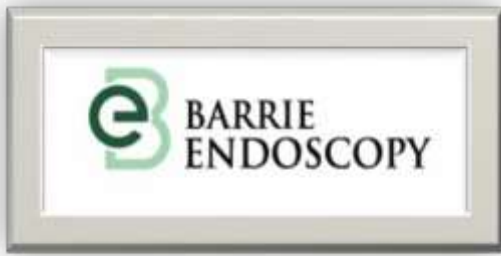


Barrie Endoscopy Colonoscopy and Gastroscopy Preparation Package

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version:030919



Colonoscopy and Gastroscopy Package Information

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 (IE CANNABIS) use for at least 24 hours prior to the procedure.**
- Please remove all jewelry, 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, bring the completed forms with you to your scheduled appointment.
- **Bring your health card with you to your appointment.**

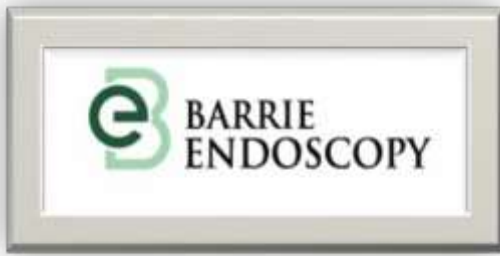
Note: failure to comply with any or all of the previously mentioned item may result in appointment being cancelled at our discretion.

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:

Patients who are scheduled for a procedure and fail to arrive at Barrie Endoscopy without providing us with notification or reasoning will also be subjected 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). In order 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 on a daily basis, please continue to do so unless otherwise directed.
- If you take Iron supplements- please stop taking them **7 days** prior to your procedure.
- The day of the procedure you can/should still take your regular morning medication with a small sip of water.
- Diabetics: Do not take your oral diabetic medication.
- 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.



Colonoscopy Bowel Preparation

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
- Clear broth/soup/bouillon
- Popsicles and sports drink (Gatorade/PowerAde-please avoid red and purple colour as these colours 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 liters of Gatorade or other clear fluids. It is very important to drink plenty of fluids. Sports drinks are the preferred fluid as it provides rehydration, electrolytes and optimizes the preparation. This bowel preparation will trigger watery bowel movements, but the time to take effect varies.

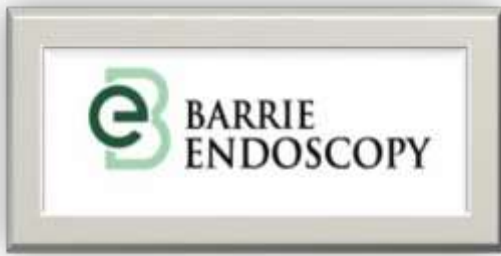
Instructions for Pico-Salax: empty contents of one sachet into a mug or coffee cup. Add 150 ml (approx. 5 oz.) of cold water and stir until dissolved. The solution may become hot due to the reactions of mixing. Wait until it cools to drink.

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.

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 liters if 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 liter 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

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.
- Diabetics: Do not take your oral diabetic medication on the day of your procedure. We will check your blood sugar on the 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.



Understanding Colonoscopy Patient Information

What if the colonoscopy shows something abnormal?

If your physician 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 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 mm 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.

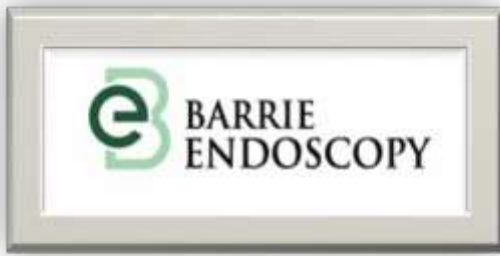
You should feel no pain during the polypectomy. There is always a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, or a perforation (a hole on the bowel wall). These complications could require emergency surgery.

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 a physician who has been specially trained and is 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.



Understanding Gastroscopy Patient Information

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

What is a gastroscopy?

A gastroscopy is a procedure which examines the esophagus, stomach and upper portion of the small bowel (also known as the duodenum). Gastroscopy is achieved by inserting an instrument known as a gastroscope (which is a flexible tube with a camera) into the oral cavity and slowly advancing it through the upper gastrointestinal tract.

What Preparation is required?

The stomach must be completely empty for the procedure to be accurate and complete. You will receive detailed instructions regarding the dietary restriction to be followed and the cleansing routine to be used prior to your procedure. Follow these instructions carefully. If you do not, the procedure may have to be repeated or scheduled for a different time.

What can be expected during my gastroscopy?

Gastroscopy is normally a well-tolerated procedure, especially with sedation. If sedation is not administered, there can be a feeling of throat pressure, gagging, or coughing 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, and 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.

With you resting on your left side, a bite block will be inserted in between your teeth to not only protect your teeth but to also protect the gastroscope. You should be able to breathe normally during this entire procedure. Once the gastroscope is inserted and reaches the stomach, air is then usually pumped through the tube and into the stomach to make it expand and the stomach lining easier to see. When this happens, you may briefly feel a sensation of fullness or nausea. A camera lens at the end of the gastroscope sends pictures from the inside of your body to a video screen. Your doctor will look at these images to examine the lining of your esophagus, stomach and duodenum.

If necessary, your doctor will take a biopsy and/or remove polyps. This is done using special instruments passed inside the endoscope, and is quick and painless but you may feel a slight pinch.



What happens after a gastroscopy?

After a gastroscopy, 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. Given the nature of gastroscopy and sedation we recommend that you take it easy for the remainder of the day and arrange to have someone stay with you for the first 12-24 hours. As previously mentioned gastroscopy is normally a very well tolerated procedure. However, please contact your doctor and seek appropriate medical attention if you develop any of the following symptoms:

- Coughing up or vomiting blood
- Abdominal pain which gradually gets worse, or is more severe than any pain that you had prior to the procedure
- High Temperature

What are the risks involved with having a gastroscopy?

Gastroscopy is a commonly performed and generally safe procedure. For most people, the benefits in terms of having a clear diagnosis are much greater than any disadvantages. However, as with all medical procedures, a gastroscopy carries an element of risk. In order to make an informed decision and give your consent, you need to be aware of the possible side-effects and the risk of complications.

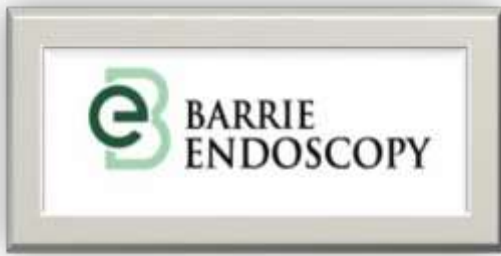
Side-effects are the unwanted but mostly temporary effects of a successful procedure. After having a gastroscopy you may:

- Have a numb mouth and tongue for a few hours as a result of the local anesthetic spray - please take care with hot food and drink.
- feel bloated, but this usually clears up quite quickly
- feeling sleepy as a result of the sedative
- have a sore throat for a few hours - sucking on throat lozenges or gargling with salt water can help to ease any discomfort

Complications of having a gastroscopy

A complication is an unexpected problem which can occur during or after the procedure. Most people are not affected with a complication in any way. Although complications with gastroscopy are rare some of the possible complications associated with this procedure are listed below:

- If you have not fasted properly prior to gastroscopy or if you have a large amount of gastric mucus in your stomach it is possible that you may vomit under anesthesia and aspirate stomach fluids into your lungs. This can cause pneumonia and require hospital admission, intravenous antibiotics and oxygen to correct.
- If biopsies of the lining of your stomach, esophagus or duodenum are taken you may have some bleeding after the gastroscopy which may cause your stools to turn black or you to vomit blood. Very rarely, this may be severe enough to require a blood transfusion or a repeat gastroscopy or even open surgery to stop the bleeding. This is more likely if you are currently taking blood thinning medication such as warfarin, aspirin or clopidogrel. Please discuss this with your Endoscopist prior to your gastroscopy if you are taking any of these medications.



Colonoscopy and Gastroscopy Consent Form

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.

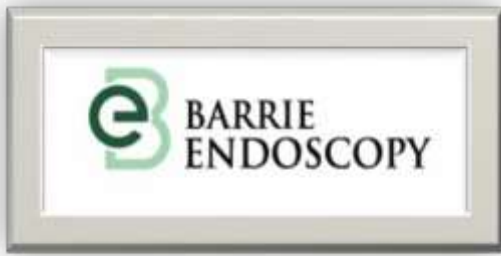
CONSENT

I have read the above provided information pertaining to both colonoscopy and gastroscopy, and understood it adequately. I understand both the colonoscopy as well as the gastroscopy procedure and the risks associated with the procedure, and the administration of anesthetic drugs, including the risks of perforation, bleeding, infection, subsequent surgery, and reactions to the medications used. I have had adequate opportunity to ask any and all question 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: _____ OHIP#: _____

Family Doctor: _____

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
Other (Describe):				

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 & when taken):

Medication Allergies (Name and reaction):

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

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

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

Anesthetic Issues: Have you ever had a general anesthetic before (fully asleep)? Yes No

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

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.

Barrie Endoscopy
5 Quarry Ridge Road, Suite LL1
Barrie ON L4M 7G1

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

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