



Colonoscopy Instructions

Your procedure is scheduled for _____, please arrive at _____.

Your estimated CoPay will be _____. You could receive up to 4 bills if your deductible or coinsurance applies. These bills are for the facility fee, physician fee, labs and anesthesia.

Please call your insurance directly with questions related to your coverage. Our NPI may be needed to obtain coverage information. Our NPI is 1023006079.

If you do not show up for your procedure, you will be responsible to pay a no show fee.

Your procedure is scheduled at:

- The Colonoscopy Center, Lansdale (815 Sumneytown Pike, Suite 110, Lansdale)
- The Endoscopy Center, Sellersville (817 Lawn Ave, Building B – 2nd Building in lot, Sellersville)
- Grandview Hospital (700 Lawn Ave, Sellersville)
- Einstein Hospital (559 W Germantown Pike, East Norriton)

- Your procedure will be performed by
- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Dr. Markos | <input type="checkbox"/> Dr. Lukaszewski |
| <input type="checkbox"/> Dr. O'Connor | <input type="checkbox"/> Dr. Nam |
| <input type="checkbox"/> Dr. Cheung | <input type="checkbox"/> Dr. Heller |

Attached you will find the instructions for your bowel prep.

Prior to arriving, please review our patient rights and responsibilities at <https://usdigestivehealth.com/privacy-policy/>

If you are unable to access the patient rights and responsibilities (or you would prefer a hard copy), have any questions in regards to the prep, or if you need to change your appointment please contact _____ at 215-257-5071 ext _____.

When you arrive for your procedure, please bring both a photo ID and your insurance card(s) with you. You can expect to be here for approximately 1 ½ hours.

Discontinue all tobacco products 24 hours before arrival. This includes vapes and medical marijuana.

For our female patients between the ages of 18-57: On the day of the procedure you will be asked to provide the date of your last menstrual cycle and asked if there is any chance you could be pregnant. If uncertain, we advise you to take a pregnancy test prior to your arrival or your procedure will be cancelled.

YOUR MEDICATION INSTRUCTIONS:

_____ **initial here**

- **Stop** taking medications with Iron 5 days prior to the procedure.
- Continue all prescribed medications unless otherwise instructed, including aspirin and Plavix.
- Stop any blood thinning medications only if you were instructed to do so.
- Take your medications 4 or more hours before your scheduled procedure with a sip of water. If you are not able to take them prior to 4 hours before your procedure, please wait until after your procedure.
- Please cease all medicinal and recreational smoked, ingested, or vaporized cannabis (weed) 24 hours prior to surgery. This also includes CBD products.

- **Do not drink any fluid within 4 hours of your procedure or it may be rescheduled.**

- **Diabetics:** If you have diabetes, check with your physician to see if changes are needed. ***Do not take your usual oral diabetic medications the night before and the morning of your procedure.*** Check your blood sugar before arrival. Call the office at 215-257-5071 if your blood sugar is 70 or below. Notify the staff immediately upon arrival as well.

- Please hold all SGLT 2 Inhibitors (such as Ozempic or Wegovy) for 7 days prior to the procedure.

- **SPECIAL MEDICATION INSTRUCTIONS:**

What is a Colonoscopy?

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.

- *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.*
- *In the event of medical need, you may require hospital admission.*

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 CHARGED A FEE. THIS FEE IS NOT COVERED BY INSURANCE.

PREPARATION: 1 Week before your procedure

- You will receive anesthesia during the procedure, ***so a responsible adult MUST accompany you to your colonoscopy. This person MUST bring you to the office, stay in the building the entire time, then bring you home. The side effects of anesthesia are sometimes dizziness, forgetfulness and sleepiness therefore:***
 - You may NOT be dropped off for your procedure.
 - A responsible adult must accompany you and stay with you if you take public transportation.
 - Bus, taxi, shuttle or UBER drivers CANNOT be your responsible driver.
 - If you do not have a responsible adult to accompany and stay with you, your procedure will be rescheduled.

- **Medication: See page 1.**

- **Obtain prep from your local pharmacy**

PREPARATION: 2-3 Days before your procedure

DO:

Drink plenty of fluids – at least eight 8 oz glasses per day.

This will help avoid dehydration, make the prep work more effectively and make you feel better overall.



DO NOT:

Do not eat any of the following foods, as they can remain in your colon after the completion of your prep:

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

A successful colonoscopy is a collaboration between you and your physician. Following these instructions is necessary so the physician can properly perform the procedure.

Failure to follow these directions may result in a poor prep and the need for your procedure to be repeated or rescheduled.

▪ **Medications:**

Review any personalized instructions on page 1.

▪ **Responsible Adult:**

Review requirement for the person accompanying you to your procedure on page two.

Remember, a responsible adult must accompany you to your colonoscopy and stay until discharge.

▪ **Other Items:**

- 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.

PREPARATION: The day before your procedure

No Solid Food the entire day prior to your procedure
Discontinue use of all tobacco products

Medication restrictions on this day.

- Do not take oral medications within 1 hour of starting each dose of SUTAB.
- If taking tetracycline or fluoroquinolone antibiotics, iron, digoxin, chlorpromazine, or penicillamine, take these medications at least 2 hours before and not less than 6 hours after administration of each dose of SUTAB

At 2:00 PM Open 1 bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.

- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

At 8:00 PM Open remaining bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.

- Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

Continue drinking fluids until bedtime as this will aid in the overall cleansing of your bowel for colonoscopy.

PREPARATION: The day of your procedure

No Solid Food Today Prior to your Procedure

Do not take anything by mouth within 4 hours of your procedure

AFTER YOUR COLONOSCOPY

For questions, call our office at 215-257-5071

- Rest and relax for the remainder of the day.
- We recommend that a responsible adult stay with you for 24 hours following your procedure.
- Resume your normal diet slowly and as tolerated.
- A feeling of fullness or cramping from remaining air or carbon dioxide may occur. This is totally normal. Mild activity such as walking will help to expel any excess gas. Lying on your left side or directly on your stomach may also help.
- Do not drive or operate any machinery, sign any legal documents, or make critical decisions or return to work until the next day.
- Do not drink alcohol or take any unprescribed medication.
- Mild abdominal discomfort or a small amount of rectal bleeding is not unusual after the procedure. However, if you experience significant pain, rectal bleeding, fever and vomiting or any other worrisome symptoms please notify your physician immediately.
- Follow up with your physician's recommendations for continued colon health.