

Preparation For Colonoscopy and Gastroscopy

Appointment Date: _____ Arrival Time: _____

Physician: _____ Start Time: _____

Report to your designated surgical location (Lamont Care Center or Fort Saskatchewan Community Hospital)

****Details are on back page**

Duration

You will be at the hospital for approximately 3-4 hours from your time of arrival to time of discharge. This includes the sedation preparation, procedure, and recovery.

Organizing a ride home

You are sedated for this procedure; you will NOT be permitted to drive yourself home.

. procedure WILL BE CANCELLED by the hospital.

The person picking you up must come to the Endoscopy Department to take you home.

IF you are sedated, it's recommended you do not operate a motorized vehicle or heavy machinery for 24 HOURS after the procedure, as you will likely not be covered by your insurance.

Preparation

The attached preparation instructions are EXTREMELY IMPORTANT FOR THIS PROCEDURE. A squeaky-clean gastrointestinal tract is essential for the success and safety of your procedure.

Current Medications

You are responsible to inform your physician if you are on any diabetic medication or blood thinners/anticoagulants (such as Warfarin/coumadin, Pradax/dabigatran, Plavix/clopidogrel, Xarelto/rivaroxaban, Eliquis/apixaban, Effient/presugrel, Brilinta/ticagrelor, Fragmin/dalteparin, Lovenox/enoxaparin, Flaxiparine/nadroparin or Innohep/tinzaparin) at least seven days before your procedure. Your medication may need to be adjusted prior to the procedure.

Diabetic patients please bring your insulin with you to the hospital.

Patient Information

Bring your medication list with you to your appointment. We need to know what medications you take, how much you take and how often you take them. This includes medications that the doctor prescribed, as well as any herbal medications. We also need to know any medication you buy off the shelf whether they are pills, liquids, lotions, or patches. In preparation for your procedure, you will be asked about any medical conditions and dates of surgeries that you have had.

Bring an interpreter with you if you do not speak or read English

If you have difficulty with speaking or reading English, please bring someone with you to interpret This will help us get the important information that we need for your procedure.

Home Preparation for ADULT TOTAL COLONOSCOPY

Dr. Farooq (One day Preparation)

PLEASE READ CAREFULLY

Purchase from your Pharmacy: 1 Bi-PegLyte Kit and Acceptable clear fluids of your choice

One Week before your procedure:

No nuts or seeds for 4 days prior to your Colonoscopy

If you are taking iron, please stop at least one week before your examination

If you are taking Coumadin (Warfarin) stop medication 5 days prior to your examination

If you are taking Pradaxa, Xarelto, or Eliquis, stop 48 hours prior to procedure

If you are taking baby Aspirin, you do not need to stop this

ONE Day before procedure:

DIET & PREPARATIONS -To ensure the colon is as clean as possible, it is important to follow the steps in order as instructed, as it is possible for lesions to be missed if there is stool present.

You can eat a light breakfast (white toast, tea, coffee, juice) no later than 11:00am

Drink only clear fluids after lunch. Solid food, milk or milk products are NOT allowed for the remainder of the day. You are allowed to drink ONLY clear, colorless fluids such as : Water, White/Clear Gatorade, Clear teas or coffee (no milk products or whiteners), Popsicle (no red or purple), Soft Drinks (no red or purple), Plain Jello (no added solids), broth, Apple Juice, Ginger Ale.

There is no need to drink extra liquids with the Bi-Peglyte Kit.

The Morning on the day before your procedure:

Dissolve the entire content of one sachet in 1 liter of water. Mix 2-3 minutes until clear.

In a separate container repeat the above steps for the 2nd sachet.

Be sure to refrigerate the solution as chilling improves the taste,

At 12:00 noon:

Take 3 Bisacodyl pills with water. Do not chew or crush the Bisacodyl pills.

The first bowel movement usually occurs in 1 to 6 hours after take the Bisacodyl pills.

At 6:00pm

Start drinking your 1st sachet of Peglyte, 250ml glass every 10 minutes within 2 hours. Rapid drinking of each glass is preferred. A watery bowel movement should begin in approximately 1 hour. Be sure to drink ALL of the solution

At 8:00pm

Repeat the procedure with the second sachet. Cleansing process should be over by 10:00pm

Day of examination:

No liquid for at least 4 hours prior to the examination.

Take medication with a sip of water

Please arrive for your examination at the scheduled time

Diabetics, please bring your insulin with you, but do not take the insulin the morning of your exam

If you are on blood pressure medications, please take it on the morning of the procedure.

Do not bring jewelry, large sums of money or other valuables.

Please have a responsible adult with you to drive you home as you are NOT allowed to drive yourself.

Individual response to this may vary. Remain within easy reach of toilet facilities.

GASTROCOPY PREPARATION INSTRUCTIONS

THE DAY PRIOR

- Do not eat solid food after 6:00pm on the day prior to the test
- You may drink *clear fluids up to midnight of the evening prior to the examination.

THE DAY OF

- Have nothing to eat or drink
- Any essential medication can be taken the morning of your procedure with small sips of water.
- Please DO NOT take any HIGH BLOOD PRESSURE medication the day of the procedure as the sedation will lower your blood pressure

*If your appointment is after 12:00pm, you can continue to have clear fluids up until 4 hours prior to your appointment time.

** Clear Fluids Include:

- Water, clear soup broth, Jell-O, tea or coffee without milk or cream, soft drinks, pulp-free fruit juice, Powerade, Gatorade or Crystal Light.

UNDERSTANDING COLONOSCOPY

Your physician has determined that colonoscopy is necessary for further evaluation or treatment of your condition. This brochure has been prepared to help you understand the procedure. It includes answers to the questions patients ask most frequently. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy nurse or your physician before the examination begins.

What is colonoscopy?

The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. In general, preparation consists of either consumption of a large volume of a special cleansing solution or several days of clear liquids, laxatives and enemas prior to the examination. Follow your doctor's instructions carefully. (If you are not clean, the procedure may have to be canceled and repeated later.)

What can be expected during colonoscopy?

Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating or cramping at times during the procedure. Your doctor will give you medication through a vein to help you relax and better tolerate any discomfort from the procedure. You will be lying on your side or on your back while the colonoscope is advanced slowly through the large intestine. As the colonoscope is slowly withdrawn the lining is again carefully examined. The procedure usually takes fifteen to thirty minutes. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will decide if the limited examination is sufficient or if the other examinations are necessary.

What if the colonoscopy shows something abnormal?

If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If colonoscopy is being performed to identify sites of bleeding, the areas of bleeding may be controlled through the colonoscope by injecting certain medications or by coagulation (sealing off bleeding vessels with heat treatment). If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember the biopsies are taken for many reasons and do not necessarily mean that cancer is suspected.

What are polyps and why are they removed?

Polyps are abnormal growth from the lining of the colon, which vary in size from a tiny dot to several centimeters. The majority of polyps are benign (non-cancerous) but the doctor cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer. Having a clean bowel is important as many of these polyps may be small or flat. How are polyps removed?

Tiny polyps may be totally removed by taking them off by biopsy but larger polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or

result in a burn to the wall of the colon. Which could require emergency surgery. Sometimes larger polyps will need to be removed in pieces over several colonoscopy sessions. Your physician will let you know if a follow-up procedure is required.

What happens after a colonoscopy?

After colonoscopy someone must accompany you home from the procedure because of the sedation used during the examination. Even if you feel alert after the procedure your judgment and reflexes may be impaired by the sedation for the rest of the day making it unsafe for you to drive or operate any machinery. You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly with passage of flatus (gas). Generally, you should be able to eat after leaving the endoscopy but your doctor may restrict your diet and activities, especially after polypectomy. If biopsies have been taken or polyps removed, it is normal to experience a small amount of rectal bleeding afterwards (several drops or tablespoons). If more bleeding occurs (i.e. more than a cupful), you must notify your physician's office for further instructions.

What are the possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. Usually, after the procedure you will feel nothing or you may feel slight cramping or bloating from the air used to inflate your colon. This air will pass on its own. If water is used during the colposcopy to clean the colon, you may notice some passage of water with the passage of air with a bowel movement.

One possible complication is a perforation or tear through the bowel wall that could require prompt surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through the colonoscope. Rarely, blood transfusions or surgery may be required. Other potential risks include a reaction to the sedatives used and complications from heart or lung disease. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks but this will go away eventually. Applying hot packs or hot moist towels may help relieve discomfort. Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills or rectal bleeding of more than one cup. Bleeding can occur several days after polypectomy.

To the patient

Because education is an important part of comprehensive medical care you have been provided with this information to prepare for this procedure. If you have any questions about your need for colonoscopy or alternative tests do not hesitate to speak to your physician or physician's office about it. Endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

UNDERSTANDING GASTROSCOPY

What is a gastroscopy?

Gastroscopy (also known as an upper GI endoscopy) is a procedure that enables your physician to examine the lining of the upper part of your gastrointestinal tract i.e., the esophagus (swallowing tube), stomach and duodenum (first portion of the small intestine) using a thin flexible tube with its own lens and light source.

Why is a gastroscopy done?

Gastroscopy is usually performed to evaluate symptoms of persistent upper abdominal pain, nausea, vomiting or difficulty swallowing. It is also the best test for finding the cause of bleeding from the upper gastrointestinal tract. Gastroscopy is more accurate than x-ray films for detecting inflammation, ulcers or tumors of the esophagus, stomach, or duodenum. Gastroscopy can detect early cancer and can distinguish between benign and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. A cytology test (introduction of a small brush to collect cells) may also be performed. Gastroscopy is also used to treat conditions present in the upper gastrointestinal tract. A variety of instruments can be passed through the endoscope that allows many abnormalities to be treated directly with little or no discomfort. For example, stretching narrowed areas, removing polyps (usually benign growths) or swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for transfusion in many patients.

What preparation is required?

For the best (and safest) examination, the stomach must be completely empty. You should have nothing to eat or drink, including water before the examination.

Do I require a drive home after the procedure?

If you are sedated, you will need to arrange to have someone accompany you home from the examination because sedatives may affect your judgment and reflexes for the rest of the day. If you receive sedation, you will not be allowed to drive after the procedure even though you may not feel tired.

What can be expected during the gastroscopy?

Practices may vary among doctors, but you may have your throat sprayed with a local anesthetic before the test begins and may be given medication through a vein to help you relax during the test. While you are in a comfortable position on your side, the endoscope is passed through the mouth and then in turn through the esophagus, stomach, and duodenum. The endoscope does not interfere with your breathing during the test. Most patients consider the test to be only slightly uncomfortable and many patients fall asleep during the procedure.

What happens after gastroscopy?

After the test, you will be monitored in the endoscopy area until most of the effects of the medication have worn off. Your throat may be a little sore for a while and you may feel bloated right after the procedure because of the air introduced into your stomach during the test. You will be able to resume your diet after you leave the procedure unless you are instructed otherwise.

What are the possible complications of gastroscopy?

Gastroscopy is generally safe. Complications can occur but are rare when physicians with specialized training and experience in this procedure perform the test. Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires blood transfusions or surgery. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying heat packs or hot moist towels may help to relieve the discomfort. Other potential risks include a reaction to the sedatives used and complications from heart or lung diseases. Major complications e.g., perforation (a tear that might require surgery for repair) are very uncommon. It is important for you to recognize early signs of any possible complication. If you begin to run a fever after the test, begin to have trouble swallowing or have increasing throat, chest, or abdominal pain, let your doctor know about it promptly.

To the patient

Because education is an important part of comprehensive medical care you have been provided with this information to prepare for this procedure. If you have any questions about your need for flexible gastroscopy or alternative tests do not hesitate to speak to your physician or physician's office about it. Endoscopists are highly trained specialists and welcome your questions regarding their credentials and training. If you have any questions that have not been answered, please discuss them with the endoscopy nurse or your physician before the examination begins.

Location Information for Dr. Farooq's Surgical Days

You have a procedure at either Fort Saskatchewan Community Hospital
or Lamont Health Care Centre.

Fort Saskatchewan Community Hospital

9401 86 Ave, Fort Saskatchewan, AB T8L 0C6

You will be contacted by the Fort Saskatchewan Booking Office with your appointment date. Please call the Admitting Department at 780-342-3113 after 3:00pm TWO business days prior to your appointment date. For appointments on Monday, (or on Tuesday following a long weekend) please call on the Thursday before. FAILURE TO CALL WILL RESULT IN YOUR PROCEDURE BEING CANCELLED. Please know that patients who fail to attend this appointment or cancel less than 72 hours notice, we cannot guarantee the timeliness of rebooking your appointment as there is now a severe shortage of endoscopy spots.

Lamont Health Care Centre

5216 53 St, Lamont, AB T0B 2R0

You will be contacted by the Lamont Health Care Centre Booking Office with your appointment date. Please call the Admitting Department at 780-895-2211