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BOWEL PREPARATION FOR COLONOSCOPY

**READ THIS DOCUMENT CAREFULLY AND COMPLETELY ONE WEEK
BEFORE THE DATE OF YOUR PROCEDURE.**

The package of information that you will receive in order to prepare for colonoscopy includes 4 sections, this first introductory 2-pager (document A), a general page regarding coming for any endoscopic procedure at RVH (document B), a 3-page information and consent document (“understanding colonoscopy” - document C), that **you will need to read, understand, and sign, before coming to the hospital**, and the specific preparation instructions (document D), which includes a list of what you need to pick up (purchase), and important instructions on when and how to take it, and also helpful tips. **Some of the instructions need to be done a week before coming to the hospital.**

If you need a colonoscopy, you need to have it done properly, and apart from the operator-dependent factors (ie the doctor’s expertise), the most important predictor of both success and safety is the cleanliness of the colon, produced by the **prep** (preparation). The success of colonoscopy is defined by finding any polyps, and less commonly cancer, and by removing any polyps, preventing the development of colon cancer over the subsequent years before the next colonoscopy.

We already know, from many studies, even in the best scenarios, that 10-20% of polyps are missed, due to limitations in the technology. To keep that number as low as possible, we need to have the colon meticulously cleansed.

If there are no polyps, you would not need another colonoscopy for 5-10 years, depending on the family history, and how many polyps you had before, or maybe never (now there is a FIT screening program) but you would want to know that your colon was meticulously clean, and meticulously examined.

The most effective preps are given by “split prep” which requires the second half of the preparation on the day of the procedure, several hours before the time of the procedure itself, and **this may involve you getting up quite early**. If you consider that **this is a potentially lifesaving intervention**, and one that could be only every 5-10 years, hopefully you will accept that getting up much earlier than usual, on this special occasion, is a small price to pay. By taking the “split prep”, ie splitting the prep into 2 sessions, there is also significant improvement in tolerability, and that means less nausea, less bloating, and reduced chance of vomiting.

The prep has been carefully calculated to minimize the likelihood of you having further bowel activity after starting your trip to the hospital. In addition, an anti-diarrheal agent is provided, at the end of the prep, which helps to slow down bowel activity, and interestingly, also improves cleanliness of the colon, by preventing passage of bile into the colon in the last few hours before the colonoscopy.

There are some choices, depending on your previous experience, which can be discussed with the office staff. Patients over the age of 75, or with obesity, chronic constipation, or other chronic medical conditions may have less choice, and it is even more important in this situation to **do it once, and do it right**. You will have plenty of time to read a good book, several magazines, or surf the Internet.

You need to watch the first 2 of these videos – the rest are “bonus” (our website has this document, under “colon cancer screening”, and also under “helpful documents” and this will give you hotlinks for the videos, to save you typing in these addresses). If you cannot view the videos, don’t worry, follow all written instructions carefully, and try and read “One and Done”, on the website (under “helpful documents” near the bottom) – if there are any differences between “One and Done”, and the other documents, follow the ones that are specific to Dr Lalor’s office, ie A, B, C and D :

- 1) <https://youtu.be/eA1PIMa1ULg> - a helpful review of everything you need to know, from Dr Chutkan, with the ASGE – (10 minutes and 8 seconds).
- 2) <https://cdhf.ca/digestive-disorders/colon-cancer/proper-bowel-prep-can-save-your-life/> - CDHF video (7½ minutes) on bowel prep for colonoscopy.
- 3) <https://www.youtube.com/watch?v=xd1N0WOcd5A> – a very good and helpful video (15 minutes) from Dr Butterfly, Dartmouth-Hitchcock Medical Center, New Hampshire.
- 4) <https://www.youtube.com/watch?v=UOiiNfiU3K0> – a very good video (8 minutes), with pictures of polyps, from MD Anderson Cancer Center, Texas.
- 5) <https://www.youtube.com/watch?v=cGhhEceLzkc> – a good video (5 minutes) from NorthShore University System, Evanston, Illinois.
- 6) <https://www.youtube.com/watch?v=CibHiWvRl6M> - Homer’s colonoscopy – if you like the Simpsons.
- 7) More colon humor:
 - 8) <https://www.youtube.com/watch?v=eWwKQjUyoUc> (Will Smith)
 - 9) https://youtu.be/wlCLHf76q_w (Working Where the Sun don’t Shine)
 - 10) <https://youtu.be/wmKnf7QhuSo> (Creedence Clearwater)
 - 11) <https://www.youtube.com/watch?v=QIIgo72c5H8&t=16s> (Lou Rawls and Damon Wayans)
 - 12) <https://www.youtube.com/watch?v=nvrzUngEQRw> (Billy Connolly)

You can also check out our website (www.drlalor.ca), which includes a number of documents and links to important websites related to many gastroenterology topics and colorectal cancer (see “health information” > “colon cancer screening” - see, for example “One and Done” - **if there are any differences between One and Done, and the other documents, follow the ones that are specific to Dr Lalor’s office, ie A, B, C and D).**

As Dr. David Armstrong says in the #2 video, above, most patients, when interviewed afterwards, say that it was not nearly as bad as they thought it might be, and that opinion includes the bowel prep. Colorectal cancer is the second leading cause of cancer deaths in North America, and colorectal cancer is the only cancer for which there is good evidence that screening reduces incidence and mortality of colorectal cancer. There is also good evidence that colon cancer screening is cost-effective, and finally, that the risks, and any discomfort or inconvenience, are significantly outweighed by the benefits.

Because there is a long waiting list for colonoscopy, we have to enforce a cancellation/rescheduling policy - cancellation or rescheduling within 5 business days will involve a fee of \$200.