

NAVID HEJAZIFAR MD, FRCPC

Gastroenterology & Hepatology

1-2620 Simcoe St N (located Inside IDA pharmacy) *This is NOT the location of your procedure*

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COLONOSCOPY PREPARATION WITH PICOSALAX or PURGODAN - PLEASE READ CAREFULLY

MATERIAL IN THIS DOCUMENT

- 1) How to take your bowel prep and travel arrangements
- 2) Medication adjustments prior to your procedure
- 3) Diet changes 5 days, 1 day and day of your procedure
- 4) Patient Education Material

Waiting lists for colonoscopy are long. If you need to cancel or reschedule please contact our office at (905) 438-3777 at least 4 BUSINESS DAYS IN ADVANCE of your appointment so we can book another patient. If you do not show up or cancel with insufficient notice, you will be charged \$150 for your missed appointment

- * As you will be receiving sedation during the procedure, **you will NOT BE ALLOWED TO DRIVE AFTER THE COLONOSCOPY** until the following day. You also cannot take a taxi or public transportation alone. Your ride must be available from time of drop off by phone.
- * Therefore, please ensure that travel arrangements have been made and you have someone to stay with you for 4 hours afterwards.
- * If you do not have someone to accompany you, your procedure can be done without sedation.

Bowel Preparation Instructions

Prescription will be faxed to your pharmacy by your gastroenterologist Dr. Hejazifar within 2 weeks prior to your procedure. You may also purchase the bowel prep medication over the counter without a prescription.

Procedure Time	Instructions
If Your Procedure is BEFORE 12:00 PM	<p>1:00 PM (day before procedure) – Take 3 tablets of Dulcolax day before your procedure</p> <p>4:00 PM (day before procedure)– Mix 1 packet of Pico-Salax (or Purg-Odan) with 150 ml (5 oz) of cold water, stir for 2-3 minutes, and drink. Drink 2-3 litres (8-12 cups) of clear fluids over the next 2-3 hours.</p> <p>7:00 PM (day before procedure) – Mix and drink the 2nd packet of Pico-Salax (or Purg-Odan). Drink another 2-3 litres (8-12 cups) of clear fluids over the next 2-3 hours.</p> <p>Midnight – Stop drinking all fluids.</p>
If Your Procedure is AT or AFTER 12:00 PM	<p>1:00 PM (day before procedure) – Take 3 tablets of Dulcolax.</p> <p>6:00 PM (day before procedure) – Mix 1 packet of Pico-Salax (or Purg-Odan) with 150 ml (5 oz) of cold water, stir for 2-3 minutes, and drink. Drink 2-3 litres (8-12 cups) of clear fluids over the next 2-3 hours.</p> <p>6:00 AM (Day of Procedure) – Mix and drink the 2nd packet of Pico-Salax. Drink another 2-3 litres (8-12 cups) of clear fluids over the next 2-3 hours.</p>

Additional Tips: If you develop nausea or vomiting, slow down but continue drinking until you finish the preparation. Use a barrier cream or Vaseline to reduce anal irritation

Monitoring after procedure and travel arrangements

- * You will be monitored for 1 hour after the procedure. Expect to be at the hospital for about 2-3 hours, but please allow extra time in case of delays (bring a good book!). You will be informed if further follow-up is needed.
- * You will be sedated for this procedure and are **NOT** allowed to drive home. You must have someone pick you up within 30 minutes once you are ready to go home from the hospital and stay with you after you are discharged.
- * If you plan on taking Uber/Taxi you must have a responsible adult with you.

After going home: Resume your normal diet and activity after the procedure. It is normal to feel some bloating and cramps. Expelling the gas should bring relief.

- * You will be informed if further follow-up is needed.

Medication Adjustments Before the Colonoscopy

Timeframe for Stopping Medications	Medications
7 Days Before	Mounjaro Ozempic Wegovy Saxenda Victoza
5 Days Before	Plavix (clopidogrel) Brilinta (ticagrelor) Prasugrel (Effient) Cangrelor (Kengreal) Aggrenox or Ticlid (ticlopidine) Coumadin (warfarin) – inform Dr. Hejazifar’s office immediately if taking warfarin Iron Tablets (ferrous gluconate/sulphate/fumarate)
3 Days Before	Pradaxa (dabigatran) Xarelto (rivaroxaban) Eliquis (apixaban) Lixiana (edoxaban) Heparin Products: - Dalteparin (Fragmin) - Enoxaparin (Lovenox) inform Dr. Hejazifar’s office immediately if taking Dalteparin or Lovenox
Morning of Procedure	Diabetes Medications: Do not take morning dose (e.g., Metformin, Glyburide, Avandia, Actos, Trajenta, Diamicron/Gliclazide) Insulin: Skip short-acting insulin; take half of usual long-acting insulin dose All Other Medications: May be taken with a small sip of water

Dietary Changes

Diet Type	Instructions
Low-Fiber Diet	<ul style="list-style-type: none"> - Follow a low-fiber diet for 3-5 days before the procedure. - You may continue this diet until 48 hours before your procedure.
Clear Liquid Diet	<ul style="list-style-type: none"> - Start a clear liquid diet on the day before your procedure. - Continue the clear liquid diet up to 3 hours before your procedure. - No solid food from the moment you wake up the day before your procedure.

LOW FIBER DIET (START 3-5 days before procedure)		
Type of Food or Drink	YES — OK to Eat These Foods	NO — Avoid These Foods
Milk and Dairy	<ul style="list-style-type: none"> - Milk - Cream - Hot chocolate - Buttermilk - Cheese, including cottage cheese - Yogurt - Sour cream 	<ul style="list-style-type: none"> - Yogurt mixed with: <ul style="list-style-type: none"> • Nuts, seeds, granola • Fruit with skin or seeds (e.g., berries)
Bread and Grains	<ul style="list-style-type: none"> - Breads and grains made with refined white flour (rolls, muffins, bagels, pasta) - White rice - Plain crackers (e.g., Saltines) - Low-fiber cereal (e.g., puffed rice, cream of wheat, corn flakes) 	<ul style="list-style-type: none"> - Brown or wild rice - Whole grain bread, rolls, pasta, or crackers - Whole grain or high-fiber cereal (e.g., granola, raisin bran, oatmeal) - Bread or cereal with nuts or seeds
Meat	<ul style="list-style-type: none"> - Chicken - Turkey - Lamb - Lean pork - Veal - Fish and seafood - Eggs - Tofu 	<ul style="list-style-type: none"> - Tough meat with gristle
Fruits	<ul style="list-style-type: none"> - Fruit juice without pulp - Applesauce - Ripe cantaloupe and honeydew - Ripe, peeled apricots and peaches - Canned or cooked fruit without seeds or skin 	<ul style="list-style-type: none"> - Raw fruit with seeds, skin, or membranes (e.g., berries, pineapple, apples, oranges, watermelon) - Cooked or canned fruit with seeds or skin - Raisins or other dried fruit
Vegetables	<ul style="list-style-type: none"> - Canned or cooked vegetables without skin or peel (e.g., peeled 	<ul style="list-style-type: none"> - Raw vegetables with skin, seeds, or peel

LOW FIBER DIET (START 3-5 days before procedure)		
Type of Food or Drink	YES — OK to Eat These Foods	NO — Avoid These Foods
	carrots, mushrooms, turnips, asparagus tips) - Potatoes without skin - Cucumbers without seeds or peel	- Corn - Potatoes with skin - Tomatoes - Cucumbers with seeds and peel - Cooked cabbage, Brussels sprouts - Green peas - Squash (summer and winter) - Lima beans - Onions
Legumes	None allowed	- Dried peas (e.g., split or black-eyed) - Dried beans (e.g., kidney, pinto, garbanzo/chickpea) - Lentils - Any other legume
Soups	- Broth, bouillon, consommé, and strained soups - Milk or cream-based soup (strained)	- Unstrained soups - Chili - Lentil soup - Dried bean soup - Corn soup - Pea soup
Fats and Oils	- Butter - Margarine - Vegetable and other oils - Mayonnaise - Salad dressings (without seeds or nuts)	- Salad dressings made with seeds or nuts
Nuts, Nut Butter, Seeds	- Creamy (smooth) peanut or almond butter	- Nuts (e.g., peanuts, almonds, walnuts) - Chunky nut butter - Seeds (e.g., fennel, sesame, pumpkin, sunflower)
Other	- Sugar - Salt - Jelly - Honey - Syrup - Lemon juice	- Coconut - Popcorn - Jam - Marmalade - Relishes - Pickles - Olives - Stone-ground mustard
Drinks or Beverages	- Coffee - Tea - Hot chocolate or cocoa	- Fruit or vegetable juice with pulp - Beverages with red or purple dye

LOW FIBER DIET (START 3-5 days before procedure)		
Type of Food or Drink	YES — OK to Eat These Foods	NO — Avoid These Foods
	<ul style="list-style-type: none"> - Clear fruit drinks (no pulp) - Soda and other carbonated beverages - Ensure, Boost, or Enlive (without added fiber) 	
Desserts	<ul style="list-style-type: none"> - Custard - Plain pudding - Ice cream - Sherbet or sorbet - Jell-O or gelatin (without added fruit or red/purple dye) - Cookies or cake made with white flour (no seeds, dried fruit, or nuts) 	<ul style="list-style-type: none"> - Coconut - Desserts with seeds or nuts - Desserts with red or purple dye - Cookies or cakes made with whole grain flour, seeds, dried fruit, or nuts

Your Diet One day before your Procedure (Clear liquid diet)

*****You must drink a minimum of 5 LITRES of clear fluid. The more clear fluids you drink, the cleaner your colon will be*****

CLEAR LIQUID DIET (START ONE DAY BEFORE YOUR COLONOSCOPY)		
Type of Drink	YES — OK to Drink	NO — Avoid These
Water	- Water	- N/A
Tea and Coffee	<ul style="list-style-type: none"> - Tea (no milk, cream, or lightener) - Black coffee (no milk, cream, or lightener) 	- Tea or coffee with milk, cream, or lightener
Flavored Water	- Flavored water (without red or purple dye)	- Flavored water with red or purple dye
Juices	<ul style="list-style-type: none"> - Apple juice - White grape juice - Lemonade (without pulp) - White cranberry juice 	<ul style="list-style-type: none"> - Orange juice - Grapefruit juice - Tomato juice - Juices with red or purple dye
Broth	- Clear broth (chicken, beef, or vegetable)	- Soup (other than clear broth)
Soda	- Soda (light-colored)	- Soda with red or purple dye
Sports Drinks	- Sports drinks (e.g., Gatorade, Propel – light colors only)	- Sports drinks with red or purple dye
Popsicles	- Popsicles (without fruit or cream; no red or purple dye)	- Popsicles with fruit, cream, red, or purple dye

CLEAR LIQUID DIET (START ONE DAY BEFORE YOUR COLONOSCOPY)		
Type of Drink	YES — OK to Drink	NO — Avoid These
Gelatin	- Jell-O or gelatin (without fruit; no red or purple dye)	- Gelatin with fruit, red, or purple dye
Nutritional Drinks	- Boost Breeze Tropical Juice drink	- Smoothies - Milkshakes
Alcohol	- N/A	- Alcoholic beverages
Dairy	- N/A	- Milk - Cream
Cereals	- N/A	- Cooked cereal

Your diet on the day of your colonoscopy (Clear liquid diet)

Continue same liquid diet as above and **STOP drinking liquids at least 2-3 hours** prior to your scheduled procedure on the day of your procedure

GENERAL INFORMATION ABOUT COLONOSCOPY

Colonoscopy allows direct visualization of the lining of the colon. This is often done to prevent/detect colon cancer, remove pre-cancerous polyps, assess inflammatory bowel disease, and investigate abdominal pain, anemia, constipation, or diarrhea. Depending on the bowel preparation, over 95% of the colon's surface area can be seen. Colonoscopy is much more accurate than testing stool for blood and is the only test allowing for the removal of polyps to prevent colon cancer. The procedure involves insertion of a lubricated flexible video scope and pumping of air to allow visualization. It may take 15 to 40 minutes, depending on the degree of difficulty. Small tissue samples (biopsies) or polyps may be removed to review under a microscope. This is not associated with pain; however, the procedure may be uncomfortable at times due to air pumping or twisty areas of the colon that are difficult to navigate. Use of intravenous sedation, usually a narcotic and a benzodiazepine (similar to Valium), minimizes any discomfort, and in fact, many patients sleep through the whole procedure. The sedation also has an amnesia-type effect, so patients who remain awake often don't remember the procedure at all. Often, we have an anesthetist available to provide deep sedation. Routine colonoscopy carries minimal risk. Despite frequent use of cautery, removal of a polyp may be associated with some bleeding, but usually, this stops on its own. If not, the base of the polyp can be injected or re-cauterized to stop the bleeding. Extremely rarely, a transfusion and even surgery may be required. The incidence of significant bleeding after polypectomy depends on the size of the polyp, but on average is less than 1%, which in turn is much less than the mortality rates for any surgical procedure that would be required to remove the polyp. There is also a 1 in 1000 risk (less than 0.1%) of perforation, which may require surgery to repair. This risk is increased if a large polyp is removed. Other risks include electrolyte disorders associated with the bowel preparation, risks due to use of sedation, and general risks such as heart problems or breathing difficulty. These are fortunately quite rare. If any complication were to occur, appropriate measures would be taken, and it would be discussed fully with you.

GENERAL INFORMATION ABOUT GASTROSCOPY

Gastroscopy allows direct visualization of the lining of the esophagus, stomach, and duodenum (first part of the small bowel). This is often done to investigate symptoms such as abdominal pain, heartburn, difficulty swallowing, or possible bleeding. It is also done to obtain biopsies (small tissue samples) to diagnose celiac disease (wheat allergy) or bacterial infection of the stomach. The procedure involves insertion of a lubricated flexible video scope and insufflation of air to allow visualization. It takes **5-10 minutes**. A small piece of plastic called a bite block is placed between the teeth to protect them. Use of intravenous sedation, usually a narcotic and a benzodiazepine (similar to Valium), is common but not absolutely required. Many patients sleep through the procedure, and those that don't often can't remember it at all. Sometimes, we have an anesthetist available to provide deep sedation. Routine gastroscopy carries minimal risk. There are some general risks, including heart problems or breathing difficulty, and risks due to use of sedation. These are fortunately quite rare. Specific procedure-related risks are equally rare and include **bleeding** (less than 1%) and **perforation** (only **1 in 3000**). These risks might be increased if there were a need for placement of elastic bands on esophageal blood vessels (varices) or dilation/stretching of the esophagus — if anticipated, this would be discussed with you in advance. Since we use a plastic bite block, the risk of dental injury is rare. If any complication were to occur, appropriate measures would be taken, and it would be discussed fully with you.