

EAST TORONTO GASTROENTEROLOGY

Gastroenterology, Therapeutic Endoscopy, Hepatology
647-341-3832

ENDOSCOPY INFORMATION FOR PATIENTS

PLEASE BRING YOUR VALID HEALTH CARD AND A LIST OF YOUR MEDICATIONS. YOU WILL NOT BE ABLE TO DRIVE OR WORK AFTER YOUR PROCEDURE IF YOU ARE GIVEN SEDATION. PLEASE HAVE SOMEONE DRIVE YOU HOME OR ACCOMPANY YOU BY TAXI. DO NOT TRAVEL HOME BY YOURSELF.

You will be having a: colonoscopy gastroscopy and colonoscopy

You will be having your procedure on _____. Report to **Patient Registration** at _____ o'clock at the Scarborough Hospital, General Division, at 3050 Lawrence Ave. East, **Ground Floor of the West Wing**. You will be given further directions once you have registered.

A **gastroscopy** involves passing a flexible camera through the mouth into the upper digestive tract to examine the lining of the esophagus, stomach, and duodenum (first part of the small bowel). You may be given intravenous medications (sedation) just before the test to keep you comfortable. If an abnormal area needs further evaluation, small pieces of tissue (biopsies) are taken for examination in the laboratory.

A **colonoscopy** is a procedure in which a flexible camera is inserted through the rectum to examine the colon. This may be done to investigate abdominal pain, rectal bleeding, or changes in bowel habits. Many people without symptoms have a "screening" colonoscopy to look for early/benign abnormal tissue (polyps) that may later develop into colon cancer. Polyps are generally removed during colonoscopy. Biopsies are taken if needed. You may be given medications (sedation) through an intravenous catheter just before starting the test to keep you comfortable. Colonoscopy is usually well-tolerated and rarely causes discomfort. Some people get a little bloated afterwards. Throughout and after your procedure, your vital signs and oxygenation are being carefully monitored.

While these procedures are associated with very low risk when performed by physicians specially trained in this discipline, they may still occur:

Gastroscopy risks:

- Perforation: 1 in 2500 to 1 in 11000 cases.
- Bleeding: less than 1 in 200 cases.
- Cardiopulmonary complications: 3 in 2000 cases.
- Limitations: even under optimal conditions with careful, proper technique, some abnormalities may still be missed.

Colonoscopy risks:

- Perforation: less than 1 in 1000 cases. If it occurs, surgery may be required to repair the perforation.
- Bleeding: less than 1 in 100 cases after polyp removal. This can occur up to 7 days later. This usually stops without treatment. Rarely, blood transfusions or repeat colonoscopy is required.
- Cardiopulmonary complications: 3 in 2000 cases.
- Limitations: even under optimal conditions with careful, proper technique, some abnormalities may still be missed.

After registering, you will change into a gown. A nurse will ask you some questions and insert an intravenous line in your arm. You will be asked to sign consent before your procedure. After your procedure, you will rest in the recovery area for about 30 minutes. I will discuss your results with you before you go home. A nurse will provide you with discharge instructions, including what you can eat. Your family doctor will receive a letter reporting your findings. Appropriate follow-up with me or another specialist will be scheduled if required.

Please read this page carefully!

PREPARATION FOR GASTROSCOPY:

For the best examination, the stomach must be empty. **DO NOT EAT ANY FOOD 6 HOURS BEFORE YOUR PROCEDURE TIME.** You should take your usual blood pressure pills and may continue to drink clear fluids up to 2 hours before your procedure. Stop drinking all liquids 2 hours before your appointment. You may brush your teeth.

PREPARATION FOR COLONOSCOPY:

Do not eat nuts or seeds, or take any iron supplements 1 week before colonoscopy. Buy a PEG 3350-based solution (*PegLyte is covered by ODB – we can give you a prescription. Alternative: Golytely*) at any pharmacy. Dissolve the powder by filling the container with water as indicated and follow the instructions below:

On the day before your appointment:

For the whole day before your test, drink clear fluids only. DO NOT EAT SOLID FOODS. Sports drinks (e.g. Gatorade) are recommended (any color except red). You may also drink ginger ale, apple juice, tea or coffee (with no milk or cream), and consommé. You may also eat Jell-O and popsicles. **From 6 P.M. to 8 P.M.,** drink 2 litres of the PEG-based solution (about 1 cup (250 ml) every 15 minutes). Continue to drink clear fluids liberally.

On the morning of your appointment:

DO NOT EAT SOLID FOODS. About **4 hours** before the time of your appointment, drink the remaining 2 litres of the PEG-based solution (about 1 cup (250 ml) every 15 minutes) and finish it at least 2 hours before your appointment.

You should take your blood pressure pills as usual and continue to drink clear fluids up to 2 hours before your procedure. Stop drinking all liquids 2 hours before your appointment. You may still brush your teeth.

What to do with your medications:

Most regular medications may be taken during the preparation period, including blood pressure pills and aspirin.

However, if you are on DIABETIC MEDICATIONS, take half of your usual dose on the day before the test and hold your diabetic medications on the day of the test.

If you are using COUMADIN (warfarin), PLAVIX (clopidogrel), or BRILINTA (ticagrelor), stop this medication 5 days before your test, unless otherwise indicated.

If you are using PRADAX (dabigatran), XARELTO (rivaroxaban), or ELIQUIS (apixaban), stop this medication 3 days before your test, unless otherwise indicated.

If you still have any questions regarding your medications, call us.

Please list your current medications (the endoscopy nurse will ask for this information) and bring this sheet with you to your test. Alternatively, you can bring your own list.

If you are unable to keep this appointment, please inform the office 72 to 48 hours in advance so that we may be able to accommodate someone else.