

Colon Screening Program Package



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Privacy Agreement Group Medical Visits

Physician: _____

During group medical visits, your medical issues will be discussed in front of others. In this setting you will hear about other peoples personal health information. As a matter of trust, it is important **not** to talk about other peoples personal medical issues outside of this circle setting. Of course, you are welcome to discuss things you have found helpful with friends and family, providing nothing that you say identifies others.

Privacy Commitment

- I accept that the health care team will discuss my medical issues in front of others.
- I will keep other peoples personal health information private.

NAME: _____

SIGNATURE: _____

DATE: _____

Each person will be asked to sign this commitment
before each Group Appointment.
Thank You!

Colon Screening Program

Straight to Colonoscopy Assessment

PATIENT NAME LAST

PATIENT NAME FIRST

PHN

AFFIX CLIENT LABEL HERE

Reason for referral to Colon Screening Program:

COMPLETED DATE (YYYYMMDD)

1st Degree Relative

Abnormal Fit

History of Adenoma

Surveillance

Medical History

Do you have any Allergies? if so please list _____

1) Have you had a colonoscopy before?

2) Are you being followed by a gastroenterologist and booked for a procedure?

3) Have you or immediate family member ever been diagnosed with colon or rectal cancer?

4) Have you previously been diagnosed with an Inflammatory Bowel Disease such as Crohn's or Ulcerative Colitis?

5) How many bowel movements do you have a day? _____

6) Do you take any tablets or supplements containing Iron?

 a) If **YES**, please **STOP** taking the medication **7 DAYS** before your colonoscopy date.

 7) *Height* *Weight* *BMI* *Alcohol*

8) Have you had any recent changes (within 6 months) in bowel movements, constipation, bleeding, bowel urgency, recent/unexplained weight loss, abdominal pain, nausea or vomiting?

9) Do you have any severe problems with mobility or do you have any disability?

 10) Do you have any neurological conditions? *stroke, seizure, Parkinson's, Multiple Sclerosis, Alzheimers, Dementia, Epilepsy other:*

 11) Are you on any blood thinners or anti-platelet medications? *ie. Coumadin, Warfarin, Dabigatran, Apixaban, Rivaroxaban, Clopidogrel, Ticagrelor, Xarelto, Plavix or low dose Aspirin.*

12) Do you have or had chest pain/Angina, or history of heart failure?

13) Do you have congestive heart failure or do you take water pills?

14) Do you have a Pacemaker or internal defibrillator?

15) Do you have an irregular heart beat?

 16) Do you have any respiratory disease? *ie. Asthma, COPD, Sleep Apnea.*

17) Do you have liver disease?

 18) Do you have any infectious disease? *ie. Hepatitis, HIV, TB or other.*

19) Do you have diabetes and need to take insulin or any other injectable medications?

20) Are you on Dialysis for kidney failure?

 21) Are you a transplant recipient? *ie. kidney, heart, bone marrow.*

 22) Do you have any bleeding disorders or clotting issues? *ie. Factor V Leiden, Von Willebrand, hemophilla*

Comments

Patient Name:	Colon Screening Office:
Colonoscopy Date:	
Colonoscopy Time:	
Doctor (can change)	Arrival Time

Important Details

Your appointment is **confirmed**.

- If you need to cancel or change this appointment because of an unexpected emergency:
 - **Call the Colon Screening Program at least 7 days before** your colonoscopy date.
 - Please do not call the doctor's office or the hospital.
- If you need to cancel or change this appointment because of **illness**:
 - **Call the Colon Screening Program as soon as possible.**
 - Please do not call the doctor's office or the hospital.

Note: If you do not show up or you cancel at the last minute, the doctor or specialist might charge you a fee.

If you cancel, re-schedule, or do not show up to your colonoscopy appointment more than 1 time, we will not schedule any further appointments. You will need to be re-referred by your family doctor.

7 Days Before your Colonoscopy

Follow the instructions attached titled "Preparing for A Colonoscopy".

If you do not follow the instructions, you might have to come back to have the procedure done again.

If you do not have instructions about taking your **blood thinner(s)** from the specialist's office **within 2 weeks** of the colonoscopy date, call the specialist.

At least 2 weeks before your colonoscopy date, see your family doctor for instructions on how to manage your **diabetes** while completing the colonoscopy preparation. Do not return to your regular diet until after the colonoscopy.

The specialist may want to see you before the colonoscopy. Their office calls to arrange for an appointment. The doctor may alter or change instructions, please wait until after consultation to buy bowel preparation.

If you require a translator for your appointment please bring one with you, unless you have other arrangements.

Day of your Colonoscopy

What to bring: - your **BC Services Card** and **photo ID**

- a **list** of your **medications** including herbal and nutritional supplements and/or vitamins.

You **must arrange** for someone to pick you up from the procedure area and take you home. This needs to be a responsible adult and cannot be a taxi (If you don't have a ride, we will cancel your colonoscopy).

We give you medication during your colonoscopy that will make you drowsy. The drowsiness can last for up to 24 hours. You cannot leave the procedure area alone or meet your ride in the parking lot. We explain to the person taking you home how to look after you at home.

For 24 hours after we suggest you have someone stay with you during this time and:

- **Do not** make important decisions or sign legal documents.
- **Do not** drive a car or operate hazardous machinery.
- **Do not** drink alcohol. **Do not** use any street drug or drug not prescribed for you.
- **Do not** be responsible for caring for another person such as a baby, small child, or person in poor health.

Preparing for a Colonoscopy (Bowel Cleansing)

Your bowel needs to be **completely empty** for the test to be a success. Please follow these steps *exactly*. If you do not, we will need to rebook your procedure and you will need to repeat these steps.

7 days before your colonoscopy

Stop taking iron tablets and multivitamins.

***Buy one 4-litre jug of PegLyte or CoLyte** from any pharmacy or drug store at least 7 days before.

This is a bowel cleanse laxative. You will need to ask for it at the counter.

Do not prepare this medication any sooner than 2 days before colonoscopy.

5 days before your colonoscopy

Stop eating these foods:

- Any fruit or vegetable with seeds
If you can cut the seeds out, you can eat it.
- Nuts (all types) and seeds (sunflower, pumpkin, flax, sesame, etc.)
- Grains such as corn, popcorn, whole grain and multigrain breads, bran and bran cereal, oatmeal, granola, brown and wild rice
It is okay to eat white bread, white rice, and white pasta.

All other food is okay to eat.

1 day before your colonoscopy

In the morning:

1. Start a **clear fluid** diet.
 - **No** solid food, dairy products, or dairy substitutes.
 - **No** red, blue, or purple coloured fluids.
 - **No** gum, alcohol, congee, or juices with pulp.

Choose many different fluids, not just water. You need to replace the electrolytes lost from the diarrhea.

Clear fluids you can have are:

water	clear soup broth or bouillon
clear juice (apple, white grape, white cranberry)	orange or white popsicles orange jelly dessert / Jell-O orange or white sports drinks (vitamin water, Gatorade, PowerAde)
clear tea or coffee (no cream or milk)	
ginger ale	

2. Prepare the 4 L jug of PegLyte (or CoLyte).
Follow the instructions on the jug on how to mix. Place in the refrigerator.

At 4:00 p.m. in the afternoon:

1. Drink 2 litres from the jug over the next 90 minutes (1½ hours) by drinking 1 glass (250 mL or 1 cup) every 10 minutes. Drink through a straw.
2. Stay close to a toilet. You will start having many bowel movements and diarrhea.
Diarrhea is dehydrating so drink lots of clear fluids and electrolytes (soup broth, sports drinks, etc.).

6 hours before your colonoscopy

Drink the other 2 litres from the jug over the next 90 minutes (1½ hours).

3 hours before your colonoscopy

Stop drinking all clear fluids. **Do not drink anything** including water until after your colonoscopy.

You can take your usual medicines with a small sip of water, unless told something different.

Before Procedural Sedation (Adult)

Procedural sedation is when we give medicine to make you sleepy, relaxed, or calm (a sedative) while we do a medical procedure, test, or treatment. For painful treatments or procedures, we also give medicine to block the pain.

We give the procedural sedation either through a vein (intravenously) or by injecting it into a muscle (intramuscularly).

What are the risks of procedural sedation?

With any medication, there is always a risk. You might react to the medication during the procedure or as you are waking up.

During the procedure,

- Your breathing might slow down.
- Your blood pressure might get low.

As you are waking up after the procedure:

- You could feel sick to your stomach (nausea).
- You might throw up (vomit).
- You might have bad dreams.

We take steps to prevent any of these things happening and we are always ready in case they do occur.

For your safety

We assign one registered nurse to stay at your bedside before, during, and after the procedure to closely monitor you and the effects of the procedural sedation on you. The doctor is notified right away if there are any concerns.

Before we begin the procedure

- We bring emergency equipment to your bedside in case we need it.
- We bring special medicines to your bedside. If needed, we give these medicines to reverse the effects of certain sedatives and pain medicines. It is very rare that these special medicines are ever needed.
- We place a device on one of your fingers to measure the amount of oxygen in your blood at all times.

During the procedure

Every 3 to 5 minutes, the nurse checks:

- how sedated you are
- your pulse, blood pressure, and breathing rate (called vital signs)
- your oxygen level

Right after the procedure

The nurse:

- continues to closely monitor your vital signs and oxygen level
- watches you closely until you recover and fully wake up

After Procedural Sedation (Adult)

We gave you medicines so we could do a test or procedure without you feeling pain. This is called 'sedation'. The medicines will make you feel sleepy, dizzy, faint, clumsy, or unsteady. It can also cause you to not think clearly.

You might feel the effects of these medicines for 24 hours after the procedure.

Someone should stay with you for the next 12 to 24 hours.

Go to the nearest Emergency Department if:

- ☐ You feel sick to your stomach or have been throwing up to the point where you can not eat or drink anything for 24 hours.
- ☐ You continue to feel sleepy, dizzy, faint, clumsy, or unsteady after the first 24 hours, or any of these effects get worse at any time.
- ☐ The pain medicine is not working to control your pain.

Call 9-1-1 right away if:

- ☐ You are having trouble breathing.
- ☐ Your lips or fingers are turning blue.
- ☐ The person staying with you has trouble waking you up.

If you have any questions

Call Fraser Health Virtual Care 1-800-314-0999 or live chat online at fraserhealth.ca/virtualcare
 10:00 a.m. to 10:00 p.m., daily

How to take care of yourself at home

For the rest of today:

- Rest.
- Lie down when you feel dizzy or unsteady.
- Take pain medicines as directed by the doctor.
- If you feel sick to your stomach,
 - Drink only sips of water, apple juice, clear soup broth, or ginger ale.
 - Eat small amounts of solid food.
 - Slowly increase the amount of food so you do not upset your stomach.
- Because you will be unsteady and feel sleepy and dizzy for the first 24 hours:
 - **Do not** travel alone.
 - **Do not** drive.
 - **Do not** operate machinery.
 - **Do not** do any dangerous activities, like bike riding, swimming, or climbing ladders.
 - **Do not** make important decisions or sign important papers.
 - **Do not** drink alcohol or take sleeping pills.
 - **Do not smoke:** If you do smoke, make sure someone is with you while you smoke in case you fall asleep.

Colon Screening

Answering your questions about colon cancer screening

Colon cancer is one of the most commonly diagnosed forms of cancer, affecting one in six people in British Columbia.

If you are between 50-74 years of age, you should be screened regularly for colon cancer.

Colon cancer screening saves lives:

- Screening can prevent colon cancer by finding and removing polyps before they turn into cancer. Polyps are small growths that can develop in the colon or rectum, often with no symptoms in early stages of growth.
- Screening can find cancers early before they have a chance to spread. Early detection means more treatment options and better outcomes.

There are two screening tests for colon cancer – the fecal immunochemical test (FIT) and colonoscopy.
Talk to your health care provider about which test is right for you.

Screening is only recommended if you are not experiencing symptoms of colon cancer.

Symptoms can include blood in your stool, abdominal pain, change in bowel habits, or unexplained weight loss. If you are experiencing these symptoms, talk to your health care provider about a referral for diagnostic testing to determine the cause of these symptoms.

BC Cancer Colon Screening

Your health care provider registers you with BC Cancer Colon Screening when they provide you with a lab requisition form to pick up your fecal immunochemical test (FIT) or refer you for colonoscopy.

Being registered with the program means that the program will mail you your FIT results and keep track of your screening progress to ensure quality and safety. BC Cancer Colon Screening will also mail you a reminder when it is time to test again.

Why is colon cancer screening important?

- Every day in British Columbia, three people die of colon cancer.
- If colon cancer is detected at its earliest stage, the chance of survival is more than 90 per cent.
- 3000 people in BC are diagnosed with colon cancer every year.
 - 94% are 50 and older
 - 56% are men
 - 44% are women

What is the fecal immunochemical test (FIT)?

FIT is a test you can do at home. It detects blood in your stool (poop) which can be a sign of polyps or early stage cancer. To complete the test:

1. Talk to your health care provider and ask for a FIT. If you are eligible for screening, your health care provider will give you an order form for a free FIT kit.
2. Take your order form to a designated lab, and pick up your test kit. Visit www.screeningbc.ca for a list of labs.
3. Take the test at home by following the instructions provided in the test kit. No special preparation is needed. You can continue to eat your usual foods and take your medications.
4. Drop the sample off at the lab. It must be submitted to the lab within seven days of taking the test.
5. If you have a normal result, you may access your result through **MyCareCompass** at www.bc.mycarecompass.lifelabs.com. If you do not have a MyCareCompass account, you can sign up for one within 30 days of picking up your FIT from the lab. Otherwise, you may contact your health care provider for your result.

6. If you have an abnormal result, you will be referred for follow-up in your community. An abnormal result does not mean that you have cancer. It means that blood was found in your stool. The health care team in your community will speak with you about your test result and make recommendations for follow-up testing. Colonoscopy is usually recommended following an abnormal FIT result.

What is colonoscopy?

Colonoscopy is a procedure where a physician uses a miniature camera attached to a flexible tube to view the inside lining of your colon. During the test, tissue samples can be collected and polyps removed.

If you have a personal history of adenoma(s) or a significant family history of colon cancer, your health care provider may refer you directly for colonoscopy. You may also be referred for colonoscopy following an abnormal FIT. In both cases, the health care team in your community will discuss the procedure with you.

Who should screen for colon cancer?

In general, colon screening is recommended for anyone between the ages of 50 and 74. How you should screen depends on if you are at average risk or higher than average risk for developing colon cancer:

Average risk	Fecal immunochemical test (FIT)
Screen every two years with FIT (most people).	

Higher than average risk	Colonoscopy
Colonoscopy is recommended every three or five years if you are younger than 74 with a personal history of adenomas . Colonoscopy is recommended every five years if you have a significant family history of colon cancer , including: <ul style="list-style-type: none">• One first-degree relative (parent, sibling or child) with colon cancer diagnosed under age 60; or,• Two or more first-degree relatives with colon cancer diagnosed at any age. For those with a family history of colon cancer, colonoscopy screening can start at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative – whichever is earliest.	

What if I have a personal history of colon cancer, ulcerative colitis or Crohn's disease?

You should continue to obtain care through your health care provider as you have individual needs that cannot be met with a population approach to screening.

What are some things I should consider about colon screening?

- Colon screening has been shown to decrease the chance of dying from colon cancer. However, there is no perfect screening test and some people will die from colon cancer even if they have screening. A FIT may be abnormal when there is nothing wrong. A FIT may also be normal when there is a cancer or polyp in the colon. Some polyps and cancers do not bleed or may not be bleeding at the time the test was done.
- Screening may lead to additional tests to determine the reason for an abnormal screening result. It does not mean a cancer was found. The majority of those called back for additional tests will not have cancer.
- Certain cancers may never cause any symptoms or affect life expectancy or quality of life. However, research shows that most colon cancers are harmful and that colon cancer should be detected and treated as early as possible.
- There can be risks with colonoscopy such as bleeding and bowel perforation, and in rare cases, death.

Contact Us

BC Cancer Colon Screening
801-686 West Broadway Vancouver, BC V5Z 1G1

Phone: 1-877-702-6566

Email: screening@bccancer.bc.ca

Web: www.screeningbc.ca/colon

Your personal information is collected and protected from unauthorized use and disclosure, in accordance with the Personal Information Protection Act and, when applicable, the Freedom of Information and Protection of Privacy Act. This information may be used and disclosed only as provided by those Acts, and will be used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law.

Any questions regarding the collection of the information by BC Cancer can be directed to the Operations Director, Cancer Screening (address: 801 – 686 West Broadway, Vancouver BC V5Z 1G1, web: www.screeningbc.ca or email: screening@bccancer.bc.ca)

Colonoscopy

Answering your questions about colonoscopy

What is a colonoscopy?

Colonoscopy is a procedure that allows a colonoscopist to see the inside lining of the rectum and colon using a special instrument called a colonoscope.

A colonoscope is a flexible tube with a miniature camera attached to one end so that the colonoscopist can take pictures and videos of your colon. During a colonoscopy, tissue samples can be collected and polyps can be removed.

The procedure is performed by a colonoscopist (physician trained to perform a colonoscopy) and usually takes 20 to 45 minutes to complete.

You will be closely monitored before, during and after the procedure.

Before the colonoscopy

- Expect to be at the hospital for two to three hours.
- You will be asked to change into a gown.
- A nurse will complete your admission history and measure your vital signs.
- You will be asked to provide a list of your medications.
- A nurse will start an intravenous (IV) to administer sedation and pain medication.

What happens during a colonoscopy?

- A colonoscopist inserts the colonoscope into the rectum and advances it along the length of the colon.
- Air is sent through the colonoscope to expand the colon for better viewing. It is normal throughout the procedure to feel slight pressure or experience cramps.
- Images of the lining of the rectum and colon are sent to a video monitor where the colonoscopist will look for anything unusual, like a polyp. A polyp is a small growth of tissue on the wall of the intestine.
- Polyps can grow very slowly, and some can become cancerous. It may be necessary to take a sample (biopsy) or remove the polyp (polypectomy). This is painless.
- The biopsy or polyp is then sent to a lab for analysis.

What happens after a colonoscopy?

- Have an adult accompany you home. You cannot drive until the following day.
- You may be sleepy after you arrive home from the procedure. It is recommended that you do not operate equipment, sign legal papers or drink alcohol until the following day.
- You will be able to resume your regular diet and medications after your colonoscopy, unless otherwise directed by the health care team in your community.
- The air inside your colon may cause you to feel bloated and/or have cramping after the procedure. It is important to relax and pass the air as soon as possible. If this discomfort increases or is unrelieved, go to the emergency department and advise them that you had a colonoscopy.

What do I need to know about my colonoscopy results?

You will be given preliminary results before you leave the hospital. Then, approximately two weeks after your procedure, the health care team in your community will inform you of your complete results and answer your questions during the follow up call. Your doctor will also receive your results.

If your colonoscopy is normal, your family history will determine when you will be re-screened. The health care team in your community will advise you of your next screening date.

If your colonoscopy is abnormal, further procedures or more regular surveillance may be necessary. The health care team in your community or your doctor will explain the process for further appointments and next steps.

Who should get a colonoscopy?

Colonoscopy is recommended for individuals up to age 74 (inclusive), including those with:

- An abnormal fecal immunochemical test (FIT) result; or,
- A personal history of adenomas. Adenomas are a type of precancerous polyp; or,
- One first degree relative (parent, sibling or child) with colon cancer diagnosed under the age of 60; or,*
- Two or more first degree relatives with colon cancer diagnosed at any age.*

*For those with a family history of colon cancer, colonoscopy screening can start at age 40 or 10 years younger than the age of diagnosis of the youngest affected first degree relative – whichever is earliest.

Are there any risks with colonoscopy?

As with any medical procedure, colonoscopy has a small risk of complications.

Approximately 5/1,000 people will have a serious complication. Complications can include a reaction to the bowel preparation or medication used for sedation, heart or lung problems, an infection, bleeding from the colon and/or perforation of the colon (hole in the colon).

If a complication occurs, treatment including antibiotics, blood transfusion, hospitalization, repeat colonoscopy or surgery may be required. The risk of dying from colonoscopy is less than 1/14,000. There is also a risk of missing a significant abnormality. This occurs in less than 1/10 cases.

Certain cancers may never cause any symptoms or affect life expectancy or quality of life. However, research shows that most colon cancers are harmful and that colon cancer should be detected and treated as early as possible.

Contact Us

BC Cancer Colon Screening
801-686 West Broadway Vancouver, BC V5Z 1G1

Phone: 1-877-702-6566

Email: screening@bccancer.bc.ca

Web: www.screeningbc.ca/colon

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Colonoscopy – Frequently Asked Questions

Can I drink anything other than water?

Yes. Make sure you drink different types of clear fluids. This helps keep you hydrated and prevents you from feeling sick (nauseated).

Clear liquids can be any of the following:

- water
- clear broth
- black coffee or tea without cream or powdered creamer
- apple and white grape juice
- other non-citrus juices without pulp
- Gatorade
- Kool-Aid
- ginger ale,
- diet or regular 7-Up or Sprite
- diet or regular colas
- Popsicles
- Jell-O without added fruit
- honey and hard candies without filling.

Why can't I drink anything red or purple during my clear liquid diet?

When you drink something red or purple, it can stain the colon or look like small amounts of blood. To help make sure you have a proper exam, do not drink anything in these colours.

Can I have sugar in my coffee or tea during my clear liquid diet?

Yes. You can use sugar or sugar substitutes in your drinks during your clear liquid diet.

Can I have cream in my coffee or tea?

No. Do not drink any dairy products such as milk, cream and powdered creamer.

Can I drink alcohol during the prep?

No. Alcohol can cause dehydration. Do not drink alcoholic drinks the day before or the day of your procedure.

Why do I have to stop drinking 2 hours before I come in?

Liquids could go into your lungs causing serious complications when you are sedated. You must stop all clear liquids 2 hours before your arrival time so your stomach has time to empty.

Can I eat any solid food the day before my procedure?

No. Do not eat any solid food starting at 12:00a.m. (midnight) the day before your procedure. This includes breakfast. Your colon must be completely empty in order to have the procedure done. If your colon is not completely clean the doctor might not be able to do the procedure.

Why can't I eat popcorn, nuts, and seeds for 5 days before my procedure?

The seeds and nuts could stay in the colon for days. Nuts and seeds can make it hard for the doctor to see your colon. They can also clog the scope we use for the procedure.

Can I chew gum during the prep?

No.

Can I take other medications before the procedure?

Yes. You should take prescribed medication, as directed, both on the preparation day and on the day of the procedure.

I am diabetic. What should I do about my insulin or medication I take by mouth?

Call the doctor that manages your diabetes and tell them you are booked for a colonoscopy. That doctor will decide how to change your medication dose.

Can I still take my blood thinner medication?

If you take medication blood thinners (antiplatelets) you might need to change your dose or even stop taking the medication. Talk to your doctor about taking these medications before your colonoscopy.

How long will the colonoscopy take?

The procedure usually takes about 30 to 40 minutes. You should plan to be at the hospital for about 2 and a half hours. You arrive at the hospital one hour before your procedure and will stay at the hospital for about one hour afterwards. The amount of time can be different from patient to patient, depending on how much sedation medicine we give you and how you feel afterwards.

Why can't I drive myself home after my procedure?

The sedation medicine we give you during the procedure impairs your judgment and reflexes. You are not allowed to drive, by law, for 24 hours after your procedure.

Can I take a bus or a taxi home by myself after my procedure?

No. A trusted person must be with you to drive you home or go with you in a taxi.

I already have diarrhea before starting my prep, do I still have to take all of the laxatives?

Yes. You must follow the preparation instructions we gave you. Your colon is about 6 feet long and must be completely emptied to help make sure you have accurate and thorough exam.

I am very thin. Do I still have to take all of the laxatives?

Yes.

I started my laxatives and I haven't had a bowel movement yet. What should I do?

Some people have a bowel movement right after starting the laxatives. Other people might take 2 hours or longer. Keep drinking clear liquids and following your bowel prep instructions.

I seem to be all cleaned out but I haven't finished my laxatives, do I have to finish them?

Yes. Your colon must and must be completely emptied.

I feel like I am going to throw up. What should I do?

You can take a short break from drinking the laxatives. Try drinking ginger ale or another clear liquid to help settle your stomach. Continue your prep as soon as the feeling is less or goes away.

Can I use ointment or cream during my prep to avoid anal irritation?

Yes. You can use Desitin, A & D ointment, Vaseline or any other cream during the prep.

Can I smoke during the prep?

Yes.

Can I brush my teeth the morning of my procedure?

Yes.

Can I take my antianxiety medications the morning of my procedure?

Yes. You may take your antianxiety medications with a small sip of water.

Can I have soup during my clear liquid diet?

You can only have broth. You may not have noodles, meat, or vegetables.

Can I have a colonoscopy if I am having my menstrual period?

Yes.

Will the procedure hurt?

You will be given sedation during the procedure to help you stay comfortable.

When can I eat after my procedure?

Usually, you can eat right after your procedure. Try not to eat greasy or spicy foods. Sometimes, the medicines we gave you can make you feel sick (nauseas). You might not want to eat much food until the next day.

After the procedure, when will I have a normal bowel movement?

Because your intestines were completely cleaned out for your procedure, it might take a 2 days of eating solid foods before you have a bowel movement (go poop).

I am having a lot of pain after my procedure. What should I do?

Some discomfort after the procedure is normal. If you are having a lot of pain in your belly or bleeding from your rectum, you should go to the emergency room.

Can I go back to work after my procedure?

You should plan to stay at home for the rest of the day because the sedation medicine we gave you can make you feel tired and you might not think properly. You can go back to your regular activities the day after your procedure.

Hospital Address and Registration Information

Abbotsford Regional Hospital	32900 Marshall Road, Abbotsford, BC 3 rd floor, General Daycare
Burnaby Hospital	3935 Kincaid Street, Burnaby, BC 1 st floor, Main Registration Then go to 4 th floor, Ambulatory Daycare
Chilliwack General Hospital	45600 Menholm Road, Chilliwack, BC 1 st floor, Ambulatory Daycare
Delta Hospital	5800 Mountain View Boulevard, Delta, BC Emergency Room
Eagle Ridge Hospital	475 Guildford Way, Port Moody, BC Emergency Registration entrance, Ambulatory Care
Jim Pattison Outpatient Centre	9750 140 th street, Surrey, BC 4 th floor, Ambulatory Daycare
Langley Memorial Hospital	22501 Fraser Highway, Langley, BC 1 st floor, Ambulatory Daycare
New Westminster Surgical Centre	501 – 223 Nelson's Crescent, New Westminster, BC Parking is available on the P2 level off Nelson's Crescent
Peace Arch Hospital	15521 Russell Avenue, White Rock, BC Enter from east door Registration across from outpatient lab on main floor
Royal Columbian Hospital	330 East Columbia Street, New Westminster, BC Main lobby registration
Ridge Meadows Hospital	11666 Laity Street, Maple Ridge, BC Main registration desk
Surrey Memorial Hospital	13750 96 th Avenue, Surrey, BC Enter from 96 th Avenue main door Main floor, Ambulatory Daycare

If you have any questions, please contact one of the offices below

Abbotsford, Chilliwack, Maple Ridge (East office)	Phone: 604-854-2170
Delta, Surrey, Langley, White Rock (South office)	Phone: 604-953-6162
Burnaby, Port Moody, New Westminster (North Office)	Phone: 604-777-8344



www.fraserhealth.ca

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