

Preparation for Your Endoscopy Appointment

Arrival Time	1 hour prior to scheduled appointment time
Appointment Location	Endoscopy - Unit 2G1 Walter Mackenzie Centre / University of Alberta Hospital
Procedure Type	Gastroscopy/Colonoscopy

Prior to your appointment

- If you need to reschedule or cancel your appointment or if you have any questions, please call the Physician's office as listed on the first page of this package.
- Please leave a confirmation voicemail with Endoscopy at 780-407-6087 as soon as possible. You may receive an automated reminder call 4-5 days prior to your appointment if you have not confirmed.
- For more information please visit: <https://mycolonoscopy.ca/>
- If you are diabetic, **you must speak with your family physician (or the physician who prescribed your diabetes medication)** about using insulin or pills for your diabetes on the day of your procedure. For more information, please refer to:
 - https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?hwid=custom.ab_diabetes_bariumenema_colonoscopy
 - <https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=abl0488>
- If you are taking arthritis medications or iron, **speak with the physician who prescribed these medications** about whether or not you need to stop them at least one week before your procedure.
- If you are taking blood thinners/ anticoagulation/ anti-platelet medications, please **discuss with your prescribing specialist or family doctor** if these medications can be safely stopped prior to your examination.
- You may be contacted by Alberta Health Services Pre-Registration to update your personal contact and address information prior to your appointment.
- **Arrange for a responsible adult to take you home after your procedure.**

On the day of your appointment

- Please arrive on the unit **1 hour prior to your scheduled appointment time**. Failure to do so may result in cancellation of your appointment.
- You will be sedated for the procedure. **You must have a responsible adult available to take you home by private or public transit.**
- Please have your ride come up to the unit with you to receive a pager. They will get paged when you are ready to be picked up.
- If your ride does not receive a pager, they will receive a call 1 hour before the patient pick-up time.
- **Checklist of What to Bring:**
 - Alberta Personal Health Card
 - Photo Identification
 - Bring all your medications (including insulin) with you or a Medication List.**
 - Bring a bag with you for your clothing.
 - Home oxygen (full tank) and/or BiPAP/CPAP machine if you are using it.
- **Do not bring valuables, jewelry or large sums of money.**

Preparation for Gastroscopy/Colonoscopy

CoLyte (pineapple flavor) or PegLyte (fruit flavor)

You do not need a prescription. Available over the counter at your pharmacy.

PROPER PREPARATION IS EXTREMELY IMPORTANT FOR THIS TEST.

A clean bowel is essential for the success and safety of your colonoscopy. Your appointment will be canceled if the following instructions are not followed and proper bowel preparation is less than adequate.

IMPORTANT DIETARY AND MEDICATION RESTRICTIONS

- If you are diabetic, you must speak with your family physician (or the physician who prescribed your diabetes medication) about using insulin or pills for your diabetes on the day of your procedure. Please refer to:
 - ❖ https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?hwid=custom.ab_diabetes_bariumenema_colonoscopy
 - ❖ <https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=abl0488>
- If you are taking arthritis medications, Metamucil or iron, speak with the physician who prescribed these medications about whether or not you need to stop them at least one week before your procedure.
- If you are taking blood thinners/ anticoagulation/ anti-platelet medications, please discuss with your prescribing specialist or family doctor if these medications can be safely stopped prior to your examination.
- **Start eating low-fibre foods 4 days prior to your test.**
- **Do not eat nuts and seeds, popcorn, raw fruit and vegetables, beans, lentils and quinoa, whole wheat or whole grains for 3 days prior to the test.**

ONE DAY PRIOR TO THE PROCEDURE

1. Eat a light breakfast such as plain toast, clear juice, tea or coffee. Do not use milk or milk substitutes like Coffe-Mate in your tea or coffee. Do not drink milk products.
2. Starting at noon, have clear fluids only.
Clear fluids include clear soup broth, Jell-O, tea or coffee (black only), soft drinks, clear fruit juice, PowerAde, Gatorade. **Please do not drink red, purple or blue fluids, meal replacements like Boost or Ensure and alcohol.**
3. At 8:00 p.m, start drinking 2 liters of slightly chilled CoLyte or PegLyte. It is best to drink 8 ounces every 10-15 minutes until the 2 liters are finished. Keep drinking clear fluids before and after drinking the solution so that you do not become dehydrated.

THE DAY OF THE PROCEDURE

1. Drink another 2 liters of slightly chilled CoLyte or PegLyte, 5 hours prior to you arrival time.
2. In the morning take your medications with a sip of water.
3. **Have clear fluids ONLY up to 3 hours prior to your appointment.**
Clear fluids include clear soup broth, Jell-O, tea or coffee (black only), soft drinks, clear fruit juice, Powerade, Gatorade. Please do not drink red, purple or blue fluids, meal replacements like Boost or Ensure and alcohol.
4. You may be given an enema when you arrive.

GASTROSCOPY/COLONOSCOPY PROCEDURE INFORMATION

Your physician has determined that gastroscopy/colonoscopy is necessary for further evaluation or treatment of your condition. Because education is an important part of comprehensive medical care, you have been provided with information to prepare you for this procedure. If you have any questions about your need for gastroscopy/colonoscopy or alternative tests, do not hesitate to speak to your physician. Endoscopists are highly trained specialists and welcome your questions regarding this procedure. The following information includes answers to questions patients ask most frequently:

WHAT IS GASTROSCOPY?

Gastroscopy is also known as an upper GI endoscopy or esophagogastroduodenoscopy (EGD). Gastroscopy is the examination of the lining of the upper part of your gastrointestinal tract by using a thin flexible tube with its own lens and light source which is called a gastroscope. The gastrointestinal tract includes the esophagus (swallowing tube), stomach, and duodenum (first portion of the small intestine).

WHAT IS A COLONOSCOPY?

Colonoscopy is a procedure that enables your physician to examine the lining of the colon (large bowel) by inserting a flexible tube called a colonoscope into the anus and advancing it slowly into the rectum and colon. The colonoscope is about the thickness of your finger and has a lens and light source.

WHY IS A GASTROSCOPY DONE?

A gastroscopy is performed for many reasons including:

- persistent upper abdominal pain
- vomiting / vomiting blood
- passing black stools
- indigestion
- nausea
- difficulty swallowing
- weight loss
- anemia (low blood count)

Gastroscopy is more accurate than x-ray for detecting inflammation, ulcers, or tumors of the esophagus, stomach and duodenum. Gastroscopy can detect early cancer and can distinguish between benign (non-cancerous) and malignant (cancerous) conditions when biopsies (small tissue samples) of suspicious areas are obtained. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. Biopsies are not painful. A cytology test (introduction of a small brush to collect cells) may also be performed during gastroscopy. Gastroscopy is also used to treat conditions present in the upper gastrointestinal tract. A variety of instruments can be passed through the endoscope that allow many abnormalities to be treated directly with little or no discomfort such as stretching narrowing areas, removing polyps (usually benign growths), removing swallowed objects, or treating upper gastrointestinal bleeding. Safe and effective endoscopic control of bleeding has reduced the need for blood transfusions and surgery in many patients.

WHY IS COLONOSCOPY DONE?

A colonoscopy can help your physician explore possible causes of abdominal pain, rectal bleeding, chronic constipation, chronic diarrhea and other intestinal problems.

WHAT PREPARATION IS REQUIRED?

The most important thing that you can do to ensure your colonoscopy is a success is to prepare your bowel properly. The colon must be cleaned out so that the bowel wall and any polyps or other growths can be seen.

If the bowel is not cleaned out, there is a chance that a polyp or other abnormality may not be found and the test will have to be done again. The bowel is prepared by drinking a bowel preparation solution that is a very strong laxative. Drinking it will cause you to have loose watery stools. Follow the bowel preparation instructions carefully. Your stomach must be completely empty for the procedure. You should have nothing to eat or drink, including water, before the procedure.

WHAT IF THE GASTROSCOPY SHOWS SOMETHING ABNORMAL?

Your physician will provide further instructions regarding follow-up if there are any irregular findings.

WHAT ARE THE POSSIBLE COMPLICATIONS OF GASTROSCOPY?

Gastroscopy is generally safe. Complications can occur but are rare when the test is performed by physicians with specialized training and experience in this procedure. Bleeding may occur from a biopsy site or where a polyp was removed. It is usually minimal and rarely requires blood transfusions or surgery. Localized irritation of the vein where the medication was injected may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying warm heat packs or warm moist towels may help relieve discomfort. Other potential risks include a reaction to the sedatives used. Major complications such as a perforation (a tear that might require surgery for repair) are very uncommon. After therapeutic procedures, such as treating bleeding ulcers or stretching narrowed areas, perforations are slightly more common, but still rare. Because complications can occur, travel is not recommended for the two (2) weeks following your procedure. It is important for you to recognize early signs of any possible complication after the procedure. Contact your physician who performed the gastroscopy or go to your nearest emergency department if you notice any of the following

- symptoms:
- fever or chills
 - increased throat, chest, or abdominal pain
 - trouble swallowing
 - passing black tarry stools

WHAT IF THE COLONOSCOPY SHOWS SOMETHING ABNORMAL?

If your physician thinks an area of the bowel needs to be tested in greater detail, a forcep instrument is passed through the colonoscope to obtain a biopsy which is a sample of the colon lining. This specimen is sent to the pathology laboratory for tissue analysis. Biopsies are taken for many reasons and do not necessarily mean that cancer is suspected. Biopsies of the colon are not painful. 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 usually produce pain.

WHAT ARE POLYPS AND WHY ARE THEY REMOVED?

Polyps are abnormal growths from the lining of the colon. They can look like mushrooms or fleshy lumps and vary in size from a tiny dot to several centimeters. The majority of polyps are benign (noncancerous), but the physician cannot always tell a benign from a malignant (cancerous) polyp by its outer appearance alone. For this reason, polyps are removed and sent for tissue analysis. Removal of colon polyps (polypectomy) is the most important and reliable means of preventing colon cancer.

HOW ARE POLYPS REMOVED?

Tiny polyps may be removed with a forcep instrument, but larger polyps are removed by a technique called polypectomy. The physician passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the bowel wall. The removal may be done with the use of electrical cauterization.

You should feel no pain during the polypectomy. There is a very 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 in the bowel wall). This complication could require emergency surgery.

WHAT ARE THE POSSIBLE COMPLICATIONS OF COLONOSCOPY?

Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures.

Because complications can occur, travel is not recommended for the two (2) weeks following your procedure.

One rare complication (approximately 1 in 500 to 1000) is a perforation or tear through the bowel wall that will usually require surgery. During the surgery, the hole will be closed.

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 the colonoscope. Rarely, blood transfusions or surgery may be required.

Bleeding can occur up to 10 to 14 days after polypectomy, especially if medications such as blood thinners, Aspirin, Plavix or anti-inflammatory agents are started after polypectomy.

Other potential risks include a reaction to the sedatives used to make you relaxed and drowsy for the procedure.

Localized irritation of the vein where medications were injected through the intravenous (IV) may rarely cause a tender lump lasting for several weeks, but this will go away eventually. Applying warm heat packs or warm moist towels may help relieve discomfort.

Although complications after colonoscopy are uncommon, it is important for you to recognize early signs of possible complication. Contact your physician who performed the colonoscopy or go to your nearest emergency department if you notice any of the following symptoms:

- severe abdominal pain
- fever and chills
- cannot pass gas rectally
- rectal bleeding of more than 1 tablespoon. Bleeding can occur up to 10-14 days after polypectomy

WHAT ABOUT MY CURRENT MEDICATIONS?

Most medications may be continued as usual, but some medications can interfere with the preparation for the examination. It is important to talk with your physician about your current medications including prescription, non-prescription, herbal remedies and supplements. Also inform your doctor if you have any allergies or adverse drug reactions.

- If you have diabetes, your diabetic medication (pills or insulin) may need to be adjusted. Speak with your physician who prescribed your insulin or pills about any changes needed before and after the procedure.
- If you are taking any of the following medications, these may be stopped before the procedure. Discuss this with your physician to see if these medications can be stopped safely:

– Arthritis medication (NSAIDs or anti-inflammatory agents)	– Diuretics (water pills)	– Iron products
– Anticoagulants	– Antiplatelets	
Coumadin (warfarin)	Lixiana (edoxaban)	Persantine (dipyridamole)
Xarelto (rivaroxaban)	Lovenox(enoxaparin)	Aggrenox (dipyridamole/ASA)
Arixtra (fondaparinux)	Heparin	Brilinta (ticagrelor)
Pradaxa (dabigatran)	Eliquis (apixaban)	Entrophen/ASA/Asaphen (acetylsalicylic acid)
Innohep(tinzaparin)	Orgaran (danaparoid)	Plavix (clopidogrel)
Fragmin (dalteparin)		Effient (prasugrel)
		Ticlid (ticlopidine)

HOW ACCURATE IS COLONOSCOPY?

Colonoscopy is the “gold standard” for detection of polyps and cancer. It is the most accurate test and allows biopsy or removal of growths (polyps), 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 polyps, and even cancer on rare occasions, can be missed. If symptoms of concern persist or recur, you must speak with your family physician.

WHAT HAPPENS WHEN I ARRIVE IN THE HOSPITAL?

The clerk will register you for the procedure. You will need the following items with you in order to register:

- photo identification
- Alberta Personal Health Card

The Endoscopy nurse will get you ready for the procedure. You will be asked to sign the procedure consent. You will change into a gown and lie down on a stretcher. Your jewelry and valuables must be removed before the procedure. Please leave jewelry and valuables at home. If you will be receiving sedation (medication that makes you relax) during the procedure, the nurse will start an intravenous (IV) in your arm. When it is time for your Gastroscopy/Colonoscopy, the Endoscopy nurse will take you to the procedure room on the stretcher. You will be in the Endoscopy Department for approximately 2-3 hours from the time you arrive to the time that you will be discharged.

WHAT HAPPENS DURING THE PROCEDURE?

The Endoscopy nurse will ask you to turn on your left side. Oxygen prongs will be placed below your nose to give you extra oxygen during the procedure and a mouth guard will be inserted which keeps your mouth open to help with the endoscope insertion. Practices may vary among physicians for the type of medication you will receive to make you comfortable during the procedure. The nurse may give you medication through your IV and you may have your throat sprayed with a local anesthetic before the endoscope is inserted. You will still be able to hear the nurse speaking to you and you may remember parts of the procedure being performed. In some cases, your physician will ask an anesthetist to provide the sedation to you.

After the medications have been given to make you comfortable, a gastroscope is inserted into your mouth and then passed through to the esophagus, stomach, and duodenum. The endoscope does not interfere with your breathing during the procedure. Your oxygen level, blood pressure, heart rate, breathing and comfort are monitored during the procedure. The procedure is well tolerated, with little or no discomfort. You may fall asleep during the procedure.

After the medications have been given, the physician will slowly advance the colonoscope into the anus and through the large bowel while examining the bowel lining. In some cases, passage of the colonoscope through the entire colon to its junction with the small intestine cannot be achieved. The physician will then decide if this limited examination is sufficient or if other examinations are necessary. As the colonoscope is slowly withdrawn, the bowel lining is again carefully examined. Colonoscopy is usually well tolerated. You may experience some periods of discomfort or pain during the procedure such as feeling of pressure, bloating or cramping. Your physician and nurse will monitor your level of discomfort to provide you with symptom assistance.

WHAT HAPPENS AFTER THE PROCEDURE?

Your mouth guard is removed as soon as the endoscope is removed. You will be taken by stretcher from the procedure room to the recovery area. Your oxygen level, blood pressure, heart rate, breathing and comfort will be monitored by recovery nurses.

Your throat may be a little sore for a while, and you may feel bloated right after the procedure because of the air introduced into your stomach during the procedure.

You may have some cramping or bloating because of the air introduced into the colon during the procedure. This should disappear quickly with passage of flatus (gas). The nurse will check with you if you have passed gas.

You will stay in the recovery area until the nurse determines that you are ready to go home.

If you had been given medications to make you relax during the procedure your reflexes and judgment may be impaired. You are REQUIRED to have a responsible adult come to the Endoscopy Department to escort you home. A responsible adult is someone who can make appropriate decisions for your safety, is mobile and able to help move you into, out of and with a wheelchair.

YOU WILL NOT BE ABLE TO DRIVE UNTIL THE NEXT DAY AFTER THE PROCEDURE.

If you are unable to get a responsible adult to escort you home, the procedure may either be cancelled, rescheduled or it may have to be done without sedation.

In most circumstances, your physician can inform you of your test results on the day of the procedure. However, the results of any biopsies or cytology samples taken will take several days.

When you leave the department, you will be able to resume your usual diet unless otherwise directed.

After your Gastroscopy / Upper Endoscopic Ultrasound (EUS)

Diet	<p>Do not eat or drink anything for one (1) hour after the procedure. After one (1) hour, start with a sip of water. If you can swallow the water easily without coughing, you may start eating.</p> <p>You may eat your normal diet unless instructed otherwise by your physician. Begin with liquids and soft foods. Foods that bothered you before may still bother you now.</p> <p>Do NOT drink any alcoholic beverages for the next twenty-four (24) hours after your procedure.</p>
Activity	<p>You received sedation during the procedure that made you drowsy and relaxed. This sedation takes time to wear off. Even if you feel awake and alert you are considered legally intoxicated and your judgment and reflexes may be impaired.</p> <p>Until the next day:</p> <ul style="list-style-type: none"> ➤ do not engage in any major decision-making ➤ do not perform any hazardous activities ➤ do not operate any heavy machinery ➤ do not drive <p>Because complications can occur, travel is not recommended for the two (2) weeks following your procedure.</p>
Medications	<p>You may take your regular prescription medication unless your physician has told you otherwise.</p> <p>Do NOT take sleeping pills for twenty-four (24) hours after your procedure</p>
Throat or abdominal discomfort	<p>You may have a sore throat for a few hours after the procedure. Warm water and honey gargles, lozenges, and cold drinks or popsicles will relieve this discomfort.</p> <p>Some abdominal cramping may be experienced. Walking, passing gas or a warm blanket placed on your belly may help ease the discomfort.</p>
CPAP or BiPAP	<p>If you use any form of continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP), wear this device in any setting where you may fall asleep during the next twenty-four (24) hours.</p>
When you should call for help	<p>Call the physician who performed your procedure or go to your nearest Emergency Department if you have:</p> <ul style="list-style-type: none"> ▪ severe constant abdominal pain or bloating and a hard or rigid belly ▪ chest or neck pain ▪ shortness of breath ▪ chills or fever that continues for more than twenty-four (24) hours ▪ black tarry stools

For any questions or concerns, speak with a Registered Nurse, 24 hours a day, at HEALTH Link Alberta: DIAL 811 or 1-866-408-5465 (LINK)

After your Colonoscopy / Sigmoidoscopy / Rectal Endoscopic Ultrasound (EUS)

Diet	<p>You may eat your normal diet unless instructed otherwise by your physician. Start with liquids and soft food. Foods that bothered you before may still bother you now.</p> <p>Do NOT drink any alcoholic beverages for the next twenty-four (24) hours after your procedure.</p>
Activity	<p>You received sedation during the procedure that made you drowsy and relaxed. This sedation takes time to wear off. Even if you feel awake and alert you are considered legally intoxicated and your judgment and reflexes may be impaired.</p> <p>Until the next day:</p> <ul style="list-style-type: none"> ➤ do not engage in any major decision-making ➤ do not perform any hazardous activities ➤ do not operate any heavy machinery ➤ do not drive <p>Because complications can occur, travel is not recommended for the two (2) weeks following your procedure.</p>
Medications	<p>You may take your regular prescription medication unless your physician has told you otherwise.</p> <p>Do NOT take sleeping pills for twenty-four (24) hours after your procedure</p>
Biopsy	<p>If your physician removed a polyp, you may pass a small amount of blood with your bowel movements over the next two weeks following your procedure.</p>
Abdominal discomfort	<p>While at home, you may have some abdominal bloating or cramping. This should disappear when you pass gas rectally. Walking, passing gas or placing a warm blanket on your belly may help ease the discomfort.</p> <p>Constant abdominal pain is very uncommon after colonoscopy.</p>
CPAP or BiPAP	<p>If you use any form of continuous positive airway pressure (CPAP) or bi-level positive airway pressure (BiPAP), wear this device in any setting where you may fall asleep during the next twenty-four (24) hours.</p>
When you should call for help	<p>Call the physician who performed your procedure or go to your nearest Emergency Department if you:</p> <ul style="list-style-type: none"> ▪ have increased bleeding from the rectum of more than one tablespoon ▪ cannot pass gas rectally ▪ have severe constant abdominal pain or bloating and a hard or rigid belly ▪ have chills or fever that continues for more than twenty-four (24) hours

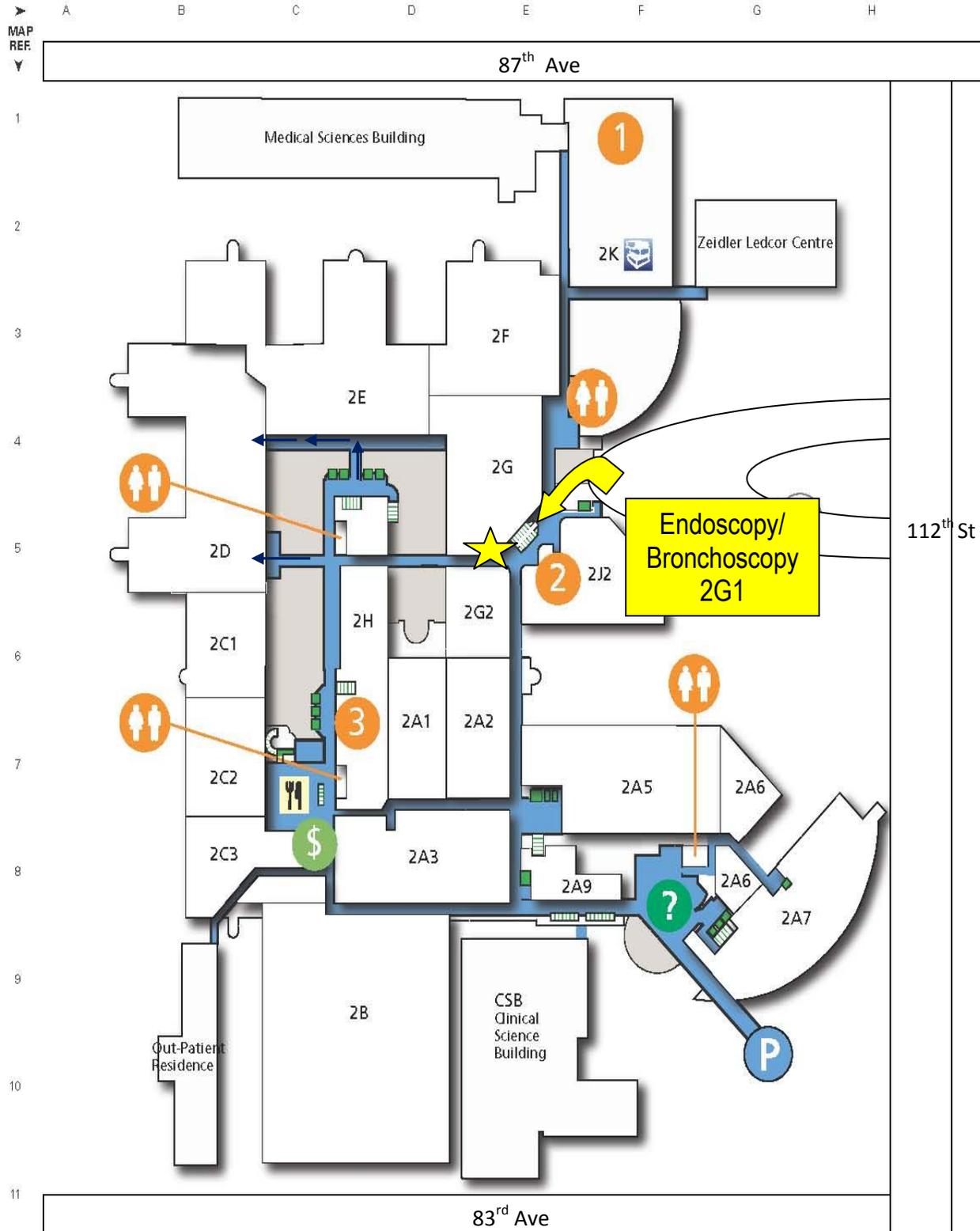
For any questions or concerns, speak with a Registered Nurse, 24 hours a day, at HEALTH Link Alberta: DIAL 811 or 1-866-408-5465 (LINK)

LEVEL

2

Walter C. Mackenzie Health Sciences Centre

-  Elevators/Stairs/ Escalator
-  Public Route
-  Atrium Area
-  Washrooms
-  Pedway to Parking
-  John W. Scott Health Sciences Library
-  Faculty of Medicine and Dentistry
-  Diagnostic Imaging
-  ATM



112th St