

## Doylestown Health Gastroenterology COLONOSCOPY INSTRUCTIONS

Procedure Scheduling 215.345.6050 ext. #152  
Open Access Scheduling 215.345.6050 ext. #103

### LOCATION AND TIME

- You will receive a telephone call by 4:00 p.m., from the GI Suite, on the day prior to your procedure date, for your arrival time. Please be aware your arrival time may be subject to change.
- Report directly to the GI Suite, located in The Pavilion, South Entrance, Suite 102.
- Please plan to be in the GI Suite for about two (2) hours.
- You may not drive after your procedure. Please arrange for someone to drive you home.

### MEDICATIONS:

- Be sure you have discussed any blood thinning medication(s) (Plavix/Clopidogrel, Coumadin/Warfarin, Pradaxa, Effient, Eliquis, Xarelto, etc.) with your doctor and understand when to stop the medication(s) prior to your procedure.
- It is okay to take 81mg aspirin, if prescribed by a physician.
- **Diabetic Patients:** Hold your Metformin on the prep day and day of procedure. It is okay to take the medication with your first post-procedure meal. All other oral diabetic medications, consult your prescribing physician.
- **Insulin-dependent Diabetic Patients:** You should consult your prescribing physician to adjust dose(s) prior to your procedure.

### MEDICATIONS TO HOLD:

#### 14 DAYS PRIOR TO PROCEDURE:

- If your insurance company requires a referral, please contact your primary care physician
- Be sure you have your prep kit. There may be additional over-the-counter tablets you will need for your bowel prep. **IF NEEDED**, you may purchase the tablets from our Front Desk.

#### 7 DAYS PRIOR TO PROCEDURE:

- If you have constipation, start taking 1 capful (17g) every night, of tasteless Miralax/polyethylene glycol powder with 8 oz.. of any liquid
- **HOLD** the following supplements: Iron, Multivitamin + Iron, Vitamin E and ALL Fish Oil(s).
- **HOLD NSAIDs** – Ibuprofen/Motrin/Advil/Aleve, etc. It is okay to take Tylenol/Acetaminophen.

#### 5 DAYS PRIOR TO PROCEDURE:

- Hydrate well with water
- Begin a low fiber/low roughage/residue diet (SEE ATTACHMENT A)
- **OKAY TO EAT:** peeled and well-cooked vegetables like potatoes without skins, cooked carrots ripe, peeled fruits (no skin or seeds) like bananas, apples, cantaloupe, canned or cooked fruits (without skin or seeds), bread without visible grain, rice, lean meats, dairy
- **AVOID RAW** fruits and vegetables
- **AVOID** corn, nuts, seeds, quinoa, whole grains/breads with grain/seeds
- **AVOID** bran, flax seed, and chia seeds
- You may take powder based fiber supplements like Metamucil, Benefiber, or Citrucel

#### 1 DAY BEFORE PROCEDURE/DAY OF PREP:

- Clear Liquid Diet Only All Day (SEE ATTACHMENT B) – **NO SOLID FOODS!**
- Follow instructions on the attached prep sheet. Disregard the prep kit packaging instructions (if applicable).

**Please note the following:**

**Cancellation and reschedule Policy:**

To maintain reasonable wait times for all patients if you reschedule, cancel or no show to more than three (3) GI procedures and/or office visits within one year with our office (Doylestown Health Gastroenterology), we reserve the right to discharge you from the practice.

**Any cancellation or rescheduling that occurs with less than 5 (five) days prior to procedure date will result in a \$150 fee.**

If your insurance changes prior to your procedure you MUST call the office. If you do not call in advance your procedure may be rescheduled.

Please bring the "Patient Medication and Allergy List" (see attached form) with you; and have it filled out completely.

Please DO NOT bring valuables such as wallets, handbags, etc., into the GI Suite/SDS on the day of your procedure. We DO NOT have lockers. You may bring your cell phone.

If your insurance policy requires a referral, please call your Primary Care Physician to have them issue one to Doylestown Health Gastroenterology – NPI#1760999635. Our Central Billing office will submit the claim to your insurance company. Due to various insurance companies and policies, we are unable to tell you what your insurance company will pay for your procedure(s). If you need an estimate of costs, please telephone the Doylestown Hospital Priceline on 215.918.5515.

## ATTACHMENT A

### LOW-RESIDUE/FIBER DIET FOR COLONOSCOPY PREPARATION

This list is for use for the five days prior to your procedure, eat only low-residue/fiber foods listed below.

(\*See the Clear Liquids Sheet – **ATTACHMENT B** – for the day before and day of your Colonoscopy)

TYPE OF FOOD OR DRINK	YES – OKAY TO EAT	NO – MUST AVOID
<b>Milk and Dairy</b>	<ul style="list-style-type: none"> <li>• Milk</li> <li>• Ice cream</li> <li>• Smooth yogurt</li> <li>• Sour Cream</li> <li>• Cheese and cottage cheese</li> <li>• Eggs</li> </ul>	Yogurt or Ice Cream mixed with nuts, seeds, granola fruit with skin or seeds (such as berries)
<b>Breads and Grains</b>	<ul style="list-style-type: none"> <li>• Breads and grains made with refined white flour (including rolls, muffins, bagels, pasta)</li> <li>• White Rice</li> <li>• Plain Crackers (saltines)</li> <li>• Low Fiber Cereal (including puffed rice, cream of wheat corn flakes)</li> </ul>	<ul style="list-style-type: none"> <li>• Brown rice or wild rice</li> <li>• Whole grain Breads, rolls, pasta or crackers</li> <li>• Whole grain or high fiber cereal (including granola, raisin bran, oatmeal)</li> <li>• Any breads or cereals with dried fruit, nuts or seeds</li> </ul>
<b>Meat</b>	<ul style="list-style-type: none"> <li>• Chicken</li> <li>• Turkey</li> <li>• Lamb</li> <li>• Lean pork</li> <li>• Veal</li> <li>• Fish and seafood</li> <li>• Tofu</li> </ul>	Tough meat with gristle
<b>Fruits</b>	<ul style="list-style-type: none"> <li>• Fruit Juice (without pulp)</li> <li>• Applesauce</li> <li>• Ripe cantaloupe and honeydew</li> <li>• Ripe and peeled apricots, peaches, apples, bananas, papaya</li> <li>• Canned or cooked fruit without skins or seeds</li> </ul>	<ul style="list-style-type: none"> <li>• RAW fruit with seeds, skin or membranes (including oranges, berries, pineapple and watermelon)</li> <li>• Cooked or canned fruit with skin or seeds</li> <li>• Raisins or other dried fruit</li> </ul>
<b>Vegetables</b>	<ul style="list-style-type: none"> <li>• Canned or cooked vegetables without skin or peel (peeled carrots, mushrooms, turnips, asparagus tips)</li> <li>• Potatoes without skin</li> <li>• Cucumbers without seeds and peel</li> </ul>	<ul style="list-style-type: none"> <li>• Corn</li> <li>• Tomatoes (and unstrained tomato sauce)</li> <li>• Cooked cabbage or Brussel sprouts</li> <li>• Green peas</li> <li>• Summer or winter squash</li> <li>• Lima beans</li> <li>• Onions</li> <li>• Broccoli</li> <li>• Cauliflower</li> </ul>
<b>Miscellaneous</b>	<ul style="list-style-type: none"> <li>• Peanut butter or almond butter <b>must be smooth</b></li> <li>• Butter/margarine</li> <li>• Vegetable or other oils</li> <li>• Broth, bone broth, bouillon or</li> <li>• Milk or cream based soups (soups without vegetables with skin or peels)</li> </ul>	<ul style="list-style-type: none"> <li>• Chili</li> <li>• Lentil/dried bean/pea/corn soups</li> <li>• ALL legumes</li> </ul>

## ATTACHMENT B

### CLEAR LIQUID DIET FOR COLONOSCOPY PREPARATION – NO ALCOHOLIC BEVERAGES!

One day before and the day of your colonoscopy, you will be on a clear liquid diet.

The chart below, shows examples of liquids you can include and what to avoid.

YES – OKAY TO EAT	NO – MUST AVOID
Water	Alcoholic beverages
Tea or black coffee WITHOUT milk creamer or non-dairy creamer	<ul style="list-style-type: none"> <li>• Milk</li> <li>• Smoothies</li> </ul>
Flavored water, WITHOUT red or purple dye	<ul style="list-style-type: none"> <li>• Cream</li> <li>• Orange juice</li> </ul>
Clear, light-colored juices such as apple, white grape, lemonade (no pulp), and white cranberry	<ul style="list-style-type: none"> <li>• Grapefruit juice</li> <li>• Tomato Juice</li> <li>• Soup (other than clear broth)</li> </ul>
Clear broth or bone broth such as beef, chicken or vegetable	<ul style="list-style-type: none"> <li>• Cooked cereal</li> <li>• Any other solid food not listed in the YES section</li> </ul>
Carbonated drinks	
Sports drinks such as Gatorade, Propel or other electrolyte (not red or purple)	
Popsicles WITHOUT fruit or cream (not red or purple)	
Jell-O or other gelatin WITHOUT fruit or toppings (not red or purple)	
Boost Breeze Juice Drink (not red or purple)	
Ensure Clear juice drink (not red or purple)	

## COLONOSCOPY WITH SUPREP PREP

DO NOT TAKE SOLID FOOD OR MILK PRODUCTS ON THE DAY OF YOUR PREP  
(DAY OF PREP IS THE DAY BEFORE YOUR PROCEDURE). CLEAR LIQUID DIET ONLY!  
(SEE **ATTACHMENT B** FOR PERMITTED LIQUIDS)

**REMINDER:** In addition to the SuPrep Kit, you will need the following over-the-counter tablets:

- **FOUR (4)** Dulcolax/bisacodyl (generic) 5 mg tablets
- **FOUR (4)** GAS-X/simethicone (generic) 80 mg tablets or chewables (multiple dosages are available – any combination totaling between 125 mg – 250 mg is okay)

**FOLLOW THE STEPS BELOW – DISREGARD SUPREP PREP PACKAGING INSTRUCTIONS:**

TAKE 1ST DOSE OF SUPREP AT 5:00 P.M. – FOLLOW STEPS 1 THROUGH 3 BELOW:		
STEP ONE	STEP TWO	STEP THREE
Take TWO (2) 5mg bisacodyl tablets and TWO (2) 80mg of simethicone with your prep (or well before, with 8 oz. of clear liquids)	<ul style="list-style-type: none"><li>- Pour <b>ONE</b> (1) 6-ounce bottle of SUPREP liquid into mixing container.</li><li>- Add cool drinking water to the 16-ounce line on the container and mix.</li><li>- Drink <b>ALL</b> the liquid in the container.</li></ul>	<ul style="list-style-type: none"><li>- You <b>MUST</b> drink two (2) 16-ounce containers of water over the next 1 hour. <i>(if you need a little extra time to get it down, that's okay)</i></li></ul>

**TAKE 2ND DOSE OF SUPREP 5 HOURS PRIOR TO YOUR ARRIVAL TIME – FOLLOW STEPS 1 THROUGH 3 ABOVE.**  
**You must be finished drinking the prep solution 3 hours prior to your arrival.**

**NOTHING BY MOUTH, THIS INCLUDES ALL LIQUIDS, 3 HOURS PRIOR TO YOUR ARRIVAL TIME.**

No oral medications, however, it is okay to take your blood pressure medication(s) or any other necessary medication(s) you have discussed with your physician, with a small sip of water, at least 3 hours prior to your arrival time.

### Preparation Tips:

The bowel preparation will cause diarrhea, so please plan accordingly. It is important to stay hydrated. You should be drinking clear liquids throughout the day to prevent dehydration.

It is common to experience abdominal discomfort until the stool is flushed from your colon. Rarely, people may experience nausea or vomiting with the prep. If this occurs, give yourself a 30 to 60 minute break, then slowly, continue to drink the prep solution. (Putting the prep over ice or drinking through a straw may help).

*Anal skin irritation or hemorrhoid inflammation* may occur and can be treated with over the counter remedies including hydrocortisone creams, baby wipes or Tucks pads. Do not use products containing alcohol.

Expect your stool output to be a clear liquid yellow color. If you have brown output, please contact the GI Suite at 215.345.2211. A brown output generally indicates you may not be clear enough for your procedure

BARCODE

PATIENT LABEL

**PATIENT MEDICATION LIST**

Do you have an allergy, itching or local sensitivity to any latex product such as balloons, condoms, or gloves?  Yes  No

Do you have shortness of breath or wheezing after blowing up balloons, after a dental visit, or eating bananas?  Yes  No

**ALLERGY SCREENING:** (medication, food, environment, and other)

- No known allergies
- Yes, list below

TYPE	REACTION

**MEDICATIONS: PLEASE LIST MEDICATIONS ON THE BACK OF THE FORM**

A part of your daily medication routine, are you taking anti-inflammatories such as aspirin, Advil®, Aleve®, or Motrin®?

Yes: date of last dose: \_\_\_\_\_  No

As part of your daily medication routine, are you taking blood thinners?

Yes: date of last dose: \_\_\_\_\_  No

Patient unable to provide medication information.

BARCODE

PATIENT LABEL

PLEASE LIST ALL CURRENT PRESCRIPTION MEDICATIONS, THEN LIST ALL OVER-THE-COUNTER MEDICATIONS, VITAMINS, HERBAL SUPPLEMENTS, AROMATHERAPY, HOMEOPATHY, AND FOOD SUPPLEMENTS.

<b>MEDICATION/SUPPLEMENT</b>	<b>DOSE</b>	<b>HOW OFTEN DO YOU TAKE THIS MEDICATION?</b>	<b>DATE AND/OR TIME YOU LAST TOOK THIS MEDICATION</b> (to be completed day of procedure)

THE MEDICATION HISTORY LISTED IDENTIFIES THE BEST LIST AVAILABLE FROM THE PATIENT/PATIENT SOURCE.

Patient signature or person completing the list: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_