

COLONOSCOPY

Your colonoscopy will take place on _____ at _____ in the endoscopy laboratory located in **room G-304** (third floor) of the Jewish General Hospital or in **room B-360** at Saint Mary's hospital. Please notify us of any cancellation at least 24 hours in advance.

BACKGROUND INFORMATION:

A *colonoscopy* is a test in which a *colonoscope* (long flexible tube) is inserted through the anus and advanced across the large intestine (colon), for the purpose of examining the lining with more detail than can be seen by X-ray. It is usually performed to investigate symptoms, or control bleeding. During the test, the doctor may take a small piece of tissue (biopsy) to be analyzed in the laboratory. Occasionally, abnormal growths (polyps) may be detected. While the majority of polyps are benign, they are usually removed in case they may harbor precancerous cells. To remove a polyp, your doctor may insert a wire loop (snare) through the colonoscope, and remove the polyp using an electrical device. This procedure is generally painless. Colonoscopy also allows for injection of medications to stop bleeding, or cauterization (burning) of bleeding zones or dilated blood vessels. Rarely, stretching of narrowed zones (dilatation) could also be done.

Your doctor may give you medication through a vein to make you relaxed and comfortable. If you receive a sedative, you may fall asleep during or after the procedure. You may also be given extra oxygen through the nose. During the examination, it is common to feel bloated, since air is being inserted into the colon to improve visibility. In some cases, it is impossible to examine the entire colon. If this were to occur, your doctor will discuss other alternatives.

After the colonoscopy, if you have received medications, you will remain in the endoscopy area until the effects of the medications have sufficiently worn off. You may feel bloated for the next few hours, until you pass gas. You will be able to resume your usual diet immediately, unless instructed otherwise by the doctor or nurse. **If you receive a sedative, you will not be allowed to drive for 8 hours following the procedure.**

INSTRUCTIONS

Your colon must be **COMPLETELY EMPTY** in order for the colonoscopy to be successful. Please follow these instructions carefully:

IF YOU ARE CONSTIPATED, HAVE KIDNEY PROBLEMS, OR WERE NOT CLEAN ENOUGH DURING YOUR LAST COLONOSCOPY:

1. Purchase a bottle of **Go-Lytely** (4 Liters) at the pharmacy.
2. The day before the colonoscopy (24 hours before), drink only CLEAR FLUIDS for the entire day (see examples below). No solid foods or dairy are allowed.
3. Drink 2L of the Go-Lytely solution as of **6pm** the day before. Drink roughly one cup every 15 minutes. You can mix it with juice or other clear liquids if you prefer. Drink the other 2L the morning of the procedure, 3 hours before our test, but no later than **6am**.
4. You may have clear fluids the morning of your procedure, unless you are also having a gastroscopy in which case you should be fasting from midnight.

IF YOU HAVE REGULAR OR FREQUENT BOWEL MOVEMENTS, AND NO KNOWN KIDNEY PROBLEMS:

1. Purchase 2 sachets of **Pico-Salax** (or the generic version Purg-Odan) and one bottle of **Citromag** at the pharmacy. Discard the instructions in the package insert. Instead, follow the steps as described below.
2. The day before the colonoscopy (24 hours before), drink only CLEAR FLUIDS for the entire day (see examples below). No solid foods or dairy are allowed.
3. Take the first sachet of Pico-Salax at **4pm**, and the second sachet at **9pm**, the evening before your colonoscopy.
4. you must drink **4-6 large glasses** of clear liquids, including *at least* one serving of replenishing fluid such as light-colored Gatorade or Pedialyte, following *each* sachet of Pico-Salax.

5. Drink the bottle of **Citromag** the morning of your colonoscopy, as of 6am.
6. You may have clear fluids the morning of your procedure, unless you are also having a gastroscopy in which case you should be fasting from midnight.

To prepare the Pico-Salax mixture: empty the contents of the packet into a cup and add 150mL (5oz) of cold water. Stir until the powder is dissolved. Initially, the mixture may heat up. Let it cool down before you drink it.

CLEAR FLUIDS include the following: Strained fruit juices (apple, white grape, lemonade), water, clear broth or bouillon, coffee or tea (without milk), Gatorade, carbonated or non-carbonated soft drinks, plain Jell-O (no added fruit or topping), Ice Popsicles, Kool-Aid or other fruit flavored drinks. Avoid liquids colored purple or red

PRECAUTIONS

Come accompanied or arrange for alternate means of transportation. If you are driving, you will not be given a sedative.

Please remove all jewelry before the procedure, in case electrical current is used (the jewelry can attract the current and cause local tissue damage). It is advisable to leave it at home, in order to avoid theft or loss.

- a. **If you are taking Plavix**, you must discuss with your treating physician to see if it can be stopped safely before the test
- b. **If you are taking Coumadin, or any other anticoagulant** and are already followed in the Anticoagulation clinic of this hospital, you will need to return to the clinic for instructions on how long to hold the medication prior to the procedure, and whether you will need heparin injections to compensate. If you are followed elsewhere, you will be referred to the Thrombosis clinic of this hospital for assessment and plan
- c. **If you have diabetes:** Do not take your diabetic pills on the morning of the procedure. You must discuss with your treating physician how to adjust your diabetic pills the day before your colonoscopy. If you are on insulin, you must also consult with your diabetic doctor with regards to dose adjustments prior to the procedure
- d. **If you take iron pills**, you must stop them **7 days** before your procedure if possible
- e. **If you are allergic to any medications, soy or eggs, notify the nurse and doctor**

COMPLICATIONS

Colonoscopy and polypectomy are associated with a very low risk of complications when performed by specialized physicians. One possible complication is a *perforation* (a tear in the wall of your intestine) that can occur in less than 0.1% of cases. If that were to occur, bowel rest, in conjunction with antibiotics and intravenous solutions are often sufficient to resolve the problem. Rarely does it require a surgical intervention. *Bleeding* may occur at the site of biopsy or polyp removal. It is usually minor and stops on its own, or can be controlled by cauterization (application of electrical current), or injecting medication into the bleeding site, using a needle through the colonoscope. It is extremely rare to require transfusions or surgery to stop the bleeding.

Localized irritation of the vein or even a small bruise may occur at the site of injection of medication. This will resolve in a few days, or rarely after a few weeks. We rarely see *reactions to the medication* administered during the procedure. These reactions usually resolve by themselves rapidly. Other extremely rare complications can occur in predisposed patients, including heart attack or a stroke. As for any other medical intervention, cases of death have been reported, but this is extremely rare.

INFORMED CONSENT

I have read and understand the content of this consent form. I agree to undergo the colonoscopy (with or without biopsy, injection, cauterization, or dilatation).

Patient signature

witness

Date

doctor's signature