

Colorectal Cancer Diagnostic Assessment Unit Referral Form

Fax completed form to (416) 469-6361

DATE OF REFERRAL:

REASON FOR REFERRAL TO COLORECTAL CANCER DIAGNOSTIC ASSESSMENT UNIT

- [] Patient referred after a positive FOBT **please specify Date of Positive Test:** _____
- [] Patient referred because a first-degree relative had colorectal cancer (please specify relative): _____
- [] Symptomatic: Describe _____

REFERRING PHYSICIAN INFORMATION

PATIENT INFORMATION

Name:		Last Name
Physician Number:	Physician Signature:	First Name
Address:		Address:
Phone:	Fax:	OHIP/VC:

PATIENT SPECIAL CONSIDERATIONS

Day Phone:	Home Phone:
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Does patient have any special needs (e.g. language translation?) [] No [] Yes (Specify):	D.O.B. (dd/mmm/yy):	Sex: [] Female [] Male
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Is patient capable of providing informed consent? [] Yes [] No (reason):	Primary Contact (Last Name, First Name):
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Any other relevant medical history or contact precautions (i.e. MRSA) to be aware of? [] No [] Yes: _____ [] Preparatory instructions given to patient	Relationship to Patient
	Best Phone # to Contact Individual

MEDICAL INFORMATION

ALLERGIES: [] No known drug allergies Other: _____

PAST MEDICAL HISTORY:

[] Acute medical condition requiring hospitalization in past year:
[] Previous colonoscopy: [] YES [] NO. If yes, When _____; Where: _____ [] Attached report

[] Aortic Stenosis	[] COPD	[] Diabetes	[] Renal Insufficiency
[] MI/ Angina/CABG/PTCA	[] Asthma	[] Hypertension	[] Seizures
[] Valvular Heart Surgery	[] Other Respiratory Disease	[] Hypoglycemia	[] Neurological Disease
[] CHF	[] Hx of Abdominal Surgery:	[] Hip/ Knee replaced <6mths ago	
[] Pacemaker	[] Hx of GI Illness:	[] Kidney Disease	
[] Sleep apnea	[] Hx of Liver Disease		

COMMENT/OTHER:

MEDICATIONS: check any in use

Is patient on: [] **anticoagulants**, [] **ASA**, [] **NSAIDS**, [] **Coumadin**, [] **Plavix** or other anticoagulants: _____
Other: _____

INTERNAL USE ONLY

MGH NURSE'S INSTRUCTION:	[] To OR bookings
	[] To Referring MD

Date Received:	Initial Patient Contact Date:	Procedure Date/Time:	Nurse signature:
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Bowel Preparation for Colonoscopy

Patient Instructions

It is important that your bowel is clean and empty so the doctor can get complete results from the colonoscopy test. Please follow these instructions carefully to make sure your bowel is clean and empty.

The Nurse Navigator at the Hospital will call you at the number your family doctor has given us to make sure you are ready to start the preparation for your test within the next business day.

If you have further questions please call the nurse navigator at **(416) 469-6580, extension 2113.**

Your colonoscopy is scheduled on

DATE: _____ TIME: _____

This time has been kept for you. If you cannot come, please phone the Nurse Navigator immediately so we can give the time to another person.

1. You must register at Michael Garron Hospital | Toronto East Health Network (formerly Toronto East General Hospital) Admitting department on the main floor at _____
2. They will tell you how to get to the Endoscopy unit on B6. It is inside the East Toronto Ambulatory and Surgery Centre
3. Go to the Pharmacy and buy **PICO_SALAX** in any flavor you want. You also must buy 2 tablets of Dulcolax. You do not need a prescription
4. Follow **COLONOSCOPY INSTRUCTIONS FOR PATIENTS** on Page 2

COLONOSCOPY INSTRUCTIONS FOR PATIENTS

Please wear comfortable clothes and shoes. Please leave jewellery or other valuables at home.

MEDICATION: Bring the bottles or list of your current medications. **You should take ALL your usual morning medications with a sip of water** (except diabetic meds, blood thinners and iron, unless otherwise discussed with the doctor). You can take Acetaminophen (Tylenol) for headache but not Aspirin. You can use Gravol for any nausea.

3 days before your Colonoscopy: **Do not eat any foods that are high in fibre and stop all fibre supplements.** Avoid bran, flax, lentils, beans, raw vegetables, nuts, corn, seeds. Stop iron pills until after procedure.

Acceptable Clear Fluids: consommé/broth, yellow or green Jell-o, water, apple juice, white grape juice, black tea/coffee, ginger ale, soda water, sports drinks (Gatorade/Powerade) of any colour except red or purple. Sports drinks are strongly recommended because they contain electrolytes that replace those you may lose during your preparation below.

DO NOT EAT OR DRINK ANY FOODS THAT HAVE RED COLORING

INSTRUCTIONS FOR PREPARATION

Day before Colonoscopy:

- **Before 10 a.m.** you may have a light, low fibre breakfast (for example: eggs, white toast, and seedless yogurt).
- **After 10 a.m. do not have any solid food the whole day** (until after the procedure the next day)
- **Drink lots of clear fluids throughout the day.** It is important to keep hydrated.
- **Before 3 p.m. take 2 tablets of DULCOLAX.** Dulcolax can be bought without a prescription
- **At 7 p.m. take the 1st packet of PICO-SALAX bowel prep.** Empty the contents of one packet into a mug and add 150 ml of cold water. Stir frequently until dissolved. Drink all of this Pico-Salax solution. Then in the next 2-3 hours continue to drink 2-3 litres of clear fluids. You will start to have watery bowel movements.

Day of Colonoscopy:

- Continue your clear fluid diet.
- **FOUR TO FIVE HOURS BEFORE YOUR SCHEDULED PROCEDURE** take the **2nd packet of PICO-SALAX** dissolved in 150 ml of cold water. Then in the next 1 hour continue to drink 1-2 litres of clear fluid.
- **STOP DRINKING ANY LIQUID 3 HOURS BEFORE ARRIVAL.** For example, if you are scheduled to arrive at 9 a.m. then you should take the Pico-Salax at 5 a.m. and drink at least 1 litre between 5 and 6 a.m. Stop drinking after 6 a.m.

IT IS IMPORTANT TO FOLLOW THESE INSTRUCTIONS. If your bowel is not clean, the physician may not be able to see suspicious spots inside your bowel.

What are the risks?

A colonoscopy is a safe procedure and has very low risk when performed by physicians who have been specially trained. However, possible complications are:

- Perforation (a tear) in the colon wall after the colonoscopy - about 1 in 1,500, or following removal of a polyp - about 1 in 500. It may require surgery to repair or be managed with antibiotics and intravenous fluids.
- Bleeding following a colonoscopy - about 1 in 2,000, following removal of a polyp - about 1 in 500.
- Allergic reactions to the intravenous medications (including rash, fever or breathing problems).
- A tender lump where the intravenous is placed in your arm may develop which may stay for up to several months but goes away. Apply heat packs or hot, moist towels to relieve the discomfort.
- Heart problems or a stroke can occur in a patient with underlying medical problems, but are very rare.
- No test in medicine is perfect: rarely, polyps and cancers are missed (2-6% miss rate)¹.

1. B. Bressler, L. Rabeneck et al Gastroenterology, Volume 132, Issue 1, Pages 96 – 102