

Barrie Endoscopy Colonoscopy Preparation Package

APPOINTMENT DATE: _____

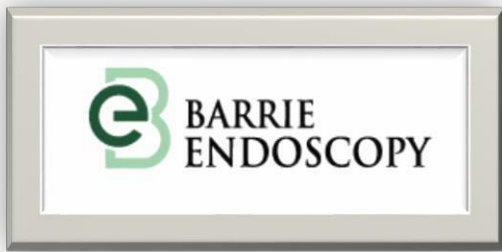
APPOINTMENT TIME: _____

Office Location:

5 Quarry Ridge Road
Suite LL1 (Lower Level 1)
Barrie ON
L4M 1G7

Contact Information:

Phone: (705) 797-1112
Fax: (705) 797-1113
Email: barrie.endoscopy@gmail.com



Patient Colonoscopy Package Patient Information

THE FOLLOWING INFORMATION PERTAINS TO ALL PATIENTS HAVING PROCEDURES AT BARRIE ENDOSCOPY:

THE FOLLOWING INFORMATION PERTAINS TO ALL PATIENTS HAVING PROCEDURES AT BARRIE ENDOSCOPY:

- Please arrange for a responsible adult to accompany you to and from your scheduled procedure.
- You are advised not to drive until 6AM the morning following your procedure.
- Patients are advised to have someone stay with them for at least 12 hours post procedure. Be prepared to stay home for the remainder of the day.
- Do not chew gum or eat candy prior to your procedure.
- Do not consume any alcohol or partake in any recreational drug use for at least 24 hours prior to the procedure.
- Please remove all jewellery, make-up, and nail polish before arriving at Barrie Endoscopy for your appointment.
- Patients are advised to leave all valuables at home, as we will not assume responsibility for lost or stolen property during your time at Barrie Endoscopy.
- Please complete the attached Patient Questionnaire and Patient Consent form, please bring the completed forms with you to your scheduled appointment.
- Bring your health card with you to your appointment.

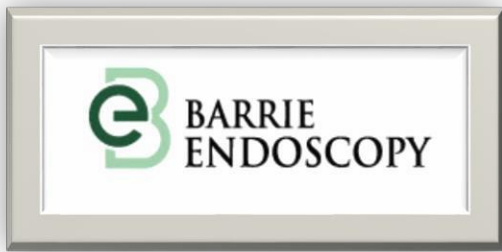
*Note: failure to comply with any or all of the previously mentioned items may result in your appointment being cancelled at our discretion. *

CANCELLATIONS:

If for any reason you need to cancel your scheduled appointment Barrie Endoscopy requires a minimum of 5 business days' notice. Failure to comply will result in a \$250.00 charge. Patients will not be able to reschedule an appointment until outstanding fees have been paid.

NO SHOWS:

Scheduled patients failing to arrive at Barrie Endoscopy without providing us with notification or reasoning will also be subject to a \$250.00 fee. Patients will not be able to reschedule an appointment until outstanding fees have been paid.



Colonoscopy Bowel Preparation

Preparing for the Prep

Before a colonoscopy can occur, you will need to clean out your colon (also known as a Bowel Prep). For a colonoscopy procedure to be completely thorough and safe your colon must be completely empty. We at Barrie Endoscopy suggest that you stay home during the hours of your bowel prep, as the prep will cause you to visit the bathroom frequently.

Bowel preparation causes frequent loose stools and diarrhea sometimes. This is completely normal, and it ensures that your colon is completely evacuated prior to the procedure. Going through a bowel preparation you may also feel some abdominal discomfort/upset, bloating and hunger. Please be sure you have plenty of clear fluids at hand to consume after the preparation has begun (we recommend sports drinks to help replenish electrolyte levels).

In order to partake in a bowel preparation, you will need to purchase a few items from a pharmacy of your choice. These items are available over the counter and do not require a prescription. Items include:

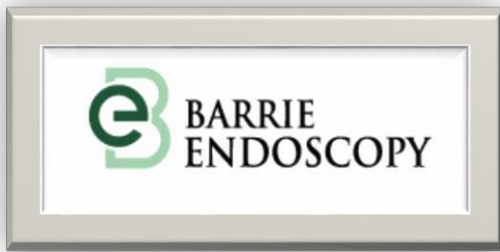
- 1 box of “Pico-Salax” (2 sachets)
- 1 pack of “Dulcolax”

Other Considerations:

- If you take prescribed medication daily, please continue to do so unless otherwise directed.

DIABETICS: PLEASE DO NOT TAKE ANY ORAL DIABETIC MEDICATIONS ON THE DAY OF YOUR PROCEDURE. WE WILL BE CHECKING YOUR BLOOD SUGAR ON ADMISSION.

- If you take **Iron supplements**- please stop taking them 7 days prior to your procedure.
- Going through a bowel preparation you may experience some discomfort, burning or irritation around the anus; if this occurs you can apply a small amount of petroleum jelly (e.g. Vaseline) to the affected area. You may also consider applying the petroleum-based jelly to the area prior to starting the prep in attempt to avoid irritation from occurring.



The Preparation

The Day Before Procedure (at breakfast time) commence a clear fluid diet. Examples of acceptable liquids include but are not limited to:

- Water / Coconut water (strained, no pulp)
- Clear broth/soup/bouillon
- Popsicles and sports drinks (Gatorade/PowerAde/Pedialyte - please avoid red and purple flavours as these dyes may mimic the appearance of blood during your procedure)
- Apple juice, white grape juice, cranberry juice
- Jell-O
- Black tea or black coffee (no cream, milk, whitener)
- **No SOLID FOODS, MILK OR MILK PRODUCTS**

At 3:00 PM (the day before your procedure) take 2 tablets of Dulcolax with water.

At 7:00 PM (the day before your procedure) take the first Sachet of Pico-Salax (see instructions below). Over the next 2-3 hours drink 1.5 litres of Gatorade or other clear fluids. It is very important to drink plenty of fluids. Sports drinks are the preferred fluid as it provides re-hydration, electrolytes and optimizes the preparation. This bowel preparation will trigger watery bowel movements, but the time to take effect varies.

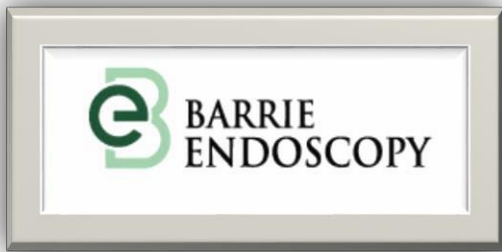
Instructions for Pico-Salax: empty contents of one sachet into a mug or coffee cup. Add 150 ml (approx. 5 oz.) of cold water and stir until dissolved. The solution may become hot due to the reactions of mixing. Wait until it cools to drink.

If you choose to, at this time you may also mix the second sachet and place it in your refrigerator for later consumption.

THE DAY OF PROCEDURE continue with a clear fluid diet. You may take your usual morning medication (unless told otherwise) with a small sip of water. Do not take any oral diabetic medication.

FOUR TO FIVE HOURS BEFORE YOUR ARRIVAL TIME take the second sachet of Pico-Salax. Then in the next hour continue to drink 1.5 litres of Gatorade or other clear fluids. For Example: if your test is scheduled for 8:00AM you must take the last package of Pico-Salax at or before 4:00AM and drink at least 1 litre of clear fluids between 4 and 5 AM.

STOP drinking any fluids 3 hours before your arrival time. If you do not stop drinking within 3 hours of your test, you risk having your procedure being cancelled.



Understanding Colonoscopy Patient Information and Consent

This information sheet includes answers to questions patients most frequently ask. Please read it carefully. If you have additional questions, please feel free to discuss them with the physician who referred you for the colonoscopy, or one of the nurses, or with the specialist who will perform the colonoscopy before the examination begins.

What is a colonoscopy?

Colonoscopy is a procedure which enables a specialist to examine the lining of the colon (large bowel) by inserting a flexible tube (that is about the thickness of a finger) into the anus and advancing it slowly into the rectum and colon.

What preparation is required?

The colon must be completely clean for the procedure to be accurate and complete. You will receive detailed instructions regarding the dietary restrictions to be followed and the cleansing routine to be used. In general, the bowel preparation consists of either drinking a large volume of special cleansing solutions or several days of clear fluids, laxatives, and enemas prior to the examination. Follow these instructions carefully. If you do not, the procedure may have to be repeated with a different bowel prep. It is important to drink generous amounts of clear fluids up until 3 hours before, and for 6-12 hours after the procedure.

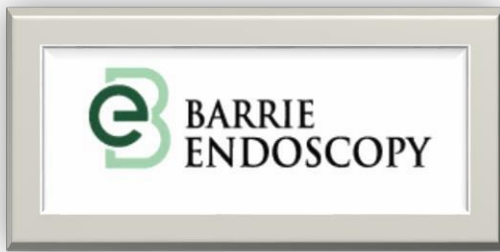
What about my current medications?

Most medications may be continued as usual. But some medications can interfere with the preparation or with the examination. It is therefore best to inform your physician of your current medications, as well as any allergies to medications, well before the examination.

- Aspirin and arthritis pills (also called NSAIDS or anti-inflammatory) can and should be taken up until the day of the procedure.
- Anticoagulants (blood thinners) such as Plavix (clopidogrel), Pradaxa (dabigatran), Coumadin (warfarin) and insulin or other injections for diabetes are all medications that indicate that your colonoscopy should be performed at RVH and not at Barrie Endoscopy Clinic.
- Iron should be stopped one week before your scheduled appointment.
- Blood Pressure Pills should be taken on the day of your procedure, with a small sip of water.
- Even if you require antibiotics before dental work to protect your heart or valves, recent expert guidelines suggest that antibiotics are not required before a colonoscopy.
- Do not take any oral diabetic medication on day of your procedure.

What can be expected during my colonoscopy?

Colonoscopy is well-tolerated, especially with sedation. If you were not sedated, there can be a feeling of pressure, bloating, or cramping at times during the procedure. We have a highly trained specialist (anesthesiologist) who will give you medications (one or more anesthetic agents) through a vein to make you sleepy. They will monitor your respirations, heart rate and blood pressure. It is not a general anesthetic, but often patients will have little or no memory of the procedure. It is rare to experience 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 withdrawn, the lining is again carefully examined. The procedure usually takes between 15-30 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 other examinations are necessary.



What if the colonoscopy shows something abnormal?

If your physician thinks an area of the bowel needs to be evaluated in greater detail, an instrument is passed through the colonoscope to obtain a biopsy (a sample of the colon lining). This sample is then 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 produce pain, either during or after the test. Remember, 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 growths (they look like small mushrooms or fleshy lumps) on 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 physician cannot always tell a benign from malignant (cancerous) polyp by its outer appearance alone. For this reason, polyps are removed and sent for tissue analysis. Removal of colon polyps, at a benign stage, is the most reliable means of preventing colorectal cancer (malignancy).

How are polyps removed?

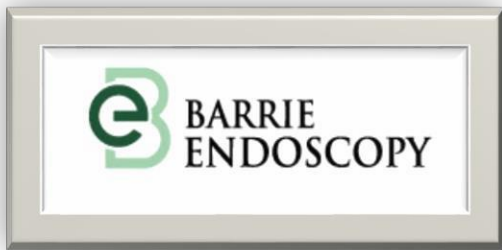
Tiny polyps may be biopsied off, or totally destroyed by fulguration (burning), but polyps larger than 3 to 5 mms are removed by a technique called snare polypectomy, with or without use of electrical cauterization. The physician passes a wire loop (snare) through the colonoscope and cuts the attachment of the polyp from the intestinal wall. You should feel no pain during the polypectomy. There is always a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, or a perforation (a hole on the bowel wall). These complications could require emergency surgery.

What happens after a colonoscopy?

After a colonoscopy, your physician will explain the results to you or you will receive a written preliminary report. If you have been given medications during the procedure, someone must accompany you home 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). Persistent pain is very uncommon after colonoscopy and should cause you to seek medical attention. Generally, you should be able to eat normally after leaving the colonoscopy department, but your physician may restrict your diet and activities.

What are possible complications of colonoscopy?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in the endoscopic procedures. One rare (approximately 1 time in 500-1000 procedures) complication is a perforation or tear through the bowel wall that will usually require surgery. During the surgery the hole will be closed. A temporary drainage bag (called colostomy) may be required. Bleeding may occur from the site of biopsy or polypectomy. This bleeding is usually minor and stops on its own or can be controlled through a second colonoscopy. Localized irritation of the vein where medications were injected may rarely cause a tender lump lasting for several weeks, but this will eventually go away. Applying hot packs or hot moist towels may help relieve discomfort. Heart and lung problems during and after colonoscopy are rare. They include low oxygen, lower blood pressure and altered pulse rate. All these parameters are closely monitored during and after the procedure.



COLONOSCOPY CONSENT

PLEASE READ, SIGN AND DATE THIS FORM WITH A WITNESS BEFORE ARRIVING TO BARRIE ENDOSCOPY FOR YOUR PROCEDURE. IF YOU HAVE FURTHER QUESTIONS, PLEASE SPEAK WITH THE NURSE WHEN YOU ARRIVE.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact the specialist who performed the colonoscopy or go to the nearest emergency department if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Bleeding can occur 10-14 days after polypectomy, especially if blood thinners, Aspirin, or anti-inflammatory agents are started after polypectomy. Check with your specialist regarding when you should start these drugs again.

How accurate is colonoscopy?

Colonoscopy is the “gold standard” for the detection of polyps and cancer. It is the most accurate test, and allows biopsy or removal of growths, unlike any other colon test. Colonoscopy is thought to detect more than 80% of polyps and more than 95% of colon cancers. However, the test is not perfect, and there is a small chance that significant disease, and even cancer on rare occasions, can be missed. Bowel cleansing is critical.

Because education and information are important parts of comprehensive medical care, and help to relieve anxiety, you have been provided with this information to prepare you for this procedure. If you have questions about your need for colonoscopy or alternative tests, do not hesitate to speak with your physician or your physician’s office staff. If you have questions that have not been answered, please discuss them with the physician who referred you for the colonoscopy, or with one of the nurses, or the specialist before the examination begins.

I have read the above colonoscopy information and understood it adequately. I understand the colonoscopy procedure and the risks associated with the procedure, and the administration of anesthetic drugs, including the risks of perforation, bleeding, infection, subsequent surgery, missed diagnosis of polyps or cancer, and reactions to the medications used. I have had adequate opportunity to ask any and all questions about this procedure.

I authorize Dr _____ to perform the procedure on myself.

Patient (or guardian) Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Patient Questionnaire

Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Health Card#: _____

Family Doctor: _____

Current Gastro-Intestinal Symptoms (Please check all that apply)

<input type="checkbox"/> Rectal Bleeding	<input type="checkbox"/> Reflux	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Anemia	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Constipation	<input type="checkbox"/> Indigestion	<input type="checkbox"/> Trouble swallowing	<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Nausea
<input type="checkbox"/> Other				

Family History: Any relatives with a history of bowel cancer, polyps, stomach cancer? List relationship diagnosis, age at diagnosis: _____

Medical history: (any heart or lung issues)

Surgical History (procedure and date):

Current Medications (name, dosage and when taken): _____

Medication Allergies (name and reaction): _____

Do you smoke? Yes No How many years? _____ How many packs per day (=20 cigarettes?) _____

Recreational Drug Use? Yes No **What Kind?** _____

Alcohol Consumption: How many drinks per day? _____ How many drinks per week? _____

Anaesthetic Issues Have you ever had a general anaesthetic before (fully asleep)? Yes No

Have you ever had any problem with anesthesia? If so, please describe: _____

Has any of your family had problems with anesthesia? _____

CANNABIS BEFORE SEDATION

Information About Cannabis Use Prior to Your Procedure

What if I am using cannabis for medical purposes?

It is routine for patients to be asked to discontinue prescribed medications before surgery. Cannabis is no different.

Is smoking cannabis safer than smoking cigarettes?

No. You are at risk of developing lung disease from smoking cannabis. Lung disease from either cannabis or cigarette smoking may increase Anesthesia related complications and could affect healing after surgery.

Further questions?

Please contact the clinic. Our contact information is below.

Does Cannabis Use Increase My Anesthetic Risk?

This is a difficult question to answer. Anesthetic risk has many variables and it is often related to your unique medical issues and specific surgery. Individuals who use cannabis, do so in many ways, forms and amounts. Therefore, its effect on the body is difficult to predict when combined with a wide variety of Anesthetic agents and techniques.

Currently, we do not have enough evidence to say that cannabis **alone** will increase your Anesthetic risk **when stopped at an appropriate time**. Although it is recommended that you abstain from cannabis use **for as long as possible** prior to your surgery, below is the minimum time you would be expected to stop before receiving an anesthetic.

Your attending Anesthesiologist has a legal obligation to provide you with the safest care possible during your surgery. On rare occasions there may be times where your surgery is delayed, postponed or canceled at their discretion.

Under **NO** circumstances will you receive an anesthetic for non-emergency surgery if you are intoxicated.

Substance	Stop Time
CANNABIS (MARIJUANA)	
Smoked or Vaporized	12 hours before Procedure
Ingested	12 hours before Procedure
CANNABIDIOL (CBD Oil)	
Oral Dosing/ingesting	4 hours before Procedure