

**Colonoscopy/EGD Instructions for AM Procedure**

**PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROCEDURE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOCATION:**

* **MAIN LINE ENDOSCOPY EAST: 2 BALA PLAZA, SUITE IL 30, BALA CYNWYD**
* **MAIN LINE ENDOSCOPY SOUTH: RIDDLE HOSPITAL, HCC II, SUITE 2110, MEDIA**
* **MAIN LINE ENDOSCOPY WEST: 325 CENTRAL AVE., LOWER LEVEL, MALVERN**
* **LANKENAU GI LAB: 100 E. LANCASTER AVE, APC MAIN ENTRANCE, WYNNEWOOD**
* **RIDDLE HOSPITAL SPU: OUTPATIENT PAVILLION, 2ND FLOOR, MEDIA**
* **PAOLI HOSPITAL SPU – 255 W. LANCASTER AVE., ENDOSCOPY SUITE, PAOLI**

**YOUR MEDICATION INSTRUCTIONS:** \_\_\_\_\_ **Initial here**

* + **Stop** taking medications with **Iron** 5 days prior to the procedure.
  + **Stop** taking **Fish Oil** supplements 3 days prior to the procedure.
  + Continue all prescribed medications unless otherwise instructed, including aspirin and Plavix.
  + **Blood thinning medications** may need to be stopped prior to your procedure. Our office staff will be reaching out to your prescribing physician to request permission to stop your medication. If you do not hear from our office with instructions on how to take your blood thinning medications 10 days prior to your procedure, please call the office at 610-644-6755.
  + Take your medications 4 hours before your scheduled procedure with a sip of water. If you are not able to take them 4 hours before your procedure, please wait until after your procedure.
  + ***Do not drink any fluid within 4 hours of your procedure or it may be rescheduled. Sips of water for medications mentioned above are allowed.***
  + **Diabetics**: If you have diabetes, check with your physician to see if changes are needed.

Do not take your usual diabetic medications the morning of your procedure. Check your blood sugar before arrival. Call the office 610-644-6755 if your blood sugar is 70 or below. Notify the staff immediately upon arrival as well.

* + **Do not smoke the day of the procedure.**
  + **Stop all Cannabis use as follows:**
  + **Smoked Cannabis- Stop 12 hours prior**
  + **Vaporized Cannabis- Stop 12 hours prior**
  + **Ingested Cannabis- Stop 8 hours prior**
  + **CBD oil ingested- Stop 8 hours prior**
  + **SPECIAL MEDICATION INSTRUCTIONS:**

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**What is a Colonoscopy and EGD?**

A colonoscopy is a test that allows the physician to examine the lining of the large intestine with a thin flexible instrument. Polyps, or small growths, can be removed to prevent colon cancer. Biopsies can be taken to diagnose other diseases.

EGD is an endoscopic procedure that allows your doctor to examine your esophagus, stomach, and duodenum (part of your small intestine). Biopsies can be taken to diagnose other diseases.

An intravenous (IV) catheter will be inserted into a vein in your arm to provide hydration and medication to keep you asleep during your procedure.

You will receive nasal oxygen. We will monitor your heart rate, blood pressure and blood oxygen level throughout the procedure.

Air or carbon dioxide and water will be placed into your colon during the exam. It is normal to expel these after the procedure.

You will rest in the recovery room after the procedure until you can tolerate liquids, walk unassisted, and have stable vital signs.

**THE ENTIRE PROCESS TAKES ABOUT 2 HOURS.**

If the start of your procedure is delayed, we will do our best to keep you informed. Rest assured that during your colonoscopy you will receive the highest quality care.

**IMPORTANT**

**72 HOURS NOTICE IS REQUIRED FOR CANCELLATION.**

IF YOU CANCEL LESS THAN 72 HOURS BEFORE YOUR PROCEDURE, YOU WILL BE CONSIDERED A “NO SHOW” AND MAY BE CHARGED A $50 FEE. THIS FEE IS NOT COVERED BY INSURANCE.

* You will receive anesthesia during the procedure. Anesthesia can make you dizzy, forgetful and or sleepy therefore:

**To Prepare for your Procedure**

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* A responsible adult, 18 years or older, must drive and/or escort you to and from your procedure.
* Bus, taxi, shuttle, or Uber/Lyft drivers **CANNOT** be your responsible driver.
* If you do not have a responsible adult to drive and/or escort you home, your procedure will be rescheduled.
* **Purchase Prep:**

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| A **“Colonoscopy Prep Kit”** can be purchased at one of our convenient office locations listed below. This Kit includes a 64 oz container, the necessary prep, Simethicone and 4 laxative tablets.  ***Please read directions carefully when mixing your prep***.   * 1991 Sproul Road, Suite 230, Broomall 610.449.1525 * 100 Lancaster Avenue, Suite 252, Lankenau MBE, Wynnewood 610.896.7360 * 325 Central Avenue, Suite 200, Malvern 610.644.6755 * 1088 W. Baltimore Pike, HCC II, Suite 2407, Media 610.565.1808 |
| **Or you may purchase your own:**  **MiraLax (Polyethylene Glycol) Laxative Powder 238g or 8.3 oz bottle**  This will be mixed with 64 oz. clear liquid of your choice:   * Clear juice – apple, white grape, lemonade * Gatorade or similar sports drinks * Kool Aid, Crystal Light * **NO RED OR PURPLE JUICE** * **NO JUICE WITH PULP** * **NO DAIRY DRINKS** * **NO ALCOHOL**     **Dulcolax (Bisacodyl) – 4 (four) 5 mg tablets**  **Simethicone (Gas-X) 2 (two) 125 mg tablets** |

* **General Instructions:**
  + Please notify office of any change in medical history. Example: chest pains, shortness of breath, arrhythmias, or recent hospitalizations
  + Must have a ride to accompany you home, you cannot drive after sedation.
  + Review and complete the stapled packet: Main Line Endoscopy Center Patient Registration forms. You are required to bring completed forms with you on day of procedure.
  + Wear comfortable clothes. You may feel bloated after the procedure.
  + Leave valuables at home or with the adult accompanying you.
  + Remove all jewelry, including body piercings.
* **DO NOT:**

Do not eat any of the following foods 2-3 days prior to procedure, as they can remain in your colon after the completion of your prep:

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| * Seeds * Nuts * Oatmeal | * Whole grains * Beans * Peas | * Corn * Peels of fruits or vegetables |

**PREPARATION: The Day *Before* your Procedure**

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| **Once you wake up in the morning you will be on CLEAR LIQUIDS ONLY**  ***NO SOLID FOOD*** | Follow a diet of **CLEAR LIQUIDS ONLY:**   * Water * Coffee or tea, ***without milk or cream*** * Clear juice – apple, white grape, lemonade (no pulp) * Broth, bouillon * Gatorade or similar sports drinks * Kool Aid, Crystal Light * Carbonated soft drinks – Coke, Sprite (regular or diet) * Jell-O™ (no added fruit or toppings; not red or purple) * Popsicles (not red or purple) * **NO RED OR PURPLE PRODUCTS** * **NO JUICE WITH PULP** * **NO DAIRY DRINKS** * **NO ALCOHOL** |
| **2:00 pm**  **the Day *Before* your Colonoscopy** | Take 4 (four) 5mg Dulcolax (Bisacodyl) with 8 oz water. |
| **6:00 pm**  **the Day *Before***  **your Colonoscopy** | **First Dose of Liquid Prep (32 oz):**  Mix 1 entire bottle of MiraLax (Polyethylene glycol) 238g in 64 oz of clear liquid.   * Drink 1 glass (8 oz) of MiraLax prep every 20 minutes until 4 glasses are finished. (32 oz Total). This will take approximately an hour and a half to complete. * Continue hydrating with clear liquids throughout the remainder of the day. |

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| **6 Hours Before your Appointment**  ***NO SOLID FOOD*** | **Second Dose of Liquid Prep (32 oz):**   * Drink 1 glass (8 oz) of MiraLax prep every 20 minutes until 4 glasses are finished. (32oz Total). This will take approximately an hour and a half to complete. * Take 2 Simethicone (Gas-X) tablets after completing the MiraLax prep. * The goal is to have slightly yellow liquid stool. |
| **4 Hours**  **Before your Appointment**  ***NO FOOD OR DRINK*** | All prep and clear liquids **MUST** be completed **4 hours** prior to your appointment.  This is the time when morning medications should be taken if directed to do so by your provider or wait until after your procedure.  *Nothing by mouth.* No hard candy, chewing gum, cigarettes, or medications.  Eating or drinking at this time may result in cancellation or delay of procedure. |

**PREPARATION: The Day *of* your Procedure**