

PATIENT INSTRUCTIONS**UPPER ENDOSCOPY & COLONOSCOPY (PegLyte)**

Patient Name: _____ **Date of Birth:** _____ **Health Card:** _____
Appointment Date: _____ **Arrival Time:** _____ **Physician:** _____

LOCATION:

London Digestive Disease Institute
785 Wonderland Road South, Suite 253A (Westmount Shopping Centre)
London, ON N6K 1M6

If you have questions regarding your procedure or cannot attend, please contact the office immediately. Wait lists for this procedure are very long and it is important to give at least one week's notice to cancel or reschedule so that your appointment may be offered to another patient.

ENDOSCOPIC PROCEDURE - IMPORTANT INSTRUCTIONS

- Sedation (usually with a medication called propofol) is used for endoscopic procedures.
 - **You must have an adult (family member or friend) who will stay in the waiting room or inside of Westmount Shopping Centre during the procedure and drive you home afterwards. You cannot drive yourself home.**
- If you choose not to receive sedation, you may go home alone, but the procedure may be uncomfortable and incomplete.
- Please complete your 'LDDI Pre-Endoscopy Anesthesia Patient Questionnaire' prior to your procedure. The document can be faxed to (226) 289-0281, emailed to info@lddi.ca, or hand delivered to the clinic.

Please bring the following items to your appointment:

- Your health card
- A current list of all medications you take and allergies
- A reusable bag for your belongings
- A copy of your completed LDDI Pre-Endoscopy Anesthesia Patient Questionnaire
- *Please avoid wearing jewelry, perfume, or cologne*

MEDICATIONS & MEDICAL CONDITIONS

- Oral iron supplements must be stopped 7 days prior to your procedure.
- If you take blood thinners (other than aspirin), contact the office immediately for specific instructions. You may be instructed to alter your medication several days prior to your procedure.
 - Examples: Plavix (clopidogrel), Ticlid (ticlopidine), Brilinta (ticagrelor), Coumadin (warfarin), Pradaxa (dabigatran), Eliquis (apixaban), Xarelto (rivaroxaban)
- If you have diabetes and take insulin or other medications, contact the office immediately for specific instructions. You may be instructed to alter your medication several days prior to your procedure. Please ensure you bring your insulin or medication on the day of your procedure.
- Stop GLP-1 medications 14 days before your appointment.
 - Examples: Ozempic (semaglutide), Saxenda (liraglutide), Wegovy, Rybelus (semaglutide)
- Continue all other medications as usual, including the day of the procedure.

HOW TO PREPARE

The following medication can be purchased over the counter at your pharmacy:

One (1) Bottle (4L) of PegLyte.

Note: Please follow the instructions listed below and not those on the product box.

One Week Prior To Your Procedure:

- Stop eating nuts, seeds (poppy seeds, flax seeds and sesame seeds), corn, popcorn, fruits containing seeds (kiwi, raspberries, strawberries, tomatoes, cucumbers).

One Day Before Your Procedure

- Consume clear fluids only all day. NO SOLID FOOD.
 - Examples: water, apple juice, ENSURE® Clear (apple flavour), sports drinks, clear broth, popsicles, Jell-O, black coffee or tea (no milk/cream). *Please avoid RED, BLUE, PURPLE coloured drinks*.
- Expect cramping and diarrhea during the entire preparation – stay near a bathroom.
- Add water to the PegLyte bottle up to the 4L mark.
- Replace the cap, shake well, and refrigerate to improve taste.
- 5:00PM:
 - Start drinking 1 glass (240 mL) every 10 minutes.
 - This will take 60–90 minutes to drink 2L.
 - Refrigerate the remaining 2L for the next morning.
 - Continue drinking clear fluids throughout the evening.

Procedure Day

- NO SOLID FOOD.
- 6 Hours Before Your Arrival Time:
 - Begin drinking the remaining 2L of PegLyte.
 - Drink 1 glass (240mL) every 10 minutes over 60-90 minutes until it is all gone.
 - Continue clear fluids after this but you must stop all fluids 2 hours before your arrival time.
 - Do not chew gum or suck on candy.

Additional Preparation Instructions:

UNDERSTANDING YOUR PROCEDURE

What are Upper Endoscopy and Colonoscopy?

Upper endoscopy uses a long, thin, flexible tube with a camera to examine your esophagus, stomach, and upper part of the small intestine (via the mouth). It helps investigate symptoms such as heartburn, difficulty swallowing, vomiting, bleeding, and abdominal pain.

Colonoscopy uses a thin, flexible tube with a camera to examine your colon (large bowel) and terminal ileum (lower part of the small bowel). It helps investigate symptoms such as bleeding, diarrhea, constipation, abdominal pain, and screening for colon polyps and cancer.

During the procedure, the doctor may:

- Take a biopsy (a small tissue sample).
- Perform a dilation of a narrowed area to treat swallowing difficulties.
- Remove polyps (abnormal growths that can become cancerous) – you will not feel the biopsy or polyp removal.

What to Expect During and After Your Procedure

- You will lie on your left side and receive sedation through an intravenous to help you feel sleepy.
- A spray may be given to the back of your throat to make it feel numb.
- There may be some discomfort during the procedure; however, it is usually well-tolerated due to the sedation.
- You may feel bloating or need to burp or pass gas (fart) during the procedure due to air being introduced into the stomach or colon.
- You will stay in recovery for at least 30 minutes or until the sedation wears off.
- Afterwards, you can eat and drink as usual unless specified by your physician.
- Avoid alcohol or driving a vehicle for at least 12 hours.

RISKS AND COMPLICATIONS

This procedure is generally very safe. However, potential complications include:

- Sedation-related issues: low blood pressure, low oxygen, aspiration (stomach contents going into the lungs), or difficulty waking.
- Bleeding from biopsy site – usually minor.
- Bleeding from polyp site – risk is about 1 in 200 and usually stops on its own, but may require hospitalization, IV fluids, blood transfusion, additional procedures to stop the bleeding, or surgery.
- Perforation (a tear in the digestive tract wall):
 - Occurs in about 1 in 10,000 upper endoscopy procedures.
 - The risk of perforation is higher if a dilation is performed, about 1 in 2,000.
 - Occurs in about 1 in 1,000 colonoscopy procedures.
 - May require hospitalization, IV fluids, blood transfusion, antibiotics, surgery, or an ostomy bag.

Limitations: This test is not perfect — in some cases; polyps and lesions in the digestive tract or serious problems are not seen or can be missed.