

### COVID-19 Precautions

All hospital activities are under the supervision of the Ministry of Health, which will resume a lockdown if needed.

All precautions are taken in the hospital. All staff in endoscopy have been vaccinated.

Please advise us promptly if you have any sign or symptoms that suggest COVID.

Thank you

### Getting ready for a colonoscopy

1. print and read these forms.

2. Please call the office 416-463-6053 anytime to:

- confirm that you have the material, and to ask any questions you may have.
- confirm that you have an escort home
- the sample prep sheet gives an example of how the laxatives are to be taken each day if the scope date were to be March 10
- a blank prep sheet is for your use

3. get the laxatives, all available over the counter, no prescription needed.

If you need a script, the doctor can give you a signed prescription when you arrive for the test.

Or, get the pharmacy to fax the script to the office; we will respond within 2 business days.

4. please fill out the "Anesthesia Questionnaire" and Consent form and bring both with you to the hospital and give them to the doctor.

5. please make sure that you use the washroom after you arrive at the endoscopy unit, to help completely clear the bowels.

# COLONOSCOPY

**Test Location:** Michael Garron Hospital (Toronto East General Hospital), 825 Coxwell Avenue-(use Coxwell Avenue entrance) . After screening, please go to the Admitting Dept. (Main Floor) to register, then to B6 Endoscopy Dept.

**Arrival Date and Time:** Due to COVID restrictions, please arrive on time. The goal is to minimize total time for you in the hospital.

*March 10 date is an example*

## 7-10 Days Pre-Test:

On receipt of this prep sheet, please call my office at 416-463-6053 to confirm. Stop all iron pills 7 days before the test. Get the laxatives. Please ensure that you can meet the COVID screening questions (fever, cough, exposure to someone etc).

For each of 3 days before the test, each day take 1 Dulcolax Tablets at bedtime. Eat your usual diet, but avoid seeds.

*March 6+7+8*

## Day Before Test:

- Take 1 Dulcolax Tablet at 10:00AM. Eat a light breakfast (eggs and bread-no seeds)
- Afterwards take clear fluids only (clear broth, pop, juice, jello, tea, coffee, etc. – milk is okay).
- Take 1 bottle of Citro-Mag at 3PM (330ml) – it may taste better if chilled – with 1-2 liters of Gatorade (avoid the red color). Each patient is unique, but it generally takes 1-2 hours to work, with diarrhea lasting from some 3-4 hours afterwards. Vaseline can help soothe the bottom.
- All laxatives taste salty, and are better if chilled. The Gatorade minimizes the risks of dehydration. Clear Apple juice is an alternative.
- Take all your usual medications. Take the morning dose of diabetic pills and insulin, and no diabetic meds afterwards as you will not be eating.
- Please take all your preparation as directed since polyps and tumours can be missed if the bowel is not completely clear of residue

*March 9*

## Day of Test

Take 1 bottle of Citro-Mag by mouth at 4:00 am with 1 liter Gatorade (no red) or clear apple juice. The diarrhea usually finishes in 3-4 hours. No breakfast or solid food until after the test. Water or black coffee/tea is OK (but NO milk). No fluids for the 3 hours before arrival. Take all your usual morning BP and heart medications (but no water pills). For diabetics take no meds/insulin, as the goal is to keep the sugar between 4-20 (high). The procedure takes 30mins, but the total time spent in the hospital is about 2 hours . In the endo unit, after changing, please use the toilet to complete the purge.

*March 10*

## After The Test

If you receive any sedation for the test, you are legally impaired--you cannot drive home after the test and cannot drive until the following morning). All hospitals require a mandatory escort home. A cab/ Uber does not count as an escort. You can start eating 1HR after the test; avoid fatty food until the bloating has gone. After the test, I will give you a brief written report. The full report takes 2-3 days to get to your doctor **After the test, in the rare event that you have severe pain, fever, or bleeding – please go to the nearest emergency room immediately and show them the report** (the office cannot do the needed emergency tests). Call the office from the ER. Please do not hesitate to ask me or your family doctor if you have any questions about the test.

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**Dr. Nanda Gopinath, M.D., F.R.C.P.(C)**  
**Gastroenterology & Internal Medicine**

Medicine Professional Corporation

Suite 201-840 Coxwell Avenue, Toronto, M4C 5T2

tel: 416-463-6053

fax:416-463-6052

Dear Pharmacy

Fax:

Please dispense the laxative prep for this patient for their colonoscopy.

Please also give the attached prep sheet and consent form to the patient.

In these pandemic times, thank you in advance for facilitating health care.

Dulcolax 5 tabs for 5 tablets (or a pack of 10)

CitroMag 2 bottles

If CitroMag is not available, please substitute with  
PurgODan for " 2 sachets".

This fax contains legally privileged and confidential information. It is intended for the addressee named above. If you are not the intended addressee, any disclosure, copying or distribution of the information, or the taking of any action in reliance on it, is strictly prohibited. If this fax is received in error, please notify us by telephone at 416-463-6053 (call collect if necessary), and please return the original by mail or fax, and do not make a copy. Thank you.

**CONSENT FOR OPERATION, DIAGNOSTIC  
TEST, MEDICAL TREATMENT and  
BLOOD TRANSFUSION**



F-745

*Patient Label*

This form tells you about your rights.

Please **read** the form.

**Ask** about any part you do not understand.

**Be sure** you have your questions answered **before** you sign this form.

When you **sign** it, you are giving us permission to do this surgery or procedure or treatment.

For **Blood Transfusion** you are **signing** to **accept/refuse** the transfusion or that you do not need a blood transfusion after checking one of the options in the box.

I \_\_\_\_\_ give permission for  
(Name of patient)

**Gopinath**

Doctor \_\_\_\_\_ to perform  
(Name of Doctor)

**Colonoscopy +/- biopsy / polypectomy**

Risks: bleeding → transfusion  
perforation → operation  
sedation  
missed cancer

\_\_\_\_\_  
(Name of Operation and/or Procedure and/or Treatment, e.g. Blood products)

I understand that my doctor may need to do extra tests or procedures during the operation that are needed right away. I know that Michael Garron Hospital is a teaching hospital. This means that other doctors, residents and medical students may help in my care under the supervision of my doctor.

My doctor or health practitioner has explained my surgery or procedure to me and

- I understand the reason for my surgery or procedure or treatment and/or blood transfusion
- I understand the benefits of my surgery or procedure or treatment and/or blood transfusion
- I understand the possible risks of my surgery or procedure or treatment and/or blood transfusion
- I understand there is no guarantee of the results
- I understand the doctor may remove tissue or body parts during this surgery or procedure. If it is not used for lab studies or teaching, it will be disposed of, as the law requires.

- I consent to receive blood transfusion and/or blood product.
  - I **DO NOT** consent to receive a blood transfusion and/or blood products.
  - I have received the Blood Transfusion Brochure.
  - Not Applicable means it is not anticipated that I will need blood at this time.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient/Substitute Decision Maker

\_\_\_\_\_  
Relationship of Substitute Decision Maker to Patient

\_\_\_\_\_  
Please print name

*If the patient does not read or understand English this consent **must** be interpreted for the patient.*

\_\_\_\_\_  
Signature of Interpreter/ID Number

\_\_\_\_\_  
Please Print your Relationship to Patient

# ANAESTHESIA PRE-ENDO QUESTIONNAIRE



SP-782

*Patient Label*

<b>Weight:</b>	kg/lbs	<b>Height:</b>	cm/ft
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**Who is escorting the patient home? Name:** \_\_\_\_\_ **Cell Phone No:** \_\_\_\_\_

**Please list any medications you currently take (prescribed, over-the-counter, herbal):**

none

**Please list any allergies to medications or food:**

none

**Do you or have you ever had any of the following conditions:**

	No	Yes	Don't Know	Details
Any possibility of pregnancy				
High blood pressure				
Heart attack / angina				
Atrial fibrillation / palpitations				
Stroke or mini-stroke (TIA), Seizure Disorder				
Diabetes				
Smoking				
Shortness of breath				
Asthma				
Chronic Obstructive Pulmonary Disease (COPD)				
Recent cough / cold / wheezing				
Sleep apnea				
Hiatus hernia / reflux (GERD) / heartburn				
Liver problems or hepatitis				
Kidney problems				
Bleeding tendencies				
Street drug use				
Drink any alcohol (please specify # of drinks/week)				
Communicable disease (eg. HIV, hepatitis, herpes)				
Artificial body parts (joints, plates, implants, contact lenses)				
Previous reaction to general anesthetics				
Family history of problems with anesthetics				

**Please list any previous surgeries or ongoing medical problems not listed above:**

none

**Please do not eat or drink any solid food on the day of the procedure.** You may have water, clear tea, black coffee, (NO milk or cream), or clear apple juice until 2 hours prior to your scheduled procedure. Do not suck on any hard candy or chew gum at least 2 hour prior to the procedure.

**Please take your usual medications with sips of water on the day of surgery with the exception of diabetic medications, and blood thinners. If you take insulin please ask your doctor if you should take any insulin on the day of the procedure.**