

Name of Patient: _____



Thornhill Endoscopy Centre
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LASER PROCEDURE INSTRUCTIONS

If you are taking Ozempic or other GLP-1 medication(s) for diabetes, you need to stop the medication(s) at least 7 days before your scope appointment.

The day before the procedure:

1. Eat as you normally would including dinner. After dinner, no more food until after the procedure.
2. After dinner, take 1 sachet of Pico-Salax and mix it in a mug of water OR 2 Dulcolax tablets. Follow up with 2L of clear fluids immediately thereafter.

The day of the procedure:

1. You can drink any clear fluids up to 4 hours before your scheduled procedure. Clear fluids include apple juice, pop, tea or coffee (no cream or milk), jello (not red, blue or purple), popsicles, and clear broth.
2. 2 hours before leaving your house in the morning: Use 2 Fleet Enemas (available at your local drug store without prescription; do not use the oil enema). Insert the first fleet enema into the rectum and squeeze all of it. Hold it in for 5 to 10 minutes and use the toilet to empty fully. After you have emptied out the first enema, use the second enema in the same way. The knee-chest position and on your left side are both good.

Note:

- If you are getting sedation (as per your doctor or personal preference), you must bring someone with you to drive you home, as you will NOT be allowed to drive for 24 hours after the procedure.
- If you are on blood thinners (such as Coumadin or Plavix), you may continue taking them as usual. However, if a polyp is found and needs to be removed, you may need to return after discontinuing your blood thinners for several days before your procedure; you must check with your family physician or cardiologist first, and make sure it is safe to discontinue these medications.
- If you are a diabetic and take diabetic medications or insulin, you should consult your family physician before your procedure. You may take one can of Ensure at each mealtime.

I have read this page, understood its content, and have followed its instructions (if any) as above. _____

SIGNATURE OF PATIENT