day before your procedure as they can reduce how well the bowel preparation works.
- Bulk-forming laxatives include bran, methylcellulose (for example, Celevac). Isphagula (Fybogel), Sterculia (Normacol). If you are unsure, please call your Screening Nurse for advice on the contact number provided on your appointment letter.



Important points to remember

- Continue to take your regular prescribed medication as normal, unless your Screening Nurse has told you otherwise.
- If your Screening Nurse has advised you to stop taking some medications, this information will be included separately within your pack (medication stoppage letter).

Diabetic Patients:

- Please follow the specific instructions provided to you by your Diabetic Nurse with regards to your insulin and any other diabetic medication.
- Bring with you any medication that is needed for the day when you attend for your procedure. You can continue to drink plenty of clear, sweet fluids up to 2 hours before your appointment time.
- It is important to drink sweet, clear fluids (see examples in dietary advice section) to maintain your blood sugar levels whilst not eating.
- If you have access to a blood glucose monitor, you will need to check your blood sugars regularly once starting the diet restrictions and taking the bowel preparation. If you are worried, please speak to your Diabetic Specialist Nurse if you have one, or your GP surgery.

2. DIETARY GUIDANCE

Please follow a low residue diet for **3 days** leading up to your procedure. A low residue diet means eating foods low in fibre as these are easier to digest and will help to ensure the bowel preparation is more effective.

All nuts, seeds and dried fruit should be avoided for 7 days before your procedure.

- It is important to drink plenty of clear fluids whilst taking your bowel preparation, this will help to flush the bowel content out and to prevent you from becoming dehydrated.
- Please see the following table for examples of low residue foods and some foods to avoid.

All foods listed can be substituted for vegetarian, vegan or gluten free alternatives.



Foods Allowed	Foods to Avoid
<p>Protein:</p> <ul style="list-style-type: none"> • Well-cooked lean (low fat) beef, ham, veal or pork. • Chicken (skin removed) • Grilled, boiled or steamed white fish. • Eggs, especially boiled or poached. • Tofu. • Cheese, cottage cheese or cheese sauce. <p>Carbohydrates:</p> <ul style="list-style-type: none"> • Potatoes without the skin (mashed, boiled or baked) • White rice, noodles or white pasta. • White bread or toast. • Cereal such as rice crispies or cornflakes (not bran). • Plain scone (no fruit) or plain cake. • Rich Tea or other plain biscuits. <p>Fruit & Vegetables:</p> <ul style="list-style-type: none"> • Well-cooked carrots, turnip or swede. • Soft tinned fruit in natural juice, except those with pips. <p>Condiments/snacks:</p> <ul style="list-style-type: none"> • Gravy made from stock cubes, (you can use white flour/cornflour to thicken this). • Butter or margarine (use sparingly). • Fruit flavoured yogurt (with no fruit pieces). • Brown or white sugar, any sweetener. 	<ul style="list-style-type: none"> • All vegetables (unless listed on the left). • High fat meats; hamburgers, beef burgers, sausages, faggots, any red meat or pink fish (salmon, prawns). • Sausage rolls, pasties, pies and pastries. • Whole fruit yogurts, muesli, yogurt. • Baked beans. • Roasted, deep fried potatoes (including chips) • Thick vegetable soup. • High-fibre, multi-seeded, 50/50 or wholemeal bread • Wholemeal flour. • Brown rice and pasta (whole-wheat). • Crisps • Cakes containing dried fruit, nuts or coconuts. • Jam or marmalade with skin or pips. • Peanut butter. • All high fibre breakfast cereals, porridge, all bran, porridge oats. • Tomato juice. • Fruit, including fresh, dried and canned. • Nuts or seeds. • Pulses or lentils. • Alcohol.



<ul style="list-style-type: none"> • Clear jelly (no blackcurrant or red jelly). • Small amounts of skimmed milk (red top). • Small amounts of ice cream. • Custard. • Boiled sweets. • Ice lollies. • Jam (not red), jelly marmalade, honey, and syrup. 	
Liquids Allowed	
<ul style="list-style-type: none"> • Water. • Consommé or strained soup. • Tea and coffee (once you start taking your bowel preparation do not add milk), herbal teas. • Bovril. • Tomato juice (no pips), strained fruit juices. • Squash and fizzy drinks (no red flavouring e.g. blackcurrant or strawberry). • Lucozade. • Soda water. • Sparkling apple or grape juice. • Lemonade. • Coke. 	

If you are **diabetic**, please remember....

Check your blood sugars regularly once starting the low residue diet and taking the bowel preparation. To maintain your blood sugar levels you can drink sweet, clear fluids as listed above.

Do not drink any alcohol the day before, the day of, or the day after your procedure.



3. IMPORTANCE OF TAKING YOUR BOWEL PREPARATION PROPERLY

It is important that your bowel preparation is taken properly so that the colon is completely empty of waste materials to allow clear views during the procedure. This helps to get a correct diagnosis and reduces the chances of abnormalities being missed.

Good preparation of the bowel can lead to a better examination and cause less discomfort to you. To achieve this, you will also need to eat a low residue diet and follow the bowel preparation instructions included with your bowel preparation sachets carefully.

If the endoscopist carrying out your procedure can see that your bowel is not fully empty, the examination may not be fully completed and you may have to have another procedure undertaken and repeat the bowel preparation.

Please make sure you are near a toilet once starting your bowel preparation.

When taking the bowel preparation, you should expect frequent bowel movements and eventually diarrhoea. You may experience some wind and cramp like feelings in your tummy whilst taking the bowel preparation.

If at any stage you vomit or feel unwell when taking the preparation, or have any concerns about taking your preparation, please contact your Screening Nurse. If it is out of hours please contact your local out of hours GP service.

Further information on how to take your bowel preparation will be included in this pack.

4. FURTHER HELP AND ADVICE

If you have any questions or problems that are not covered in this booklet please call your Screening Nurse on the contact number provided on your appointment letter.

If you have a cold or illness within 2 weeks before your procedure, or if you have any problems keeping the appointment given to you, please contact your



Screening Nurse. This should be a minimum of **72 hours** before your appointment, where possible.

You may be offered a sedative and/or pain relief during the procedure.

- If you are given **sedation** you will need someone to provide transport home and a responsible adult to stay with you for a minimum of 24 hours. You should also avoid driving, drinking alcohol, operating machinery and signing legal documents for at least 24 hours.
- If you are given **gas and air** (Entonox) only, you will be able to drive yourself to and from your procedure.
- If you are given any **alternative pain relief** you will need someone to provide transport home (you should avoid driving for 12 hours after your procedure).

Most of our hospitals will provide you with a snack after your procedure. However, if you have any special dietary needs, you may wish to bring a snack of your choice with you for after your procedure.

Some people can experience bloating after the procedure, therefore we recommend wearing loose, comfortable clothing to put on afterwards.

Please remove all nail polish from your fingernails before you attend as this can affect the observations being carried out during your procedure.

Tell us what you think....

Feedback helps us to change and improve the service we provide to you and future service users.

We would be grateful if you could visit our website, or scan the QR code below, and complete a short survey about your bowel screening experience so far.

Website: www.phw.nhs.wales/bowel-screening/feedback



Scan the QR code:

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GWYBODAETH A CHYNGOR AM EICH TRINIAETH GYDA SGRINIO COLUDDION CYMRU

Mae'r llyfryn hwn yn ymdrin â'r wybodaeth ganlynol:

5. Canllawiau ar Feddyginiaethau	Tudalen 2
6. Canllawiau Deietegol	Tudalen 3-5
7. Pwysigrwydd cymryd y cymysgedd paratoi'r coluddyn yn iawn	Tudalen 6
8. Cymorth a chyngor pellach	Tudalen 6-7

Ynghyd â'r llyfryn hwn, fe ddylai fod gennych chi hefyd:

- Llythyr apwyntiad yn cynnwys dyddiad ac amser eich triniaeth
- Cydau cymysgedd paratoi'r coluddyn a thaflen gyfarwyddiadau
- Llyfryn cydsynio – i'w ddarllen a'i lofnodi
- Llythyr rhoi'r gorau i gymryd meddyginiaethau (os yw'n berthnasol)
- Ffurflenni cais am brofion gwaed (os yn berthnasol)
- Tafenni gwybodaeth i gleifion (taflen Gofal Iechyd Eido a gwybodaeth am polypau)



5. CANLLAWIAU AR FEDDYGINIAETHAU

- Os ydych chi'n cymryd unrhyw feddyginiaeth sy'n teneuo'ch gwaed (fel Warffarin), efallai bod atgyfeiriad i'r clinig gwrthgeulo wedi'i wneud ar eich rhan.
Os felly, bydd y clinig yn cysylltu â chi i ddweud wrthyhych sut i reoli eich warffarin cyn y driniaeth, neu bydd eich Nyrs Sgrinio wedi cynnwys gwybodaeth ychwanegol am y meddyginiaethau hyn gyda'r pecyn hwn.
- Os ydych yn cymryd tabledi haearn, bydd eich Nyrs Sgrinio yn dweud wrthyhych pryd i roi'r gorau i gymryd y rhain.
- Os ydych yn cymryd tabledi clopidogrel neu ticagrelor, neu feddyginiaeth debyg, fel arfer bydd angen i chi roi'r gorau i gymryd y rhain cyn eich triniaeth (gweler y llythyr rhoi'r gorau i gymryd meddyginiaethau) oni bai bod eich Nyrs Sgrinio wedi dweud yn wahanol wrthyhych.

Tri diwrnod cyn eich triniaeth:

- Peidiwch â chymryd unrhyw dabledi **rhwymol** fel Loperamide (Imodium).
- Parhewch i gymryd unrhyw feddyginiaethau rheolaidd oni bai bod eich Nyrs Sgrinio wedi dweud yn wahanol wrthyhych. Os ydych yn cymryd unrhyw feddyginiaeth sy'n seiliedig ar godin, dylech gysylltu â'ch meddyg teulu i gael meddyginiaeth amgen diogel i'w chymryd tan ar ôl i chi gael eich triniaeth.

Os ydych chi'n cymryd **carthydd** yn rheolaidd, neu'n achlysurol, parhewch i gymryd hwn fel arfer tan y diwrnod cyn i chi ddechrau cymryd y cymysgedd paratoi'r coluddyn. Bydd hyn yn helpu i osgoi rhwymedd a bydd yn gwella llwyddiant paratoi'r coluddyn.

Y diwrnod cyn eich triniaeth:

- Parhewch i gymryd eich meddyginiaeth arferol, ond peidiwch â chymryd unrhyw garthyddion swmp. Peidiwch â chymryd y rhain y diwrnod cyn



eich triniaeth oherwydd gallant gael effaith ar ba mor dda y bydd y cymysgedd paratoi'r coluddyn yn gweithio.

- Mae carthyddion swmp yn cynnwys bran, methylselwos (er enghraifft, Celevac), Isphagula (Fybogel), Sterculia (Normacol). Os ydych yn ansicr, ffoniwch eich Nyrs Sgrinio am gyngor ar y rhif cyswllt a nodir ar eich llythyr apwyntiad.

Pwyntiau pwysig i'w cofio

- Parhewch i gymryd eich meddyginiaeth ar bresgripsiwn arferol, oni bai bod eich Nyrs Sgrinio wedi dweud fel arall wrthyh.
- Os yw eich Nyrs Sgrinio wedi eich cynghori i roi'r gorau i gymryd rhai meddyginiaethau, bydd yr wybodaeth hon yn cael ei chynnwys ar wahân yn eich pecyn (llythyr atal meddyginiaethau).

Cleifion Diabetig:

- Dilynwch y cyfarwyddiadau penodol a roddwyd i chi gan eich Nyrs Diabetes o ran eich inswlin ac unrhyw feddyginiaeth diabetes arall.
- Dewch ag unrhyw feddyginiaeth sydd ei hangen arnoch gyda chi ar ddiwrnod eich triniaeth. Gallwch barhau i yfed digon o hylifau clir, melys hyd at 2 awr cyn amser eich apwyntiad.
- Mae'n bwysig yfed hylifau melys, clir (gweler enghreifftiau yn yr adran cyngor deietegol) i gynnal y lefelau siwgr yn eich gwaed pan na fyddwch yn bwyta.
- Os ydych chi'n gallu defnyddio monitor glwcos yn y gwaed, bydd angen i chi wirio'r lefelau siwgr yn eich gwaed yn rheolaidd ar ôl dechrau cyfyngu eich deiet a chymryd y cymysgedd paratoi'r coluddyn. Os ydych chi'n poeni, siaradwch â'ch meddygfa neu gyda'ch Nyrs Diabetes Arbenigol os oes gennych chi un.

6. CANLLAWIAU DEIETEGOL

Dilynwch ddeiet gweddillion isel am 3 diwrnod cyn eich triniaeth. Mae deiet gweddillion isel yn golygu bwyta bwydydd sy'n isel mewn ffibr gan eu bod yn haws i'w treulio a byddant yn helpu i sicrhau bod y cymysgedd paratoi'r coluddyn yn fwy effeithiol.

Dylid osgoi cnau, hadau a ffrwythau sych am 7 diwrnod cyn eich triniaeth.



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Addysgu Powys
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- Mae'n bwysig yfed digon o hylif clir wrth gymryd y cymysgedd paratoi'r coluddyn; bydd hyn yn helpu i gwacáu cynnwys y coluddyn ac i'ch atal rhag dadhydradu.
- Gweler y tabl canlynol am enghreifftiau o fwydydd â gweddillion isel a rhai bwydydd i'w hosgoi.

Gellir defnyddio bwydydd llysieuol, fegan neu fwydydd heb glwten yn lle'r holl fwydydd a restrir yn y tabl.

Bwydydd a Ganiateir	Bwydydd i'w Hosgoi
<p>Protein:</p> <ul style="list-style-type: none"> • Cig eidion, ham, cig llo neu borc wedi'i goginio'n dda heb lawer o fraster (braster isel). • Cyw iâr (croen wedi'i dynnu) • Pysgod gwyn wedi'u grilio, eu berwi neu eu stemio. • Wyau, yn enwedig rhai wedi'u berwi neu eu potsio. • Tofu. • Caws, caws colfran neu saws caws. <p>Carbohydradau:</p> <ul style="list-style-type: none"> • Tatws heb y croen (wedi'u stwnsio, eu berwi neu eu pobi) • Reis gwyn, nwdls neu basta gwyn. • Bara neu dost gwyn. • Grawnfwyd fel Rice Crispies neu greision yd (nid bran). • Sgonsen blaen (dim ffrwythau) neu gacen plaen. • <i>Rich Tea</i> neu fisgedi plaen eraill. <p>Ffrwythau a Llysiau:</p> <ul style="list-style-type: none"> • Moron, maip neu swêds wedi'u coginio'n dda. • Ffrwythau meddal mewn sudd naturiol mewn tun, ac eithrio'r rhai â hadau. 	<ul style="list-style-type: none"> • Yr holl lysiau (oni bai eu bod wedi'u rhestru ar y chwith). • Cigoedd braster uchel; hambyrgyrs, byrgyrs cig eidion, selsig, ffagots, unrhyw gig coch neu bysgod pinc (eog, corgimychiaid). • Rholiau selsig, pasteiod, peis a chacennau. • Iogwrt ffrwythau cyfan, miwslï, iogwrt. • Ffa pob. • Tatws wedi'u rhostio neu wedi'u ffrio'n ddwfn (gan gynnwys sglodion) • Cawl llysiau trwchus. • Bara ffibr uchel, aml-had, 50/50 neu fara gwenith cyflawn • Blawd gwenith cyflawn. • Reis a phasta brown (gwenith cyfan). • Creision • Cacennau sy'n cynnwys ffrwythau sych, cnau neu gnau coco. • Jam neu farmaalêd gyda chroen neu hadau. • Menyn pysgnau. • Pob grawnfwyd brecwast ffibr uchel, uwd, All-Bran, uwd blawd ceirch.

<p>Sawsiau ac ati/byrbrydau:</p> <ul style="list-style-type: none"> • Grefi wedi'i wneud o giwbiau stoc, (gallwch ddefnyddio blawd gwyn/blawd corn i dewhau hwn). • Menyn neu fargarin (defnyddiwch gyn lleied â phosibl). • Iogwrt â blas ffrwythau (heb unrhyw ddarnau o ffrwythau). • Siwgr brown neu wyn, unrhyw felysydd. • Jeli clir (dim cyrens duon na jeli coch). • Ychydig o laeth sgim (top coch). • Ychydig bach o hufen iâ. • Cwstard. • Melysion berwi • Lolis rhew. • Jam (nid coch), marmalêd jeli, mêl a surop. 	<ul style="list-style-type: none"> • Sudd tomato. • Ffrwythau, gan gynnwys rhai ffres, sych a rhai mewn tun. • Cnau neu hadau. • Corbys neu ffacbys. • Alcohol.
<p>Hylifau a Ganiateir</p>	
<ul style="list-style-type: none"> • Dŵr • Cawl clir neu gawl wedi'i hidlo. • Te a choffi (peidiwch ag ychwanegu laeth ar ôl i chi ddechrau cymryd y cymysgedd paratoi'r coluddyn), te llysieuol. • Bovril. • Sudd tomato (dim hadau), sudd ffrwythau wedi'i hidlo. • Sgwosh a diodydd pefriog (dim cyflasyn coch e.e. cyrens duon neu fefus). • Lucozade. • Dŵr soda. • Sudd afal neu rawnwin pefriog. • Lemonêd. • Coke. 	

Os ydych yn **ddiabetig**, cofiwch y canlynol....



Gwiriwch y lefelau siwgr yn eich gwaed yn rheolaidd ar ôl dechrau'r deiet gweddillion isel a chymryd y cymysgedd paratoi'r coluddyn. Er mwyn cynnal y lefelau siwgr yn eich gwaed, gallwch yfed hylifau melys, clir fel y rhestrir uchod.

Peidiwch ag yfed unrhyw alcohol y diwrnod cyn eich triniaeth, ar ddiwrnod eich triniaeth, na'r diwrnod ar ôl eich triniaeth.

7. PWYSIGRWYDD CYMRYD Y CYMYSGEDD PARATOI'R COLUDDYN YN IAWN

Mae'n bwysig cymryd y cymysgedd paratoi'r coluddyn yn iawn fel bod y colon yn hollol wag o wastraff er mwyn gallu gweld yn glir yn ystod y driniaeth. Mae hyn yn helpu i gael diagnosis cywir ac yn lleihau'r tebygolrwydd o fethu annormaleddau.

Gall paratoi'r coluddyn yn dda arwain at archwiliad gwell ac achosi llai o anghysur i chi. Er mwyn cyflawni hyn, bydd angen i chi hefyd fwyta deiet gweddillion isel a dilyn y cyfarwyddiadau paratoi'r coluddyn sydd wedi'u cynnwys gyda'ch cydau cymysgedd paratoi'r coluddyn yn ofalus.

Os bydd yr endosgopydd a fydd yn cynnal eich triniaeth yn gweld nad yw'ch coluddyn yn gwbl wag, efallai na ellir cwblhau'r archwiliad yn llawn ac efallai y bydd yn rhaid i chi gael triniaeth arall a pharatoi'r coluddyn eto.

Gwnewch yn siŵr eich bod yn agos at doiled unwaith y byddwch wedi dechrau paratoi'r coluddyn.

Wrth gymryd y cymysgedd paratoi'r coluddyn, dylech ddisgwyl ysgarthiadau aml a dolur rhydd yn y pen draw. Efallai y byddwch chi'n profi teimladau tebyg i wynt a phoen yn eich bol wrth baratoi'r coluddyn.

Os byddwch yn chwydu ar unrhyw adeg neu'n teimlo'n sâl wrth gymryd y cymysgedd paratoi, neu os oes gennych unrhyw bryderon ynghylch cymryd eich cymysgedd paratoi, cysylltwch â'ch Nyrs Sgrinio. Os yw y tu allan i oriau, cysylltwch â'ch gwasanaeth meddyg teulu y tu allan i oriau lleol.

Bydd rhagor o wybodaeth am sut i gymryd y cymysgedd paratoi'r coluddyn yn cael ei gynnwys yn y pecyn hwn.



8. CYMORTH A CHYNGOR PELLACH

Os oes gennych unrhyw gwestiynau neu broblemau nad ydynt yn cael eu cynnwys yn y llyfryn hwn, ffoniwch eich Nyrs Sgrinio ar y rhif cyswllt a ddarperir ar eich llythyr apwyntiad.

Os bydd annwyd arnoch neu byddwch yn sâl o fewn 2 wythnos cyn eich triniaeth, neu os na fyddwch yn gallu cadw at yr apwyntiad a roddwyd i chi, cysylltwch â'ch Nyrs Sgrinio. Dylai hyn fod o leiaf **72 awr** cyn eich apwyntiad, lle bo modd.

Efallai y byddwch yn cael cynnig tawelydd a/neu feddyginiaeth lleddfu poen yn ystod y driniaeth.

- Os rhoddir **tawelydd** i chi, bydd angen rhywun i ddarparu cludiant adref a bydd angen i oedolyn cyfrifol aros gyda chi am o leiaf 24 awr. Dylech hefyd osgoi gyrru, yfed alcohol, gweithredu peiriannau a llofnodi dogfennau cyfreithiol am o leiaf 24 awr.
- Os rhoddir **nwy ac aer** i chi (Entonox) yn unig, byddwch yn gallu gyrru eich hun i'ch triniaeth ac oddi yno.
- Os rhoddir unrhyw **feddyginiaeth lleddfu poen amgen** i chi, bydd angen rhywun arnoch i'ch cludo adref (dylech osgoi gyrru am 12 awr ar ôl eich triniaeth).

Bydd y rhan fwyaf o'n hysbytai yn rhoi byrbryd i chi ar ôl eich triniaeth. Fodd bynnag, os oes gennych unrhyw anghenion deietegol arbennig, efallai yr hoffech ddod â byrbryd o'ch dewis gyda chi i'w fwyta ar ôl eich triniaeth.

Gall rhai pobl ddioddef bol chwyddedig ar ôl y driniaeth, felly rydym yn argymhell gwisgo dillad llac, cyfforddus i'w gwisgo wedyn.

Tynnwch yr holl liw ewinedd oddi ar eich ewinedd cyn i chi ddod i'r apwyntiad oherwydd gall hyn effeithio ar yr arsylwadau a wneir yn ystod eich triniaeth.



Dywedwch wrthym beth yw eich barn....

Mae adborth yn ein helpu i newid a gwella'r gwasanaeth a ddarparwn ar eich cyfer chi ac ar gyfer defnyddwyr gwasanaeth yn y dyfodol.


Byddem yn ddiolchgar pe gallech ymweld â'n gwefan, neu sganio'r cod QR isod, a chymryd rhan mewn arolwg byr am eich profiad o sgrinio'r coluddyn hyd yn hyn.

Gwefan: <https://icc.gig.cymru/gwasanaethau-a-thimau/sgrinio/sgrinio-coluddion-cymru/adborth/>



Sganiwch y Cod QR:

Appendix C: Information provided to symptomatic individuals attending a morning appointment



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

About your Gastroscopy and Sigmoidoscopy/Colonoscopy

Moviprep

Morning appointment

Please read all the paperwork sent to you carefully.

You should continue with all your usual medication **BUT** please note the following:

- If you take **warfarin, clopidogrel, rivaroxaban, apixaban** or any other **anti-coagulant / blood-thinning medication**, please contact the endoscopy department at least 7 days before the procedure.
- If you have **diabetes**, you will need to monitor your blood glucose more frequently the day before your procedure and on the day of your procedure. Have available clear lemonade and/or jelly babies. If your blood glucose is below 5 you can take small sips of lemonade or eat a few jelly babies. (If you do not usually check your levels, do not worry, your levels will be tested when you arrive at the unit.)

If you need further advice, please contact your diabetic specialist nurse.
- If you take **iron tablets**, stop taking them at least a week before the procedure.
- Stop your (acid-reducing 'stomach' tablets, such as Omeprazole, Lansoprazole, or Esomeprazole), **two weeks** before the test **UNLESS** you are having a follow-up gastroscopy for Barrett's Oesophagus or have had a gastroscopy in the last **3 months** and this is a repeat test to check for healing.

If you have any doubts as to what to do, please contact the unit.

Gastro and Colonoscopy/sigmoidoscopy morning (moviprep) Leaflet

Version 6, updated Oct 2022

If you have any [queries](#) please telephone: 01874 61 5815
Day Surgery & Endoscopy Unit, Brecon War Memorial Hospital

Gastro and Colonoscopy/sigmoidoscopy morning ([moviprep](#)) Leaflet



Version 6, updated Oct 2022

**Two days before the procedure
(the day before you start your bowel prep)**

LOW FIBRE DIET ALL DAY	
Breakfast	Low fibre diet, examples: White bread, white rice, white pasta Cheese, eggs, tofu Natural plain yoghurt, fruit flavoured or set yoghurt (not red) White fish, white meat, grilled or poached white fish Clear soups (no bits) Soft tinned fruit with natural fruit juice (except for those with pips) Tea coffee (no milk) Clear fluids (Lemonade, flavoured squash - not dark coloured/red, not blackcurrant) Jelly (not red), ice cream, custard
Lunch	
Evening meal	

The day before the procedure

Step 1 - Low fibre diet		
Time awake  13:00	Breakfast Lunch	Low fibre diet, for example: White bread, white rice, white pasta, cheese, eggs, tofu, natural plain yoghurt, white fish, white meat Clear soups (no bits) Tea coffee (no milk), clear fluids/squash (not red) Ice cream, custard
No food after 13:00		
Step 2 - Commence bowel prep		
17:00  19:00	DOSE 1 Mix 1 st SACHET A and SACHET B with 1 litre of water into a jug. Stir until dissolved. 17:00 to 17:30 17:30 to 18:00 18:00 to 18:30	Drink 250ml of the moviprep solution every 30 minutes. <u>PLUS</u> also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial - not blackcurrant)

	18:30 to 19:00	Drink 250ml of the moviprep solution every 30 minutes. <u>PLUS</u> also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
No food – you can drink clear fluids if you wish		
	21:00	DOSE 2 Mix 2nd SACHET A and SACHET B with 1 litre of water into a jug. Stir until dissolved.
	21:00 to 21:30	Drink 250ml of the moviprep solution every 30 minutes. Also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	21:30 to 22:00	Drink 250ml of the moviprep solution every 30 minutes. <u>PLUS</u> also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	22:00 to 22:30	Drink 250ml of the moviprep solution every 30 minutes. <u>PLUS</u> also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	22:30 to 23:00	Drink 250ml of the moviprep solution every 30 minutes. <u>PLUS</u> also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
Sleep		
The day of the procedure		
	On waking	No food Clear fluids to keep hydrated
	Up to 2 hours before the procedure	
	2 hours before the procedure	NO food NO drink
Your appointment		
<p>Gastro and Colonoscopy/sigmoidoscopy morning (moviprep) Leaflet Version 6, updated Oct 2022</p>		

**Ynqlyñ â'ch Gastrosqopi a
Sigmoidosqopi/Colonosqopi**
Moviprep



Apwyntiad bore

Darllenwch yr holl waith papur a anfonwyd atoch yn ofalus.

Dylech barhau â'ch holl feddyginiaeth arferol **OND** nodwch y canlynol:

- Os ydych chi'n cymryd **warfarin, clopidogrel, rivaroxaban, apixaban** neu unrhyw **feddyginiaeth wrthgeulo/ teneuo gwaed** arall, cysylltwch â'r adran endosgopi o leiaf 7 diwrnod cyn y weithdrefn.
- Os oes gennych **ddiabetes**, bydd angen i chi fonitro glwcos eich gwaed yn amlach y diwrnod cyn eich gweithdrefn ac ar ddiwrnod eich gweithdrefn. Sicrhewch fod gennych lemonêd clir a/neu jelly babies wrth law. Os bydd glwcos eich gwaed yn is na 5 gallwch gymryd llwnc bach o lemonêd neu fwyta ychydig o jelly babies. (Os nad ydych fel arfer yn gwirio'ch lefelau, peidiwch â phoeni, bydd eich lefelau'n cael eu profi pan fyddwch yn cyrraedd yr uned.)

Os oes angen cyngor pellach arnoch, cysylltwch â'ch nyrs diabetig arbenigol.
- Os ydych chi'n cymryd **tabledi haearn**, dylech roi'r gorau i'w cymryd o leiaf wythnos cyn y weithdrefn.
- Dylech roi'r gorau i'ch tabledi 'stumog' (sy'n lleihau asid, fel Omeprazole, Lansoprazole, neu Esomeprazole), **bythefnos** cyn y prawf **ONI BAI** eich bod yn cael gastrosqopi dilynol ar gyfer Barrett's Oesophagus neu wedi cael gastrosgopi yn y 3 mis diwethaf ac mae hwn yn ail brawf i wirio am wellhad.

Os oes gennych unrhyw amheuan ynghylch beth i'w wneud, cysylltwch â'r uned.

Os oes gennych unrhyw ymholiadau, ffoniwch: 01874 61 5815


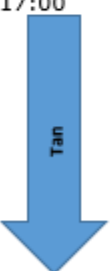
Uned Llawfeddygaeth Dydd ac Endosgopi, Ysbyty Coffa Rhyfel Aberhonddu

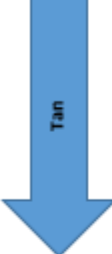
**Dau ddiwrnod cyn y weithdrefn
(y diwrnod cyn i chi ddechrau paratoi'r coluddyn)**

DEIET FFIBR ISEL DRWY'R DYDD


Brecwast	Deiet ffibr isel, enghreifftiau:
	Bara gwyn, reis gwyn, pasta gwyn Caws, wyau, tofu
Cinio	Iogwrt plaen naturiol, blas ffrwythau neu iogwrt wedi'i setio (nid coch) Pysgod gwyn, cig gwyn, pysgod gwyn wedi'u grilio neu eu potsio Cawl clir (dim darnau)
Pryd nos	Ffrwythau tun meddal gyda sudd ffrwythau naturiol (ac eithrio'r rhai sydd â hadau) Coffi te (dim llaeth) Hylifau clir (Lemonêd, sgwash â blas - nid lliw tywyll/coch, nid cyrens duon) Jeli (ddim jeli coch), hufen iâ, cwstard

Y diwrnod cyn y weithdrefn

Cam 1 – Deiet ffibr isel		
 Yn effro 13:00	Brecwast Cinio	Deiet ffibr isel, er enghraifft: Bara gwyn, reis gwyn, pasta gwyn, caws, wyau, tofu, iogwrt plaen naturiol, pysgod gwyn, cig gwyn Cawl clir (dim darnau) Coffi te (dim llaeth), hylifau clir/sgwash (nid coch) Hufen iâ, cwstard
Dim bwyd ar ôl 13:00		
Cam 2 - Cychwyn paratoi'r coluddyn		
 17:00 19:00	DOS 1 Cymysgwch y PECYN A 1af a PHECYN B gydag 1 litr o ddŵr mewn jwg. Cymysgwch nes ei fod wedi toddi.	17:00 tan 17:30 Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon) 17:30 tan 18:00 Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon) 18:00 tan 18:30 Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)

	18:30 tan 19:00	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
Dim bwyd – qallwch yfed hylifau clir os ydych yn dymuno		
	21:00	DOS 2 Cymysgwch yr ail BECYN A a PHECYN B gydag 1 litr o ddŵr mewn jwg. Cymysgwch nes ei fod wedi toddi.
	21:00 tan 21:30	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. Hefyd yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	21:30 tan 22:00	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	22:00 tan 22:30	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	22:30 tan 23:00	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
Cysqu		



Diwrnod y weithdrefn

<p>Ar ddeffro</p> <div style="text-align: center;">  </div> <p>Hyd at 2 awr cyn y weithdrefn</p>	<p>Dim bwyd</p> <p>Hylifau clir i gadw'ch hun wedi hydradu</p>
<p>2 awr cyn y weithdrefn</p>	<p>DIM bwyd DIM diod</p>

Eich apwyntiad

Appendix D: Information provided to symptomatic individuals attending an afternoon appointment

Page | 1

About your Gastroscopy and Sigmoidoscopy/Colonoscopy

Moviprep

Afternoon appointment

Please read all the paperwork sent to you carefully.

You should continue with all your usual medication **BUT** please note the following:

- If you take **warfarin, clopidogrel, rivaroxaban, apixaban** or any other **anti-coagulant / blood-thinning medication**, please contact the endoscopy department at least 7 days before the procedure.
- If you have **diabetes**, you will need to monitor your blood glucose more frequently the day before your procedure and on the day of your procedure. Have available clear lemonade and/or jelly babies. If your blood glucose is below 5 you can take small sips of lemonade or eat a few jelly babies. (If you do not usually check your levels, do not worry, your levels will be tested when you arrive at the unit.)

If you need further advice, please contact your diabetic specialist nurse.

- If you take **iron tablets**, stop taking them at least a week before the procedure.
- Stop your (acid-reducing 'stomach' tablets, such as Omeprazole, Lansoprazole, or Esomeprazole), **two weeks** before the test **UNLESS** you are having a follow-up gastroscopy for Barrett's Oesophagus or have had a gastroscopy in the last 3 months and this is a repeat test to check for healing.

If you have any doubts as to what to do, please contact the unit.

Gastroscopy & Colonoscopy/sigmoidoscopy Leaflet updated Nov 2022


If you have any queries please telephone: 01874 61 5815
Day Surgery & Endoscopy Unit, Brecon War Memorial Hospital


**Two days before the procedure
(the day before you start your bowel prep)**

LOW FIBRE DIET ALL DAY


Breakfast	<p>Low fibre diet, examples:</p> <p>White bread, white rice, white pasta</p> <p>Cheese, eggs, tofu</p> <p>Natural plain yoghurt, fruit flavoured or set yoghurt (not red)</p>
Lunch	<p>White fish, white meat, grilled or poached white fish</p> <p>Clear soups (no bits)</p> <p>Soft tinned fruit with natural fruit juice (except for those with pips)</p> <p>Tea coffee (no milk)</p>
Evening meal	<p>Clear fluids (Lemonade, flavoured squash - not dark coloured/red, not blackcurrant)</p> <p>Jelly (not red), ice cream, custard</p>

The day before the procedure


Step 1 - Low fibre diet		
<p>Time awake</p> <p align="center"></p> <p>15:00</p>	<p>Breakfast</p> <p>Lunch</p>	<p>Low fibre diet, for example:</p> <p>White bread, white rice, white pasta, cheese, eggs, tofu, natural plain yoghurt, white fish, white meat</p> <p>Clear soups (no bits)</p> <p>Tea coffee (no milk), clear fluids/squash (not red)</p> <p>Ice cream, custard</p>
No food after 15:00		
Step 2 - Commence bowel prep		

	19:00	DOSE 1 Mix 1 st SACHET A and SACHET B with 1 litre of water into a jug. Stir until dissolved.
	19:00 to 19:30	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	19:30 to 20:00	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	20:00 to 20:30	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	20:30 to 21:00	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
21:00	No food – you can drink clear fluids if you wish	
SLEEP		

The day of the procedure

No food – you can drink clear fluids if you wish		
	06:00	DOSE 2 Mix 2nd SACHET A and SACHET B with 1 litre of water into a jug. Stir until dissolved.
	06:00 to 06:30	Drink 250ml of the moviprep solution every 30 minutes. Also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	06:30 to 07:00	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
08:00		

	07:00 to 07:30	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)
	07:30 to 08:00	Drink 250ml of the moviprep solution every 30 minutes. PLUS also drink 125ml of clear fluid e.g. water, clear soup (no bits), tea, coffee (no milk), soft drinks (cordial – not blackcurrant)

<p>08:00</p>  <p>Up to 2 hours before appointment</p>	<p>No food</p> <p>Clear fluids to keep hydrated</p>
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<p>2 hours before the procedure</p>	<p>NO food</p> <p>NO drink</p>
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Your appointment

Ynglŷn â'ch Gastrosqopi a Sigmoidosgopi/Colonosgopi



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Moviprep

Apwyntiad prynhawn

Darllenwch yr holl waith papur a anfonwyd atoch yn ofalus.

Dylech barhau â'ch holl feddyginiaeth arferol **OND** nodwch y canlynol:

- Os ydych chi'n cymryd **warfarin, clopidogrel, rivaroxaban, apixaban** neu unrhyw **feddyginiaeth gwrthgeulo/ teneuo gwaed** arall, cysylltwch â'r adran endosgopi o leiaf 7 diwrnod cyn y weithdrefn.
- Os oes gennych **ddiabetes**, bydd angen i chi fonitro glwcos eich gwaed yn amlach y diwrnod cyn eich gweithdrefn ac ar ddiwrnod eich gweithdrefn. Sicrhewch fod gennych lemonêd clir a/neu jelly babies wrth law. Os bydd glwcos eich gwaed yn is na 5 gallwch gymryd llwnc bach o lemonêd neu fwyta ychydig o jelly babies. (Os nad ydych fel arfer yn gwirio'ch lefelau, peidiwch â phoeni, bydd eich lefelau'n cael eu profi pan fyddwch yn cyrraedd yr uned.)

Os oes angen cyngor pellach arnoch, cysylltwch â'ch nyrs diabetig arbenigol.
- Os ydych chi'n cymryd **tabledi haearn**, dylech roi'r gorau i'w cymryd o leiaf wythnos cyn y weithdrefn.
- Dylech roi'r gorau i'ch tabledi 'stumog' (sy'n lleihau asid, fel Omeprazole, Lansoprazole, neu Esomeprazole), **bythefnos** cyn y prawf **ONI BAI** eich bod yn cael gastrosqopi dilynol ar gyfer Barrett's Oesophagus neu wedi cael gastrosqopi yn y 3 mis diwethaf ac mae hwn yn ail brawf i wirio am wellhad.

Os oes gennych unrhyw amheuon ynghylch beth i'w wneud, cysylltwch â'r uned.

Os oes gennych unrhyw ymholiadau, ffoniwch: 01874 61 5815


Uned Llawfeddygaeth Dydd ac Endosgopi, Ysbyty Coffa Rhyfel Aberhonddu


**Dau ddiwrnod cyn y weithdrefn
(y diwrnod cyn i chi ddechrau paratoi'r coluddyn)**

DEIET FFIBR ISEL DRWY'R DYDD


Brechwast	Deiet ffibr isel, enghreifftiau: Bara gwyn, reis gwyn, pasta gwyn Caws, wyau, tofu
Cinio	Iogwrt plaen naturiol, blas ffrwythau neu iogwrt wedi'i setio (nid coch) Pysgod gwyn, cig gwyn, pysgod gwyn wedi'u grilio neu eu potsio Cawl clir (dim darnau)
Pryd nos	Ffrwythau tun meddal gyda sudd ffrwythau naturiol (ac eithrio'r rhai sydd â hadau) Coffi te (dim llaeth) Hylifau clir (Lemonêd, sgwash â blas - nid lliw tywyll/coch, nid cyrens duon) Jeli (ddim jeli coch), hufen iâ, cwstard

Y diwrnod cyn y weithdrefn


Cam 1 - Deiet ffibr isel		
Yn effro  15:00	Brechwast Cinio	Deiet ffibr isel, er enghraifft: Bara gwyn, reis gwyn, pasta gwyn, caws, wyau, tofu, iogwrt plaen naturiol, pysgod gwyn, cig gwyn Cawl clir (dim darnau) Coffi te (dim llaeth), hylifau clir/sgwash (nid coch) Hufen iâ, cwstard
Dim bwyd ar ôl 15:00		
Cam 2 - Cychwyn paratoi'r coluddyn		

	19:00	<p>DOS 1</p> <p>Cymysgwch y PECYN A 1af a PHECYN B gydag 1 litr o ddŵr mewn jwg. Cymysgwch nes ei fod wedi toddi.</p>
	19:00 tan 19:30	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	19:30 tan 20:00	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	21:00	<p>20:00 Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD tan yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)</p> <p>20:30 Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD tan yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)</p>
	Dim bwyd – gallwch yfed hylifau clir os ydych yn dymuno	
CYSGU		

Diwrnod y weithdrefn

Dim bwyd – gallwch yfed hylifau clir os ydych yn dymuno		
	06:00	<p>DOS 2</p> <p>Cymysgwch yr ail BECYN A a PHECYN B gydag 1 litr o ddŵr mewn jwg. Cymysgwch nes ei fod wedi toddi.</p>
	06:00 tan 06:30	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. Hefyd yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	08:00	<p>06:30 Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD tan yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)</p> <p>07:00</p>

	07:00 tan 07:30	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)
	07:30 tan 08:00	Yfwch 250ml o'r cymysgedd moviprep bob 30 munud. HEFYD yfwch 125ml o hylif clir e.e. dŵr, cawl clir (dim darnau), te, coffi (dim llaeth), diodydd meddal (sgwash – nid cyrens duon)

<p>08:00</p>  <p>Hyd at 2 awr cyn yr apwyntiad</p>	<p>Dim bwyd</p> <p>Hylifau clir i gadw'ch hun wedi hydradu</p>
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<p>2 awr cyn y weithdrefn</p>	<p>DIM bwyd</p> <p>DIM diod</p>
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Eich apwyntiad

Appendix E: Additional leaflet provided for morning appointments

What is Moviprep

Each box contains 2 sealed plastic bags where each bag contains sachets A & B (1 dose).

Why?
Taking Moviprep before your appointment will give you a clean bowel.

What to Expect
After you drink Moviprep you will have lots of watery bowel movements, so stay near a toilet because you may need to use it urgently.



Importance of Proper Cleansing



A clean bowel will allow for a clear view of its inner lining which is important for both accurate diagnosis and treatment.



Abnormal changes may be tiny, so even the smallest amount of faeces could potentially disguise something important.



If the bowel is not empty and clean enough, the procedure may have to be cancelled and repeated on another occasion at a later date.

Hints & Tips Patient Advice

It's strongly advised that you drink an extra 500ml of clear fluids with each dose. Continue drinking clear fluids to keep yourself hydrated until 2 hours before your procedure and then stop drinking, which may include:



***** **Do Not Drink Alcohol** *****

Moviprep may be easier to take when:

- Drinking through a straw
- Adding cordial (to alter the flavour; but not blackcurrant as it will stain the bowel)
- It has been chilled once it has been made up

Further advice for patients:

- Using wet wipes after each bowel movement
- Use a barrier cream to prevent a 'sore bottom' for example: petroleum jelly

Reporting of Side Effects


United Kingdom
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.nhs.gov.uk/>. By reporting side effects you can help provide more information on the safety of this medicine.

Ireland
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly to the HPRA, via www.hpra.ie or by calling (01) 676 4071. By reporting side effects you can help provide more information on the safety of this medicine.

Supplied as a service to patients by Norgine.
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How to Prepare Moviprep

Please Repeat This for the Second Dose



- 1 Empty 1 dose of sachet A & B into a jug
- 2 Add 1 litre of water (not chilled)
- 3 Stir until dissolved (clear or slightly hazy)
- 4 Every 15-30 minutes drink one glassful (250ml) until finished (over 1-2 hours)

500ml clear fluids with each litre dose

When to Take Your Moviprep

Day Before Dosing

Day Before Procedure		Day Of Procedure	
13:00	17:00	21:00	
Low fibre diet, see dietary advice	Fasting Period: NO FOOD Do not eat again until after your procedure		2 hours Before Appointment NO FOOD & NO DRINK
			Your Appointment

Hints & Advice on Taking Moviprep



Dietary Advice

For specialised diets, please refer to your healthcare professional

***** Low Fibre Foods Which Are Preferred *****

***** High Fibre Foods Which Should Be Avoided *****

What is a Colonoscopy?



A colonoscopy is a test that uses a narrow, flexible, telescopic camera called a colonoscope to look at the lining of your large bowel. A colonoscopy can be used to detect irritated and swollen tissues, ulcers, or growths such as polyps. It helps to diagnose or exclude health conditions like Crohn's disease, ulcerative colitis, diverticular disease and bowel cancer.

Morning Appointment

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