Bowel cleansing with Endofalk

Endofalk® is a mixture of different salts with macrogol (polyethylene glycol) in an isotonic solution designed for intensive cleansing of the entire bowel. With its pleasant orange-passion fruit flavor it is palatable for oral intake. The solution is free of sugar. Being isotonic, there is essentially no absorption or loss of salt in the bowel, which results in the patient’s water and electrolyte metabolism remaining practically unchanged.

Preparation of the solution

The contents of two pouches are sufficient for one liter of solution that is ready to drink. Never change the prescribed dose of two pouches per liter!

Preparing the solution for oral intake

The contents of two pouches are sufficient for one liter of solution that is ready to drink. Never change the prescribed dose of two pouches per liter!

Empty the contents of two pouches into a pitcher or bottle.

Add one-half liter of lukewarm water and allow to dissolve.

Add one-half liter of cold tap water.

The solution can then be chilled in the refrigerator. It tastes best when chilled. The prepared solution should be used within 48 hours.

Recommendation for use

Prepare the prescribed amount of solution using the correct number of pouches of Endofalk® as described above. Six pouches of Endofalk® powder are required for three liters of solution.

Drink one glass of solution every ten minutes.

The solution is ingested in portions of 200-300 ml (about one standard water glass) every ten minutes until the prescribed amount is consumed or rectal output is yellowish and clear and without residual stool.

We recommend divided ingestion of the solution: take half on the afternoon and evening before the examination and the remaining portion on the same morning.

For at least two to three hours prior to starting Endofalk® you should abstain from all solid food. You may eat solid food again only after the examination has been performed.

If Endofalk® has not worked adequately, please inform your physician, who may then order a cleaning enema.

Diabetics: No bread exchange (BE) units are added.

Women using oral contraceptives (the “Pill”): The laxative effects of Endofalk® may result in inadequate contraceptive efficacy of the Pill. However, you should continue taking the Pill regularly during this time.

Patients who regularly take medication: please inform your physician. The bowel irrigation may also flush important medications from the bowel and they may not work properly.

Please read the package insert and follow the directions when using Endofalk®.

Colonoscopy

In the work-up of intestinal disorders

For prevention and early recognition of colon cancer
Colonoscopy offers the important advantage of direct inspection of the mucosal membrane, reaching, if necessary, into the lower end of the small bowel, together with the option of biopsy (tissue sampling) with instruments, removal of polyps with electrocautery loops, hemostasis (measures to stop bleeding), and dilatation (widening) of stenoses (areas of narrowed passages). Colonic sections can be achieved using various means, but the unpleasant, several-day’s fasting period that was formerly insisted upon, is no longer required. Bowel cleansing – for detecting or excluding gastroenterological disease – can only be used to their full extent if the patient’s bowel is “clean”, that is, free of stool after an intensive preparation phase, whose duration may be variable, and then may return home. Should the patient experience unexpected complications or if a large polyp is removed, a brief hospital admission for observation may be required. If patients experience new onset of abdominal pain or observe bleeding following the excision of polyps, they should immediately consult the examining physician or seek emergency assistance.

Because of technical refinements in the endoscopes and greater experience with examination techniques, colonoscopy enjoys a high degree of acceptance. No other method can duplicate the reliability and diagnostic value of this procedure. The reliability of the diagnosis depends on the ability of the examiner to perform a complete inspection of the colon under optimum conditions. This requires a “clean” colon and here the patient can do a lot to assure adequate preparation.

First requirement – a “clean” bowel

The unique advantages of this examination method for detecting or excluding gastroenterological disease can only be used to their full extent if the patient’s colon is “clean”, that is, free of stool after an intensive cleansing of the bowel (figure 3). This objective can be achieved using various means, but the unpleasant, several-day’s fasting period that was formerly insisted upon, is no longer required. Bowel cleansing can be done through the anus (cleansing enemas) or by the much more efficient method of bowel irrigation (oral ingestion of cleansing solutions). In individual cases, these two methods may be combined. Only a clean bowel assures a reliable diagnosis!

Bowel cleansing – What can I do to help?

Easily digestible foods and generous amounts of liquids (clear fluids, tea) on the day before the examination can exert a positive effect on the preparation and required amount of irrigation solution. For protection of the sensitive optics of the endoscope and because of the danger of blocking the device’s instrument channels patients are asked to abstain for at least five days from foods containing seeds, rinds or hard shells (for example, whole grain products, grapes, muesli, tomatoes, nuts, poppy seeds, kiwi or legumes).
The colon and rectum form the lower end of the digestive, or gastrointestinal, tract. Diseases affecting these organs include irregular bowel movements, adhominstration of the stool with blood and/or pus, as well as flatulence and abdominal pain. Causes of these symptoms include inflammation, benign and malignant tumors, vascular abnormalities and motility disturbances of the affected bowel segment.

Colonoscopy

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After the procedure, the patient enters a recovery phase, whose duration may be variable, and then may return home. Should the patient experience unexpec-ted complications or if a large polyp is removed, a brief hospital admission for observation may be required. If patients experience new onset of abdominal pain or observe bleeding following the excision of polyps, they should immediately consult the examining physician or seek emergency assistance.

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When is colonoscopy indicated?

In the work-up of intestinal disorders

Your physician may recommend colonoscopy in the case of symptoms characteristic for bowel disease and for obtaining biopsy specimens to confirm the diagnosis. Colonoscopy may also be recommended as part of initial work-up and follow-up, for monitoring patients’ clinical and therapeutic course and in cases in which occult blood (bleeding in amounts that are not visible to the naked eye) is detected in the stool.

For prevention and early recognition of colon cancer

The diagnosis of cancer of the colon is becoming more common in Western industrial nations and continues to claim many lives. The earlier the disease is diagnosed, however, the better the chances of cure. Precursors to cancer, such as polyps in the colon, can be directly excised during colonoscopy.

The physician performing the colonoscopy will provide you with complete information regarding the purpose, benefits and risks of the examination and obtain your informed consent for the procedure. It may be necessary in some cases to determine certain laboratory values (clotting factors) prior to the procedure.

Performed by experienced examiners, colonoscopy is in most cases scheduled as an outpatient procedure in the hospital or private practice. Certain factors, how-ever, may require the procedure to be performed under in-patient conditions.

Patients undergoing the examination may be offered the option of analgesics (pain relievers). Increased sensi-tivity to pain and difficult examination conditions (for example, prior abdominal surgeries, adhesions, narrow loops and kinks) may require medication immediately before or during the procedure to lessen patients’ sensitivity to pain.

How the examination is performed

When is colonoscopy indicated?

In the work-up of intestinal disorders

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First requirement – a “clean” bowel

Bowel cleansing – What can I do to help?

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When the bowels go on strike …

The colon and rectum form the lower end of the digestive, or gastrointestinal, tract. Diseases affecting these organs include irregular bowel movements, adhominstration of the stool with blood and/or pus, as well as flatulence and abdominal pain. Causes of these symptoms include inflammation, benign and malignant tumors, vascular abnormalities and motility disturbances of the affected bowel segment.

With its more or less curved loops, the colon, or large bowel, forms a picture frame with its ascending segment occupying the right side of the abdomen, followed by a transverse section across the top and a descending segment on the left side of the abdomen (figure 1).

Colonoscopy

Colonoscopy offers the important advantage of direct inspection of the mucosal membrane, reaching, if necessary, into the lower end of the small bowel, together with the option of biopsy (tissue sampling) with instruments, removal of polyps with electrocautery loops and kinks) may require medication immediately before or during the procedure to lessen patients’ sensitivity to pain.

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The unique advantages of this examination method for detecting or excluding gastroenterological disease can only be used to their full extent if the patient’s colon is “clean”, that is, free of stool after an intensive cleansing of the bowel (figure 3). This objective can be achieved using various means, but the unpleasant, several-day’s fasting period that was formerly insisted upon, is no longer required. Bowel cleansing can be done through the anus (cleansing enemas) or by the much more efficient method of bowel irrigation (oral ingestion of cleansing solutions). In individual cases, these two methods may be combined.

Only a clean bowel assures a reliable diagnosis!

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When is colonoscopy indicated?

In the work-up of intestinal disorders

Your physician may recommend colonoscopy in the case of symptoms characteristic for bowel disease and for obtaining biopsy specimens to confirm the diagnosis. Colonoscopy may also be recommended as part of initial work-up and follow-up, for monitoring patients’ clinical and therapeutic course and in cases in which occult blood (bleeding in amounts that are not visible to the naked eye) is detected in the stool.

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Endofalk® powder for the preparation of an oral solution.

Composition:
1 sachet of 55.318 g of powder contains:
active ingredients: potassium chloride 0.185 g, sodium chloride 1.400 g, sodium bicarbonate 0.715 g, Macrogol 3350 52.500 g.
Excipients: saccharin sodium, orange and passion fruit flavourings, silica colloidal anhydrous.

Indications:
for cleansing the bowel prior to colonoscopy.

Contraindications:
ileus and suspected ileus, gastrointestinal obstruction or perforation, risk of gastrointestinal perforation, highly florid colitis, toxic megacolon, gastric emptying disorders, hypersensitivity to the active substances, other macrogols or one of the excipients. Unconscious or semi-conscious patients. Patients prone to aspiration or regurgitation, general weakness or impaired swallowing reflex. Heart failure, renal insufficiency, liver disease or patients with severe dehydration. Children. Pregnancy and lactation: benefit-risk assessment.

Side effects:
nausea, abdominal fullness, bloating, vomiting, abdominal cramps, anal irritation, general malaise, insomnia, cardiac arrhythmias, tachycardia, pulmonary edema, decrease in serum calcium, urticaria, rhinorrhoea, dermatitis. Two cases of Mallory-Weiss syndrome are documented in the literature.

Dosage:
drink 3 to 4 litres of the prepared solution.

Date of information: 10/2004

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Bowel cleansing with Endofalk®
Endofalk® is a mixture of different salts with macrogol (polyethylene glycol) in an isotonic solution designed for intensive cleansing of the entire bowel. With its pleasant orange-passion fruit flavor it is palatable for oral intake. The solution is free of sugar. Being isotonic, it is essentially no absorption or loss of salt in the bowel, which results in the patient’s water and electrolyte metabolism remaining practically unchanged.

Preparing the solution for oral intake
The contents of two pouches are sufficient for one liter of solution that is ready to drink. Never change the prescribed dose of two pouches per liter!

Empty the contents of two pouches into a pitcher or bottle.
Add one-half liter of lukewarm water and allow to dissolve.
Add one-half liter of cold tap water.

The solution can then be chilled in the refrigerator. It tastes best when chilled. The prepared solution should be used within 48 hours.

Recommendation for use
Prepare the prescribed amount of solution using the correct number of pouches of Endofalk® as described above. Six pouches of Endofalk® powder are required for three liters of solution.

Drink one glass of solution every ten minutes.

The solution is ingested in portions of 200-300 ml (about one standard water glass) every ten minutes until the prescribed amount is consumed or rectal output is yellowish and clear and without residual stool. We recommend divided ingestion of the solution: take half on the afternoon and evening before the examination and the remaining portion on the same morning.

For at least two to three hours prior to starting Endofalk® you should abstain from all solid food. You may eat solid food again only after the examination has been performed.

If Endofalk® has not worked adequately, please inform your physician, who may then order a cleansing enema.

Diabetics: No bread exchange (BE) units are added.

Your personal examination date:
Physician’s stamp:

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Colonoscopy
In the work-up of intestinal disorders
For prevention and early recognition of colon cancer

How do I prepare for the examination?

How is the examination performed?
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For at least two to three hours prior to starting Endofalk® you should abstain from all solid food. You may eat solid food again only after the examination has been performed.

If Endofalk® has not worked adequately, please inform your physician, who may then order a cleaning enema.

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**Women using oral contraceptives (the “Pill”):** The laxative effects of Endofalk® may result in inadequate contraceptive efficacy of the Pill. However, you should continue taking the Pill regularly during this time.

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ileus and suspected ileus, gastrointestinal obstruction or perforation, risk of gastrointestinal perforation, highly florid colitis, toxic megacolon, gastric emptying disorders, hypersensitivity to the active substances, other macrogols or one of the excipients. Unconscious or semi-conscious patients, patients prone to aspiration or regurgitation, general weakness or impaired swallowing reflex. Heart failure, renal insufficiency, liver disease or patients with severe dehydration. Children, pregnancy and lactation: benefit-risk assessment.

**Side effects:**
nausea, abdominal fullness, bloating, vomiting, abdominal cramps, anal irritation, general malaise, tachycardia, pulmonary edema, decrease in serum calcium, urticaria, rhinorrhoea, dermatitis. Two cases of Mallory-Weiss syndrome are documented in the literature.

**Dosage:**
drink 3 to 4 litres of the prepared solution.

**Date of information:** 10/2004

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Bowel cleansing with Endofalk®

Endofalk® is a mixture of different salts with macrogol (polyethylene glycol) in an isotonic solution designed for intensive cleansing of the entire bowel. With its pleasant orange-passion fruit flavor it is palatable for oral intake. The solution is free of sugar. Being isotonic, there is essentially no absorption or loss of salt in the bowel, which results in the patient’s water and electrolyte metabolism remaining practically unchanged.

**Preparing the solution for oral intake**

The contents of two pouches are sufficient for one liter of solution that is ready to drink. Never change the prescribed dose of two pouches per liter!

Empty the contents of two pouches into a pitcher or bottle. Add one-half liter of lukewarm water and allow to dissolve. Add one-half liter of cold tap water. The solution can then be chilled in the refrigerator. It tastes best when chilled. The prepared solution should be used within 48 hours.

**Recommendation for use**

Prepare the prescribed amount of solution using the correct number of pouches of Endofalk® as described above. Six pouches of Endofalk® powder are required for three litres of solution.

Drink one glass of solution every ten minutes.

The solution is ingested in portions of 200-300 ml (about one standard water glass) every ten minutes until the prescribed amount is consumed or rectal output is yellowish and clear and without residual stool.

We recommend divided ingestion of the solution: take half on the afternoon and evening before the examination and the remaining portion on the same morning.

For at least two to three hours prior to starting Endofalk® you should abstain from all solid food. You may eat solid food again only after the examination has been performed. If Endofalk® has not worked adequately, please inform your physician, who may then order a cleansing enema.

Diabetics: No bread exchange (BE) units are added.

Women using oral contraceptives (the “Pill”): The laxative effects of Endofalk® may result in inadequate contraceptive efficacy of the Pill. However, you should continue taking the Pill regularly during this time.

Patients who regularly take medication: please inform your physician. The bowel irrigation may also flush important medications from the bowel and they may not work properly.

Please read the package insert and follow the directions when using Endofalk®.

Colonoscopy

In the work-up of intestinal disorders
For prevention and early recognition of colon cancer

How do I prepare for the examination?

How is the examination performed?

The informed patient