



COLONOSCOPY INSTRUCTIONS FOR PATIENTS

Vaughan Endoscopy Clinic Location and Details:

The clinic is located at the *northwest corner of Hwy 7 and Pine Valley Drive*. Our medical building is at the far west end of the parking lot. **Please arrive 20 minutes before your procedure.** Ensure that you have arrangements to be driven home, as you **cannot drive for 12 hours** after your procedure. *If planning to take a taxi home from the clinic you must be accompanied by a responsible adult otherwise the procedure will be cancelled or performed without sedation.* There is a **\$60 block fee** for uninsured services (those not covered by OHIP) payable the day of your procedure (see website for more details or obtain a list of individual service fees from the clinic). Please leave jewellery at home and refrain from using perfume/ cologne. Wear comfortable clothing and no high heels since your gait may be unsteady.

Medication: Bring a list of your current medications or the actual pill bottles to your appointment. **You should take ALL your usual morning medications with a sip of water** (except diabetic pills, blood thinners, and iron). You can take acetaminophen (Tylenol) for headaches but not aspirin. Take Gravol if nauseous due to the bowel prep.

Missed Appointment: A missed appointment fee of \$150 will be charged if **72 hours notice** is not given.

3 Days before your Colonoscopy: **Do not eat any foods that are high in fiber and stop all fiber supplements.** For example: no brown bread or brown rice; no bran, flaxseed, lentils, beans, or raw vegetables; no corn, nuts, seeds or fruits with seeds; no Metamucil or other fiber supplements. Stop iron pills until after the test.

Acceptable Clear Fluids: Consommé/broth, yellow or green Jell-O, water, apple juice, white grape juice, black tea/coffee (without milk), gingerale, soda water, sports drinks like Gatorade or Powerade (any colour except red, purple or orange). **Sports drinks** are strongly recommended because they contain electrolytes which prevent light headedness.

Bowel Preparation: At least 2 days before your test purchase from your local pharmacy **Dulcolax** and **Pico-Salax**. These laxatives are available without a prescription. Follow instructions below not those on the package insert.

See our website for more information at www.vaughanendoscopy.com

INSTRUCTIONS FOR NON DIABETIC PATIENTS

Day Before Colonoscopy Procedure:

- **Before 10 a.m.** you may have a light, low fiber breakfast (for example: eggs, white toast, seedless yogurt) on the *day before* the colonoscopy.
- **After 10 a.m. do not have any solid food** the whole day (until after the test the next day).
- **Drink lots of Clear fluids throughout the day** – see list above. It is important to keep hydrated.
- **Before 3 p.m. take 2 tablets of Dulcolax** (this medication does not prevent you from going to work).
- **At 7 p.m. take the 1st packet of PICO-SALAX bowel prep.** Empty the contents of one sachet into a mug and add 150 mL of cold water. Stir frequently until dissolved. Drink all of this Pico-Salax solution. Then in the next 2-3 hours continue to drink 2-3 litres of a variety of clear fluids (do not just drink water alone – see list above). This bowel preparation will trigger watery bowel movements but the time to take effect varies.

Day of Colonoscopy Procedure:

- Continue on your clear fluid diet
- **THREE TO FIVE HOURS BEFORE YOUR SCHEDULED PROCEDURE Take 2nd packet of PICO-SALAX** dissolved in 150 mL of cold water. Then in the next 1 hour continue to drink 1-2 litres of a clear fluid,
Stop drinking any liquid 2 hours before test.

For example if your test is scheduled for 8:00 a.m. you must take the second package of Pico-Salax at or before 5:00 a.m. and drink at least 1 litre of clear fluids between 5:00 and 6:00 a.m. Stop drinking at 6 a.m.

The above process will trigger frequent bowel movements and should result in yellow tinged liquid stool at the end of the prep. It is very important that you follow these instructions as specified otherwise your colon may not be clean enough, and the doctor may ask you to repeat the colonoscopy. A poor bowel prep may result in lesions being missed.



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COLONOSCOPY INFORMED CONSENT

How is colonoscopy done?

Colonoscopy is a test using a video camera on a long flexible tube designed to pass through your large intestine (colon) looking for abnormalities. The image is projected on a video monitor and the doctor steers the scope around your bowel. Sedation is provided to minimize any discomfort you may have. If necessary, the doctor will take biopsy specimens (tiny bits of tissue) or remove polyps (abnormal growths that can become a cancer).

How long will it take?

The procedure requires that your bowel be cleaned out the day before the test. Your colon must be completely clean so that a thorough examination can be done. Follow the bowel preparation instructions carefully or the procedure may have to be cancelled and rescheduled. The test usually takes approximately 20-40 minutes, however please allow for 2 hours at the VEC for registration and recovery after the procedure.

What can I expect during the colonoscopy?

An intravenous will be started. While you are lying on your side, the tube is inserted into the rectum and gradually advanced through the colon. The doctor will examine the lining of the bowel and perform any necessary biopsies or polyp removal. From time to time air may be used to inflate the bowel.

What are possible complications?

While all the doctors at the VEC are very experienced and use the utmost caution, there are well documented small risks associated with the procedure. The risk of not getting screened is significant (1 in 20 lifetime risk for colon cancer).

- **Bowel Preparation:** There is a risk of dehydration with the bowel preparation. Drinking lots of fluids with electrolytes (like sports drinks) helps to increase the quality of the bowel preparation and also decreases the risks of dehydration and the associated risks. Ensure you drink 4 to 6 litres of clear fluids.
- **Drug reaction:** It is possible, although extremely unlikely, that you will develop a reaction to one of the medications. The reaction is usually mild and in the form of rashes, hives, or itching at the site of the IV catheter.
- **Perforation:** Puncture of the wall of the colon is very rare (1:1000 chance). If it occurs surgery might be necessary to repair the perforation and you will be hospitalized.
- **Bleeding:** There is a small risk of significant bleeding (1:100 chance) if a polyp is removed. Bleeding can occur up to 10 days later. This usually settles without further treatment and rarely blood transfusions or surgery may be required. Contact your physician or go to the emergency department if you have rectal bleeding of more than one half cup.
- **Missed abnormalities:** Some polyps or abnormalities might be missed. The risks are significantly higher if your bowel is not cleaned properly.

What can I expect after the colonoscopy?

Your pulse, respiration and blood pressure will be monitored. You may feel bloated or have some cramping. Due to the sedation given, your judgment and reflexes may be impaired for the rest of the day. You cannot drive or operate machinery for 12 hours post sedation. You must be accompanied home by a responsible adult; otherwise your appointment may be cancelled and rescheduled. You may resume your regular diet after leaving the VEC.

What am I consenting to?

You acknowledge that you have 1) read this information prior to taking the bowel preparation, 2) that the procedure and risks have been adequately explained to you, 3) that you authorize the VEC endoscopist to perform the procedure with the assistance of any other healthcare staff, 4) you have agreed to pay for any uninsured services selected (those not covered by OHIP) either on an individual fee basis or by a block fee

A missed appointment fee of \$150 will be charged if sufficient cancellation notice is not given (> 72 hours).

You will have an opportunity before the procedure to discuss your concerns with a physician or nurse at your request.



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PATIENT MEDICAL HISTORY

Referring Doctor's Name:	
Patient Name:	
(First)	(Last)
Day Phone #:	
Evening Phone #:	
Cell Phone #:	

Date of Birth:	Height:	Weight:
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SOCIAL HISTORY

of alcoholic drinks per week? None <input type="checkbox"/> , 1-7 drinks/week <input type="checkbox"/> , 8-20 drinks/week <input type="checkbox"/> , ≥ 21 drinks/week <input type="checkbox"/> # of cigarettes smoked per day? None <input type="checkbox"/> , 1-20 per day <input type="checkbox"/> , 21-25 (1 pack) per day <input type="checkbox"/> , ≥ 1 pack per day <input type="checkbox"/>
What type of work do you do? Employed <input type="checkbox"/> , Homemaker <input type="checkbox"/> , Retired <input type="checkbox"/> , or Specify _____
Marital Status Single <input type="checkbox"/> , Married <input type="checkbox"/> , Divorced <input type="checkbox"/> , Widowed <input type="checkbox"/>

MEDICATIONS:

• Are you currently taking Aspirin ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Are you taking blood thinners ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Any adverse reaction to sedation ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Allergic reactions to any medications ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify: _____	
• Currently taking any other medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify ALL MEDICATIONS below:	

MEDICAL / SURGICAL HISTORY:

• Have you had a Stress Test, Holter, Echo (ultrasound of heart) or Angiogram? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____
• Do you have a personal or family history relating to colonic disease, including colonic polyps or cancer? If yes, specify _____
• Any other significant past Medical / Surgical history (must include all abdominal surgeries)? If yes, specify _____

A missed appointment fee of \$150 will be charged if sufficient cancellation notice is not given (72 hours prior to the procedure). Ensure that you read and carefully follow the Patient Instructions sheet starting 2 days before the test.

Patient Signature: _____





Date: _____

Pre-Endoscopy Anesthesia Questionnaire

Name:			Sex: M F	Age:	Weight: _____ lbs / Kg Height: _____	What TIME did you last Drink: _____ am / pm When did you last Eat solid food DATE:	
Medications	Dose	Frequency	Taken today?	Herbal or OTC Medications	Dose	Frequency	Taken today?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<i>Allergies to Medications</i>	Explain Drug and Reaction:			<i>Allergies to Foods or Latex</i>		Explain:	
No Yes→				No Yes→			
Have you ever had:				No	Yes	Don't Know	Explain if Yes or Don't know
Do you smoke cigarettes/cigars? (If yes, how many per day ?)				_____	_____	_____	I smoke _____ cigarettes/day I have smoked for _____ years Last cigarette: _____
Illicit street drugs? (cocaine, ecstasy, heroin etc)				_____	_____	_____	_____
Alcohol Beverages per week (specify volume)				_____	_____	_____	_____
Sleep Apnea. If yes, do you use CPAP?				_____	_____	_____	_____
Heart Attack/Angina/Heart Failure				_____	_____	_____	_____
High Blood Pressure				_____	_____	_____	_____
Diabetes. If yes, since when?				_____	_____	_____	_____
Atrial Fibrillation or Palpitations				_____	_____	_____	_____
High Cholesterol?				_____	_____	_____	_____
Stroke/"ministroke"/TIA?				_____	_____	_____	_____
Shortness of Breath				_____	_____	_____	_____
Asthma/Wheezing				_____	_____	_____	_____
Recent Cough/Cold/Wheezing				_____	_____	_____	_____
Reflux (GERD) or Heartburn or Hiatus Hernia				_____	_____	_____	_____
Hepatitis or Liver Disease				_____	_____	_____	_____
Kidney Problems				_____	_____	_____	_____
Bleeding Tendencies				_____	_____	_____	_____
Have you had a Blood Transfusion?				_____	_____	_____	_____
Communicable diseases (HIV, Herpes, Hep A, B , C)				_____	_____	_____	_____
Any artificial body parts? (Plates/implants/Joints)				_____	_____	_____	_____
Contact lenses, Dentures, Caps, Bridges, Crowns?				_____	_____	_____	_____
Taking Cortisone/Prednisone or Coumadin?				_____	_____	_____	_____
Reaction to a General or Local Anesthetic				_____	_____	_____	_____
Family History of Problems with Anesthetics				_____	_____	_____	_____
Difficulty opening mouth? /moving neck?				_____	_____	_____	_____
Have you ever had any of the following tests:				When?		Surgery or other Medical Problems? Please explain	
<input type="checkbox"/> Exercise Stress Test (Treadmill):							
<input type="checkbox"/> Nuclear Stress Test (Thallium or Mibi):							
<input type="checkbox"/> Angiogram/Angioplasty:							
<input type="checkbox"/> Ultrasound of Heart (Echo):							
<input type="checkbox"/> Holter Monitor:							

Clear-Liquid Diet for Colonoscopy Preparation

One day before — and the day of — your colonoscopy, you will be on a clear-liquid diet. The chart shows examples of drinks you can include, and what to avoid. Starting the day before your procedure, don't eat any solid food until after your colonoscopy.

YES — OK TO DRINK	NO — AVOID THESE
    <ul style="list-style-type: none">• Water (<u>Do Not Drink Only Water</u>)• Tea and black coffee without any milk, cream, or lightener• Flavored water without red, orange or purple dye• Clear, light colored juices such as apple, white grape, lemonade without pulp, and white cranberry• Clear broth including chicken, beef, or vegetable• Carbonated Soda's• *Sports drinks such as Gatorade or Powerade (no red or purple)• Popsicles without fruit or cream (and no red or purple dye)• Jello-O or other gelatin without fruit (no red or purple dye)	<ul style="list-style-type: none">• Alcoholic beverages• Milk or Cream• Smoothies or Milkshakes• Orange juice• Purple grape juice• Grapefruit juice• Tomato juice• Soup (other than clear broth)• Juice, Popsicles, or gelatins with red, purple or orange dye• <i>Anything that you cannot see through clearly</i>

It is important to have plenty to drink to keep you hydrated and to help the prep work properly – at least 1 glass each hour during the day. You should drink a total of 4 to 6 litres (16 to 24 cups) of clear liquids during the colon preparation time period. Do not limit your liquids to only water as this may cause dehydration. Please ensure you are including salts and sugars within your beverage choices. *We strongly encourage drinking Sports Drinks and/or clear broth for this reason (*must drink at least 2 bottles of Sports Drink*).





“Stop drinking all fluids 2 hours before your appointment”

Low-Fiber Diet for Colonoscopy Preparation

Three days before your colonoscopy: eat only low-fiber foods as listed below.

Two days before: continue eating only low-fiber foods.

Day before test: eat a low fiber breakfast **before 10:00 am and then switch to a Clear Liquid Diet Only** until after the test is completed

FOOD CATEGORY	 YES – OK TO EAT	 NO – AVOID THESE FOODS
MILK AND DAIRY	<ul style="list-style-type: none"> • Milk and Cream • Hot Chocolate • Buttermilk • Cheese, including cottage cheese • Yogurt and Sour cream 	<ul style="list-style-type: none"> • No Yogurt containing nuts, seeds, granola or fruit with seeds (such as any berries)
BREADS AND GRAINS	<ul style="list-style-type: none"> • Breads and grains made with refined white flour (including rolls, muffins, bagels and pasta) • White rice • Plain crackers • Low-fiber cereal (including puffed rice, cream of wheat, corn flakes) 	<ul style="list-style-type: none"> • NO WHOLE GRAIN OR HIGH FIBER • Brown or wild rice • Whole grain bread, rolls, pasta, or crackers • bread with nuts or seeds. • Whole grain or high-fiber cereal, including granola, raisin bran or oatmeal • quinoa, chia seeds, hemp, flax
MEAT AND POULTRY	<ul style="list-style-type: none"> • Chicken, Turkey, Lamb, Lean Pork, Veal, Fish and Seafood, • Eggs and Tofu 	<ul style="list-style-type: none"> • NO tough meat with gristle
LEGUMES	<p style="text-align: center;"><u>NONE ALLOWED</u></p>	<ul style="list-style-type: none"> • NO: dried peas (including split or black-eyed, dried beans) • No kidney, pinto, garbanzo/chickpea) Lentils, or any other legume
NUTS, NUT BUTTER, SEEDS	<ul style="list-style-type: none"> • Creamy (smooth only) peanut or almond butter 	<ul style="list-style-type: none"> • NO nuts: Peanuts, almonds, walnuts, chunky nut butter, etc. • No seeds such as sesame, pumpkin, sunflower, flax, etc • No humus
FRUITS	<ul style="list-style-type: none"> • Fruit juice without pulp • Applesauce • cantaloupe and honeydew • peeled apricots and peaches 	<ul style="list-style-type: none"> • NO seeds, skin, membranes; or dried fruit: • No berries of any kind, pineapple, apples, oranges,

	<ul style="list-style-type: none"> • bananas • Canned or cooked fruit without seeds or skin 	<p>grapefruit</p> <ul style="list-style-type: none"> • Any cooked or canned fruit with seeds or skin • Raisins or other dried fruit
VEGETABLES	<ul style="list-style-type: none"> • Cooked vegetables without skin or peel (includes peeled carrots, mushrooms, turnips, asparagus tips, etc.) • Potatoes without skin • cucumbers without seeds or peel. 	<ul style="list-style-type: none"> • NO raw vegetables or cooked vegetables with skin/peel or seeds • Corn, tomatoes, cucumbers with seeds and peel, cabbage, Brussel sprouts, squash, lima beans, • salads or any raw vegetable
FATS AND OILS	<ul style="list-style-type: none"> • Butter, Margarine, Vegetable and other oils, • Mayonnaise, Salad dressings made without seeds or nuts 	<ul style="list-style-type: none"> • NO salad dressings containing seeds or nuts
SOUPS	<ul style="list-style-type: none"> • Broth, bouillon, consommé, and strained soups • Milk or cream-based soup strained 	<ul style="list-style-type: none"> • Unstrained soups that contain restricted foods • Chili, lentil soup, dried bean soup, corn soup, pea soup
DESSERTS	<ul style="list-style-type: none"> • Custard, plain pudding, ice cream, sherbet or sorbet, • Jell-O or gelatin without added red or purple dye 	<ul style="list-style-type: none"> • Coconut, anything with seeds or nuts, • Cookies or cakes made with whole grain flour, seeds, dried fruit, or nuts.
DRINKS AND BEVERAGES	<ul style="list-style-type: none"> • Coffee, tea, hot chocolate or cocoa, • clear fruit drinks (no pulp), soda and other carbonated beverages, • Ensure or Boost without added fiber 	<ul style="list-style-type: none"> • Fruit or vegetable juice with pulp, • beverages with red or purple dye
OTHER	<ul style="list-style-type: none"> • sugar, salt, jelly, honey, syrup and lemon juice 	<ul style="list-style-type: none"> • Coconut, popcorn, jam with seeds, marmalade, relishes, pickles, olives, stone-ground mustard

Ensure that you purchase the Bowel Preparation medication from your pharmacy and start taking the bowel prep to cleanse your colon the day before your test (per the instructions provided).