

## Preparation Instructions

If you have a **MORNING** test:

Avoid nuts and seeds for 3 days before the examination.

**ONE DAY BEFORE YOUR TEST**, you can have only clear fluids (you can see through the fluid). No solid food all day.

**\*\*\* CLEAR FLUIDS \*\*\*** include broth/consommé (only the liquid), Jell-O (not red colour), apple juice, Sprite or Gingerale, and tea without milk (no coffee).

**ON THE MORNING OF THE TEST**, you should take your medications (EXCEPT Aspirin, Plavix, Coumadin, Diabetes medications, and Iron) and have clear fluids **UP TO 2 HOURS BEFORE YOUR PROCEDURE**. Stop Aspirin **one week before appointment**. Do not chew gum on the day of your procedure.

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### Laxative

You will need to take the following cleansing preparation. Please follow these instructions carefully. If you are not clean, it may affect the quality of your procedure.

#### **DULCOLAX**

Take **2 tablets** of Dulcolax 5mg. (10mg in total) **TWO DAYS BEFORE** the test **with your breakfast (any time)**.

#### **PICO SALAX**

Your preparation will consist of drinking two sachets of PICO SALAX each mixed with one glass of water.

- Take the first dose of PICO SALAX at 1pm one day before the test and the second dose at 9pm one day before the test.

DULCOLAX and PICO SALAX can be found at any major pharmacy and can be bought over the counter. If you need a prescription for insurance purposes, then you may pick up a prescription from our office at any time before your test.

It is very important to drink **plenty of fluids** during your preparation. **Gatorade** (NOT RED COLOUR) is the preferred fluid because it provides rehydration and electrolytes, and it also optimizes the preparation.

**You CANNOT take PICO SALAX if you have kidney or heart disease.**

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### The Day of The Test

You will be advised of the location and timing of your examination. You cannot drive afterwards, **so you will need someone to drive you home**. There is a fee for **cancellations** without 3 business days notice.

# COLONOSCOPY

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Date of Procedure: \_\_\_\_\_

Admission Time: \_\_\_\_\_

Procedure Time: \_\_\_\_\_

## PATIENT INFORMATION

### **SCOPE CLINIC**

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