

North York Endoscopy
Instructions for Peglyte and Bi-Peglyte
2 Champagne Drive (Champagne Centre), Unit B19, Toronto, ON M3J 2C5

IMPORTANT INFORMATION: Prior to taking the preparation, please read the details of the procedure, including the risks and benefits. If you agree to do the procedure after reading these details then proceed to prepare. If you need further information, please call 416-645-5145.

THE DAY OF THE PROCEDURE

Bring your health card. Please let us know if you have changed your address recently.

Arrange for transportation to and from the center on the day of the procedure. We mandate all patients to bring an adult (over 18 years of age) with them to drive or accompany them home. You will be receiving sedation for this procedure and, therefore, you will not be allowed to drive yourself home after or operate any kind of machinery. Failure to bring an adult with you to accompany you home will be considered acting against medical advice, and YOUR PROCEDURE WILL BE CANCELLED.

Be prepared to be in the clinic for 2.5-3.5 hrs.

IF YOU CANNOT KEEP YOUR APPOINTMENT, please call us **3 business** day before so that we can give the appointment to the next patient on the waiting list. Otherwise you will be charged a “late cancellation or no-show fee” in the amount of \$200.

Please note that there is a \$50 fee (Cash or Cheque made payable to *North York Endoscopy Centre Inc.* or by credit card). This charge is requested and is not intended to act as an impediment to the receipt of insured endoscopy services. We do not wish the charge to act as a barrier for those patients who cannot afford it. All patients will receive any necessary OHIP-insured services, regardless of whether the voluntary charge is paid.

The elements of the voluntary charge are not medically necessary, nor are they necessary adjuncts to the insured services that are provided. The elements of the voluntary charge are not related to insured procedures that are provided. The services covered by the \$50 fee are provided solely for the convenience of our patients. **Your voluntary payment for these services is appreciated and helps ensure the viability of the Out of Hospital Facility.**

PRIOR TO THE PROCEDURE” Please get **PEGLYTE** from pharmacy It is the **BEST** prep (covered by OHIP)

IMPORTANT PRECAUTIONS

- **If you have an artificial heart valve or have atrial fibrillation or are on Coumadin or have had strokes, recent heart attack or STENT, please check with your doctor prior to altering any medications listed in this paragraph.**
- **If you do not have any of the above mentioned conditions and are taking Aspirin, Plavix or anti-coagulants (blood-thinners), STOP them five days prior to the procedure.**
- **If you are on Iron medication, STOP five days prior to the procedure**
- **If you are on Heart pills, Blood pressure pills take the pills on the day of the procedure with a sip of water just to swallow them.**

- If you are diabetic and on oral medication, do not take these medications while preparing or on the day of the procedure.
- If you are **diabetic and on insulin, please check with your doctor.**
- **No nuts or seed 4 days prior to your colonoscopy**

THE DAY BEFORE EXAMINATION (THE CLEANING DAY)

- Do not eat food.
- Drink **ONLY** clear liquids ALL Day. No red/blue or purple colored beverages. White and Yellow colours are acceptable include:
- Strained fruit juices no pulp (apple, white grape, white cranberry), Gatorade, Lemonade, Popsicles, Ice Tea are acceptable.
- **DO NOT eat Jello**
- Tea, herbal tea, coffee (no milk or non-diary creamer)
- Clear broth or bouillon

PEGLYTE instructions

Prepare the solution according to instructions on the container.

At **6:00 PM** start drinking 1 glass of 250ml every 15 minutes. You take 8 glasses which is (half gallon) 2 Liters only.

Wake up at **6:00 AM** in the morning of procedure day and finish the other half of the container before 8:00 AM.

If you CAN NOT use PEGLYTE, you may buy BI-PEGLYTE from pharmacy & follow the instructions:

1. Prepare two sachets (1L for every sachet) of PegLyte according to the instructions on the jar. Do this early in the morning and be sure to refrigerate the jar as chilling improves the taste.
2. At **10 AM** take the **3 Bisacodyl pills** with the water. **DO NOT** chew or crush the Bisacodyl pills. A 1st bowel movement usually occurs in 1 to 6 hours after taking the Bisacodyl pills.
3. At **3:00 PM**, start drinking the solution from the 1st sachet of the **Bi-PegLyte preparation** whether or not you have had a bowel movement – 250 mL glass every 15 minutes. Between drinks of Bi-PegLyte drink a glass of any clear fluid such as water, gingerale etc. Rapid drinking of each glass is preferred. A watery bowel movement should begin in approximately 1 hour. **Be sure to drink All the solution.**
4. **Repeat procedure with second sachet starting at 4 AM if you have an 8 am appointment or starting 4 hours before the procedure time so that you have your last drink 3 hours before procedure.**

Please **STOP ALL DRINKING AT LEAST 2 HOUR BEFORE** YOUR PROCEDURE.

Colonoscopy, Flexible Sigmoidoscopy, Polypectomy

Colonoscopy is performed by a colonoscope which is a long flexible tube transmitting light. Your physician can accurately examine the lining of your rectum and large bowel (colon). The procedure is performed for the investigation of rectal bleeding abnormalities noted on x-ray of the large bowel (barium enema). Change in

bowel habit and chronic anemia due to blood loss. It is the most sensitive method of discovering polyps which represent abnormal growth of tissue.

The physician also has the ability to take pieces of tissue (biopsy) for examination under the microscope and can also brush cells from the surface or suspicious areas of examination to the laboratory. Both of these procedures are performed by the passage of instruments through the tube without causing any discomfort.

Polyps can be removed by the colonoscope. A wire loop or snare is passed through the colonoscope to sever the attachment of this polyp from the intestinal wall by means of an electrical current. Polyps are usually removed because they may develop into cancer. A small percentage of polyps may already contain an area of cancer in them. Removal of colon polyps is the best method to prevent and cure colon cancer.

Drugs administered for purposes of sedation can sometimes induce shallow breathing or possibly even cardiac arrest followed by death. These are extremely rare complications and usually avoidable.

Localized irritation of the vein may occur from the site of medication injection. You may note a tender lump which usually disappears within several weeks or months.

PREPARATION

The colon must be completely empty of waste material; special preparation to suit your needs will be ordered by your physician. No barium study would be performed during 72 hours before the procedure and iron tablets must be discontinued one week before the procedure. You should check with your physicians about modifying the dose of other medications you are taking.

If the procedure is being done on an out-patient basis, someone will have to drive you home as you would have received sedation. You should also plan to be absent from work on the day of the procedure.

If you have had heart disease, artificial valves or devices inserted into you surgically in the past, then you may require antibiotics as a prophylactic measure prior to the procedure. Please inform your physician about such conditions.

PROCEDURE ITSELF

You are first given an intravenous sedative to reduce discomfort during the procedure. Then, while you are lying in a comfortable position, the colonoscope is inserted into the rectum and gradually advanced through the colon. During the time the instrument is being advanced, there may be some discomfort when negotiating bends into the bowel. However, sedation will have to be given to avoid undue discomfort. Examination usually occurs when the instrument is slowly withdrawn after being fully inserted along the length of the colon. This phase of the examination is usually painless. Air insufflation of the colon occurs to a variable degree on withdrawing the instrument so that careful inspection of the entire lining of the bowel can occur. Occasionally the bowels are long and tortuous and you will be aware of the physician performing the technical manoeuvres in an attempt to shorten the bowel to facilitate the passage of the instrument. In a minority of cases, passage of the colonoscope through the entire colon cannot be achieved. A limited examination may be sufficient if the area of suspected abnormality is well-visualized.

If you have a polyp in the bowel, a wire loop may be passed through the instrument and placed around the polyp. The polyp is then cut off using an electrical current. The procedure is painless or mildly uncomfortable.

AFTER THE PROCEDURE

You will be kept under observation until most of the effects of the medications have worn off. Careful monitoring of the blood pressure and pulse will occur to ensure that the bleeding is not occurring following

polypectomy. You will also pass gas per rectum following the procedure to get rid of the accumulated bowel gas.

COMPLICATIONS

Colonoscopy and polypectomy are safe procedures and are associated with very low risk when performed by physicians who have been trained and are experienced in these endoscopic procedures. One possible complication is perforation in which a tear through the wall of the bowel may allow leakage of intestinal fluids. This complication, which is extremely rare, usually requires surgery. If the complications are recognized late, severe infection may occur and it could lead to death.

Another complication is bleeding from the site of the biopsy or polyp removal. On rare occasions, it is brisk and surgery may be required.

Patients at risk from heart disease may be monitored during the colonoscopy as the stress of procedure may rarely produce irregular heart rhythms, requiring treatment.

Gastroscopy

If you are having the following procedure, please make sure you read the following information.

EGD is performed by flexible fiberoptic tube which transmits a source of light. Your physician can accurately examine the lining of the upper digestive tract which consists of the esophagus, stomach and the first portion of the small intestine (the duodenum). The procedure of EGD is indicated when peptic ulcer disease, growths, or inflammation are suspected. It may also be indicated when the x-ray examination is entirely normal. EGD is more accurate than x-ray in detecting gastric and duodenal ulcers and may detect early cancers too small to be seen by x-ray. EGD can also be used to guide devices for the effective control of bleeding from sites in the esophagus.

The physician also has the ability to take pieces of tissue (biopsy) for examination under the microscope and can also brush cells from the surface of the suspicious areas for examination in the laboratory. Both the biopsy and brush techniques are performed by the passage of instruments through a channel in the tube without causing any discomfort. Growths of tissue known as polyps can be removed by the passage of a snare through the instruments. EGD with dilatation may also be required for the stretching of the narrowed areas of the esophagus or from the removal of foreign bodies in the upper digestive tract.

PREPARATION

It is necessary for your stomach to be completely empty and, therefore, you will be advised to fast after a specific time. During this time, you will have nothing to drink or eat including water. If the procedure is being done on an outpatient basis, someone will have to drive you home as you will have received sedation. You should also plan to be absent from work on the day of the procedure.

PROCEDURE ITSELF

You will first receive an intravenous sedative. Then your throat will be sprayed with a local anaesthetic agent to prevent you from feeling the instrument as it is passes into your stomach.

The majority of patients are concerned about their breathing and have a fear of choking. The instrument is passed into the esophagus so that breathing is not interfered with and you will be encouraged to breathe normally. Gagging is prevented or kept to a minimum by spraying your throat with a local anaesthetic and you will be relaxed and sleep from medications given to you through a vein. Once the instrument is passed into the esophagus most patients tolerate the procedure with a little or no discomfort and may indeed sleep throughout the procedure. You will be aware of some fullness in the abdomen resulting from air that is inflated into your

stomach via the instrument. The stomach distends (like a balloon) and the examination can be done much more accurately with the stomach in this state.

AFTER PROCEDURE

You will feel sleepy (depending on the amount of sedation required) for a while. When you awake, there may be an awareness of some discomfort in your throat but this usually disappears after a short time. You will be able to eat by the time you leave the hospital or be given a time to commence eating if you are an inpatient. You will be left with a sore throat which may last a few days.

COMPLICATIONS

EGD is a very safe procedure when performed by physicians who have been trained and are experienced in this endoscopic procedure. Precautions are taken with patients who have a heart condition and, in some situations, cardiac monitoring may be necessary during the procedure. This is to recognize any abnormal heart rhythm which will require urgent treatment. Careful management by the endoscopy nurse usually prevents any aspiration of stomach contents (remember your stomach will, on occasion, contain a little fluid after an overnight fast) but does rarely occur despite optimum management.