

INSTRUCTIONS FOR TWO DAY COLONOSCOPY PREPARATION WITH 4L PEG KIT

Patient Name: _____ **Doctor:** _____

Facility: Southeast Valley Endoscopy Center

Date: _____ **Check-in at** _____ **a.m./p.m.** with procedure to follow an hour later.

ONE WEEK BEFORE YOUR PROCEDURE:

- The following medications must be discontinued one week before your procedure; otherwise, your procedure might need to be rescheduled.
 - **Supplements** such as iron and vitamin E. Multivitamins may be continued.
 - **Anti-inflammatory medications** such as ibuprofen (Advil, Motrin), naproxen (Aleve, Anaprox, Naprosyn), diclofenac (Arthrotec, Voltaren, Cataflam), oxaprozin (Daypro), piroxicam (Feldene), indomethacin (Indocin), ketoprofen, ketorolac, etodolac (Lodine), meloxicam (Mobic), nabumetone (Relafen), salsalate, sulindac. Tylenol is fine to take if you have discomfort.
 - **Medications to thin the blood** such as warfarin (Coumadin), clopidogrel (Plavix), ticlopidine (Ticlid), dipyridamole (Persantine, Aggrenox), anagrelide (Agrylin), cilostazol (Pletal), prasugrel (Effient), *unless specified otherwise*.
- **ASPIRIN THERAPY:**
 - It is okay to continue aspirin 81mg or 325mg daily in the week prior to your colonoscopy.

If you have questions regarding a medication not listed above, please contact our office at least one week prior to the colonoscopy.

FILL PRESCRIPTION: Trilyte, Nulytely, Colyte, Golytely or generic equivalent

DAY #1 – TWO DAYS BEFORE YOUR PROCEDURE:

- For the entire day, follow a full liquid diet only – smooth ice cream, milk, pudding, vegetable juice, fruit juice/nectar, liquid supplements (Boost, Ensure, Resource, Sustacal), soup (broth, bouillon, consommé, and strained cream soups -- but NO solids).

DAY #2 – THE DAY BEFORE YOUR PROCEDURE:

- **For the entire day before your test, please follow a clear liquid diet. NO SOLID FOODS MAY BE EATEN.** We recommend that you drink plenty of fluids such as water, pulp-free juice, tea, coffee, soda, clear broth, Jell-O (no red), popsicles and Gatorade. *Please do not consume milk, milk products, non-dairy creamer, red colored products or juices containing pulp.*
- At **5 p.m.**, add lukewarm water to the top of the line on the container, replace cap and then shake to dissolve the powder. Put solution in the refrigerator to chill. Within one hour, begin drinking an 8 oz. glass of the laxative solution, every 15 minutes, until gone. You may drink the solution a little slower if you become nauseated.
- Please continue to drink plenty of approved fluids to keep you hydrated.

On the day of your procedure, you may continue to drink clear liquids until _____, which is four (4) hours prior to your check-in time. Take nothing by mouth after this time, including water and medications.

_____ Please initial here acknowledging you have read and understand the above instructions.

DAY OF PROCEDURE:

- Please leave valuables at home.
- You will be unable to drive yourself home. You MUST have a close friend/relative present so the physician can speak with them after the procedure and to make sure you arrive home safely. Female patients should have a female chaperon or close relative. If you arrive on the day of the procedure without an appropriate escort, the procedure will be cancelled even though you have done the preparation.

AFTER THE PROCEDURE:

- You should experience little if any discomfort. You may have a full feeling that will be relieved by passing gas. After you get home, in most cases, you can resume your usual diet and light activities.
- For the remainder of the procedure day – you must not drive a car, make important decisions or operate machinery. At the time of discharge, your physician may request that you have someone stay with you the remainder of the day.
- If any polyps are removed, please remain in town for 10-14 days after the procedure.

CANCELLATION POLICIES:

- Procedures that are canceled or rescheduled within 7 calendar days of the appointment date will incur a \$25 fee. Patients scheduled within 14 days of the procedure will not be subject to the fee for rescheduling or canceling.
- Procedures scheduled with anesthesia that are canceled or rescheduled within 7 calendar days of the appointment will incur a \$50 fee. Patients scheduled within 14 days of the procedure will not be subject to the fee for rescheduling or canceling.
- No show/same day cancellations will incur a \$50 fee.

_____ Please initial here acknowledging you have read and understand the above instructions.

If you have questions, please contact your doctor's scheduler _____ at 480-899-9800.

SOUTHEAST VALLEY GASTROENTEROLOGY CONSULTANTS, P.C.

CHARLES M. SCHRON MD • G. ALAN BRACHER MD • MANISH G. AMIN MD • SANDEEP C. PATEL MD • YATIN R. PATEL MD
TINA M. DVOREN-BAKER NP-C • CHRISTINA F. MORGAN PA-C • MOLLY A. WYANT PA-C

875 S. Dobson Rd. Chandler, AZ 85224 (480) 899-9800 FAX (480) 899-2994
2730 S. Val Vista Drive Ste. 158 Bldg. 10 Gilbert, AZ 85296 (480) 782-5005 FAX (480) 899-2994