SOUTHEAST VALLEY GASTROENTEROLOGY CONSULTANTS, P.C.

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INSTRUCTIONS FOR COLONOSCOPY TWO DAY PREPARATION WITH HALFLYTELY

| Patient Name: | Facility: Southeast Valley Endoscopy Center | | | | | |
|---------------|---|--|--|--|--|--|
| Doctor: | If you have questions, please contact your doctor's scheduler | | | | | |
| Date: | a.m./p.m. with procedure to follow one 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.
 - <u>Anti-inflammatory medications</u> 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.
 - <u>Medications to thin the blood</u> 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.

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 he | ere acknowled | dging you h | nave read and | d understand | the above in | nstructions. |
|-------------------|---------------|---------------|---------------|--------------|--------------|--------------|
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| Check-in at | a.m./p.m. with procedure to follow one hour later. |
|---|---|
| FILL PRESCRIPTION | : HalfLytely & Bisacodyl Tablet Bowel Prep Kit |
| • For the entire day, | Before Your Procedure: follow a full liquid diet only – smooth ice cream, milk, pudding, vegetable juice, fruit pplements (Boost, Ensure, Resource, Sustacal), soup (broth, bouillon, consommé, and but NO solids). |
| • FOR THE ENTIL FOODS MAY BE EA coffee, soda, clear bro | efore Your Procedure: RE DAY BEFORE YOUR TEST, FOLLOW A CLEAR LIQUID DIET. NO SOLID ATEN. We recommend that you drink plenty of fluids such as water, pulp-free juice, tea, th, Jell-O (no red), popsicles and Gatorade. Please do not consume milk, milk products, and or purple colored products or juices containing pulp. |
| - | the bisacodyl tablet with water. Do NOT chew or crush the bisacodyl tablet. No antacids ithin one hour of taking the bisacodyl tablet. |
| used with or withou | yor pack of choice and pour into HalfLytely bottle. Discard unused packs. Solution can be out flavor packs. Add drinking water to top of line on bottle. Cap bottle and shake to ed solution will be clear and colorless. The solution may be refrigerated. |
| | vement occurs (usually in 1 to 6 hours), begin to drink the solution. Begin drinking the urs even if a bowel movement has not occurred by then. |
| | ss every 10 minutes. A watery bowel movement should begin in approximately 1 hour. Be of the solution. You will continue to have loose bowel movements for about 1 to 2 hours |
| • After finishing the | solution, please continue to drink plenty of approved fluids to keep you hydrated. |
| | rocedure, you may continue to drink clear liquids until, which our <u>check-in</u> time. Take nothing by mouth after this time, including water |
| Please initial ho | ere acknowledging you have read and understand the above instructions. |