



**INSTRUCTIONS FOR COLONOSCOPY
PICO SALAX AND PEG SOLUTION (COLYTE or PEGLYTE or KLEENPREP)**

Dr. Stan Feinberg / Dr. Daniel Abramowitz

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<i>For Dr. Stan Feinberg</i>	<i>For Dr. Daniel Abramowitz</i>
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You have been scheduled for a colonoscopy on: _____

Please check in at PATIENT REGISTRATION on the first floor at _____
(across from Tim Horton's)

Your procedure will begin at _____

(Procedure time is subject to change. You will be given your final check-in time during the reminder call 1-2 weeks prior to your appointment.)

PLEASE NOTE THAT WE REQUIRE A MINIMUM OF FIVE (5) BUSINESS DAYS FOR ALL CANCELLATIONS AND APPOINTMENT CHANGES. A \$250 FEE MAY APPLY FOR MISSED APPOINTMENTS, CANCELLATIONS AND APPOINTMENT CHANGES WITHOUT SUFFICIENT NOTICE.

You will need to purchase one box of Pico Salax AND one 4 liter jug of the PEG solution (Colyte or Peglyte or Kleenprep). You may purchase a generic substitution from your pharmacy. Both preparations are available over the counter.

ON THE DAY PRIOR TO THE EXAMINATION:

- **YOU SHOULD DRINK CLEAR FLUIDS ONLY, ALL DAY. DO NOT HAVE SOLID FOOD, COFFEE OR DAIRY PRODUCTS.**
Clear fluids include water, strained juice without pulp (eg. apple juice), clear broth or bouillon, Gatorade or tea (without milk). You can also have carbonated and non-carbonated soft drinks, plain jello and popsicles, **as long as they are not coloured red or purple.**
- **At 4:00 PM** take **ONE** sachet of Pico Salax or a generic brand. The box will come with two envelopes – you only need one. Empty the contents of one sachet into a cup. Add 150 ml of cold water and stir frequently for 2-3 minutes. Sometimes the reaction of mixing Pico-Salax and cold water will cause the solution to become hot. If this happens, wait until it cools down enough to drink.

- **At 6:00 PM** take 2 liters of Colyte, Kleenprep or Peglyte Solution (or a generic brand) – **drink 1 glass every 10-15 minutes until you have finished drinking 2 liters** (it is a 4 liter jug; you only need to drink 2 liters, and can discard the rest).

ON THE DAY OF THE EXAMINATION:

- **Do not have anything by mouth for two (2) hours prior to your check-in.**

ADDITIONAL INSTRUCTIONS:

- You may take all your normal medications (including heart and blood pressure pills) prior to the test. If you are a diabetic, discuss this with me. **Do not take Aspirin for 10 days prior to the procedure.** If you have significant heart disease or stroke history, we will give you special instructions for your Aspirin (patients with significant heart disease may be asked to stay on Aspirin). **If you are taking PLAVIX or Coumadin (WARFARIN) or other blood thinners** – PLEASE CALL OUR OFFICE FOR INSTRUCTIONS.
- The procedure itself takes between 20 - 60 minutes. You will receive sedation during the procedure, and you **MUST arrange to have a family member or friend accompany you home.** You will not be permitted to have the procedure without someone to accompany you home. A taxi driver is **NOT** considered to be an accompaniment. Do not drive a car or operate machinery for 24 hours after receiving the sedation.
- You can expect to be in the hospital for about 2 to 3 hours in total. Usually your examination will be done within approximately 1 hour of your arrival in hospital. Every patient, however, is different and you should allow for these times to be flexible as delays can occur. In general most people are able to leave within 1 to 2 hours after the procedure has been completed.
- Please complete the attached Questionnaire and bring it to the hospital on the day of your procedure.
- Bring TWO reusable bags for your belongings (large enough for your shoes and clothing) and a reusable cup/thermos for drinking water after your procedure (do not drink until your nurse tells you it is safe to do so).

Please note that Dr. Feinberg and Dr. Abramowitz share practice and work collaboratively. Due to last minute changes and emergencies, we cannot guarantee that your procedure will be performed by the physician initially assigned to your case.

Colonoscopy involves passing a flexible telescope to examine the entire lower bowel. This procedure is the most accurate way to diagnose cancers, polyps and inflammatory conditions of the colon. Benign polyps may be removed through the colonoscope by electric current. This prevents these benign polyps from growing larger and becoming cancerous. Before the colonoscope became available, patients with benign polyps required a major operation to remove these. Colonoscopy is done as an outpatient procedure. Complications are rare and occur in one out of every five hundred to one thousand patients. The major risks are bleeding from the site of polyp removal, and possible injury or perforation of the bowel wall.