

SOUTHEAST VALLEY GASTROENTEROLOGY CONSULTANTS, P.C.

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INSTRUCTIONS FOR COLONOSCOPY PREPARATION WITH 2D/Split Dose 4L PEG

Patient Name: _____ **Facility:** Southeast Valley Endoscopy Center

Doctor: _____ If you have questions, please contact your doctor's scheduler _____

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 daily in the week prior to your colonoscopy. If you are on aspirin 325mg daily, please decrease dose to 81mg daily the week before your colonoscopy.

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

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. If you arrive on the day of the procedure without an appropriate escort, the procedure will be canceled 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.

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

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).
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Day #2 – The Day Before Your Procedure:

- **FOR THE ENTIRE DAY BEFORE YOUR TEST, 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 or purple colored products or juices containing pulp.*

☐ **Check-in time of 9:30 a.m. or earlier:**

- At **5 p.m.** the day before your colonoscopy, mix your laxative solution. You may put the laxative solution in the refrigerator to chill. Within one hour, begin drinking the laxative solution. Drink one 8oz glass every 15 minutes. Drink a total of 10 glasses, which is $\frac{2}{3}$ of the container. Please continue to drink clear liquids keep hydrated.
- At **10 p.m.** the day before your colonoscopy, drink the remaining laxative solution. Take one 8oz glass every 15 minutes. Please continue to drink clear liquids rest of evening to keep hydrated.

☐ **Check-in times of 10:00 a.m. or later:**

- At **7 p.m.** the day before your colonoscopy, mix your solution. You may put the laxative solution in the refrigerator to chill. Within one hour, begin drinking the laxative solution. Drink one 8oz glass every 15 minutes. Drink a total of 10 glasses, which is $\frac{2}{3}$ of the container. Please continue to drink clear liquids keep hydrated.
- On the day of your colonoscopy, at: _____ a.m. (5 ½ hours before your check-in time), drink the remaining laxative solution. Take one 8oz glass every 15 minutes.

*****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. You must FINISH drinking the laxative solution and accompanying fluids at least 4 hours before your check-in time.*****

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