

# 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 PEGLyte - 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	PEGlyte Preparation Instructions
<b>If Your Procedure is BEFORE 12:00 PM</b>	<p><b>Day Before the Procedure:</b> Prepare PEGlyte and store it in the fridge. Improve taste by drinking it over ice or mixing it with flavour crystals (e.g., Crystal Light).</p> <p><b>1:00 PM</b> – Take all 3 tablets of Dulcolax.</p> <p><b>5:00 PM</b> – Drink 4 litres of PEGlyte over 4-5 hours (finish by 10:00 PM).</p>
<b>If Your Procedure is AT or AFTER 12:00 PM</b>	<p><b>Day Before the Procedure:</b> Prepare PEGlyte and store it in the fridge. Improve taste by drinking it over ice or mixing it with flavour crystals (e.g., Crystal Light).</p> <p><b>1:00 PM</b> – Take all 3 tablets of Dulcolax.</p> <p><b>6:00 PM</b> – Drink 2 litres of PEGlyte over 2-3 hours (finish by 9:00 PM).</p> <p><b>Day of the Procedure:</b> <b>6:00 AM</b> – Drink the remaining 2 litres of PEGlyte over 2 hours (finish by 8:00 AM).</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

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

## Dietary Changes

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

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

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

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

**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\*\*\***

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

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