



Regional Gi

Colonoscopy Instructions

PATIENT: _____ DOB: _____ Physician _____

Procedure Date: _____ Arrival time: _____ (*Not Procedure Time*)

Location:

- MidAtlantic Endoscopy – 2104 Harrisburg Pk. Suite 300, Lancaster
- MidAtlantic Endoscopy – 4140 Oregon Pike, Ephrata
- MidAtlantic Endoscopy – 2112 Harrisburg Pk. Suite 323, Lancaster
- Ephrata Hospital – 169 Martin Ave, Ephrata
- Heart of Lancaster Regional Medical Center – 1500 Highlands Dr., Lititz
- Lancaster Regional Medical Center – 250 College Ave, Lancaster
- Lancaster General Hospital – 555 North Duke St, Lancaster

PURPOSE OF COLONOSCOPY:

- (A) An examination that allows the physician to carefully examine the lining of the large intestine or colon with a flexible tube equipped with a light and a camera.
- (B) Abnormalities can be visualized and further information obtained by taking a biopsy.
- (C) Polyps can be removed to prevent colon cancer.

LENGTH OF TIME: Plan to be at the center for approximately 2 hours after check-in.

GENERAL INSTRUCTIONS

Due to the sedation you will receive, you must have a responsible adult accompany you to your procedure. **YOUR DRIVER IS REQUIRED TO STAY AT THE FACILITY FOR THE ENTIRE TIME OF YOUR PROCEDURE.** Public transportation is allowed, but only under the supervision of a responsible adult who must stay with you the entire time of procedure. Bus, taxi or shuttle drivers do not fulfill the requirement of a responsible adult. You may **NOT** be dropped off for your procedure.

1. If you are currently taking Aspirin and/or Plavix, you should **NOT STOP** taking these medications unless directed to by our office.

- Other Medication Instructions:

2. Oral iron should be discontinued **5 days** prior to the exam.

Patient Initials _____
Staff Signature _____

3. All medications should be continued and taken the morning of the exam (with your bowel prep or immediately after completing your bowel prep with only a sip of water) unless otherwise stated in these instructions.

4. You will need to **HOLD** any oral diabetic medications the morning of the procedure and check your blood sugar before arrival. If your blood sugar is 70 or below, please call 717-869-4600 and notify the staff. Please notify the staff immediately upon your arrival as well.

- Diabetic Medication Patient Instructions:

5. Check with your endocrinologist or primary care physician regarding the management of your other diabetic medications, especially insulin. If you have an insulin pump, you should contact the provider that manages your pump to address any changes that will be required for the prep and procedure.

6. Leave valuables at home or with the adult who accompanies you for the procedure.

7. Wear comfortable clothes (you may feel bloated and uncomfortable after your procedure).

8. Remove all body piercings.

9. **DO NOT DRINK ANY ALCOHOL** once you begin the prep.

There will be a waiting period prior to the procedure. Our staff strives to give every patient individualized, quality care. We apologize for any inconvenience that waiting may cause you.

PROCEDURE

- 1) An intravenous line (IV) will be placed in order to provide medication for sedation and comfort. You will receive deep sedation administered by a certified registered nurse anesthetist (CRNA) - you should be asleep and comfortable for the procedure.
- 2) Oxygen will be administered, and your heart and blood pressure will be continuously monitored throughout the procedure.
- 3) While lying comfortably on your left side, the physician will insert the flexible, lubricated scope into the rectum and carefully advance it through the colon. Air, carbon dioxide and water will be placed in the colon to assist in the exam. You may expel these after the procedure. After the exam, you will rest in the recovery room until you can tolerate liquids, walk unassisted and have stable vital signs.

Preparation is of the utmost importance in providing accurate Colorectal Cancer Screening. The instructions below should be adhered to optimize the outcome.

2-3 Days Before your exam



Items needed for prep: Miralax – 238g bottle, Dulcolax 5 mg – 4 pills, 64 oz clear liquid of your choice. No purple or red liquids. Our office offers a pre-made prep that includes all of these items.

Drink plenty of fluids throughout the period 2-3 days before your procedure to avoid dehydration. This consists of a minimum of eight-8 ounce glasses of fluids per day.

For 2-3 days prior to your procedure, avoid seeds, nuts, oatmeal or other whole grains, beans, peas, corn, and the peels of fruits and vegetables as these may remain in the colon after completion of the prep. This is a **low residue diet**.

Day before your exam

DO NOT FOLLOW ANY OTHER INSTRUCTIONS!

<u>Time</u>	<u>Instruction</u>
Before 12 Noon 	You may have a fiber free breakfast prior to 12 noon which includes: Cheese up to 2 slices, 2 eggs fried or boiled, ½ cup milk, ½ cup yogurt (not red or purple), 2-3 slices of WHITE bread, and 1 tablespoon olive oil or butter. YOU MAY EAT SOME OR ALL OF THESE SELECTION'S; STANDARD CLEAR LIQUIDS ARE TO BE STARTED AT NOON.
AFTER 12 NOON <u>NO SOLID FOOD</u> 	FOLLOW A RESTRICTED DIET OF CLEAR LIQUIDS <ul style="list-style-type: none">• Coffee, Tea (without creamer)• Clear Juice without Pulp (Apple, White Grape, Lemonade)• Broth, Bouillon• Gatorade or Similar Sports Drinks• Kool-Aid, Crystal Light• Jell-O (no added fruit or toppings)• Popsicles• Carbonated Soft Drinks (Coke, Pepsi, Sprite; Diet or Regular) AVOID RED OR PURPLE LIQUIDS; NO DAIRY OR PULP Drink plenty of fluid throughout the day to avoid dehydration. DRINK A MINIMUM OF 8 OUNCES CLEAR LIQUIDS EVERY HOUR. <i>The prep will work better, you will feel better and it will be easier to start your IV, if you avoid dehydration.</i>
ANYTIME THE DAY OF THE PREP, MIX ENTIRE BOTTLE OF MIRALAX (238g) IN THE 64-OZ OF CLEAR LIQUID or PREPARE THE PRE-MADE PREP PURCHASED FROM OUR OFFICE.	

Before starting your bowel prep, make sure you are close to the restroom.

2:00 PM





- Take the 4 – Dulcolax tablets with water.

6:00 PM



- **The first dose will consist of 32-oz of your Miralax mix.** Drink 8 oz every ½ hour for 2 hours while also drinking 1-2 liters of clear liquids to prevent dehydration.
- Continue to drink clear liquids until midnight and then nothing to eat/drink after midnight **(except for the prep)**

DAY OF THE EXAM

Time	Instruction
6 HOURS PRIOR TO PROCEDURE 	<ul style="list-style-type: none">• The second dose will consist of the remaining 32-oz of your Miralax mix. Drink 8 oz every ½ hour for 2 hours while also drinking 1-2 liters of clear liquids to prevent dehydration.
4 HOURS PRIOR TO PROCEDURE 	<ul style="list-style-type: none">• All liquids must be consumed 4 hours prior to procedure and then nothing by mouth after that time.• You may not have any hard candy or chewing gum the morning of your colonoscopy as this will delay your procedure.

OUTPATIENT DISCHARGE INSTRUCTIONS:

1. You are advised to rest and relax for the remainder of the day.
2. **UNTIL THE MORNING AFTER YOUR PROCEDURE:**
DO NOT Drive or operate any machinery
DO NOT Consume any alcoholic beverages or use illicit drugs
DO NOT Sign any legal documents or make critical decisions
DO NOT Take any **un-prescribed** medications
3. You may resume your normal diet.
4. A feeling of fullness or cramping from remaining air or carbon dioxide in your bowel is normal. Mild activity, such as walking, will help expel the air. Lying on your left side or directly on your stomach will also help expel the remaining air or carbon dioxide.

IF YOU HAVE ANY ROUTINE QUESTIONS, PLEASE CONTACT THE OFFICE AT (717) 869-4600, BETWEEN 8:00-4:00 (WEEKDAYS). PLEASE CONTACT US IF PROBLEMS ARISE BEFORE YOUR PROCEDURE OR IF YOU NEED TO CHANGE OR CANCEL YOUR PROCEDURE.

If you have an urgent question or concern after business hours you may reach our on-call physician at 869-4600.

PLEASE GIVE AT LEAST 72 HOURS NOTICE WHEN CANCELING. LESS THAN 72 HOURS NOTICE MAY DELAY CARE AND INCREASE MEDICAL COST. IF YOU CHOOSE TO CANCEL YOUR PROCEDURE IN LESS THAN 72 HOURS PRIOR TO YOUR EXAM YOU WILL BE CONSIDERED A "NO SHOW" AND YOU WILL BE CHARGED A \$50.00 FEE.

ANY PATIENT THAT CANCELS GREATER THAN TWO (2) PROCEDURE APPOINTMENTS WILL NEED TO HAVE A CLINIC APPOINTMENT BEFORE BEING PLACED BACK ON THE ENDOSCOPY SCHEDULE. SPECIFIC CIRCUMSTANCES MAY BE ADDRESSED AT THE DISCRETION OF THE DOCTOR.