



80 LANDINGS DRIVE, SUITE 205, WASHINGTON PA 15301
PHONE: (724) 941-3020 FAX: (724) 426-7713

COLONOSCOPY INSTRUCTIONS

PLEASE READ THE ENTIRE INSTRUCTIONS PACKET AND COMPLETE AS DIRECTED. ALSO, PLEASE TAKE YOUR PRESCRIPTION TO THE PHARMACY AT LEAST A WEEK IN ADVANCE.

DATE: _____

TIME: _____

The facility will contact you on the day before your procedure with your arrival time.

REPORT TO THE FACILITY MARKED BELOW

<input type="checkbox"/> Washington Hospital – 155 Wilson Avenue, Washington, PA 15301. Report to: Parking Garage Level 2, Main Entrance, Main Registration
<input type="checkbox"/> Tri State Surgery Center – 80 Landings Drive, Suite 101, Washington, PA 15301 Report to: First Floor, Suite 101
<input type="checkbox"/> St. Clair Dunlap Family Outpatient Center – 1000 Bower Hill Road, Pittsburgh, PA 15243 Report to: Dunlap Family Outpatient Center Main Entrance, 6 th Floor Endoscopy Suite

- **Due to the sedation you will receive, you MUST have someone available to drive you home. If you use transportation, someone must be with you to accompany you after the procedure.**
- **THE DAY BEFORE YOUR PROCEDURE: NO SOLID FOOD AT ALL. YOU MAY HAVE CLEAR LIQUIDS ONLY. PLEASE SEE THE FOLLOWING PAGES FOR CONTINUED INSTRUCTIONS.**

Your body loses significant amounts of fluid during bowel preparation. To prevent dehydration, it is important to supplement that fluid loss with clear liquids. Please make a conscious effort to drink as much water as you can before and during your preparation (until midnight), and after your colonoscopy.

ONE WEEK BEFORE YOUR COLONOSCOPY, PLEASE FOLLOW A LOW-FIBER/LOW-RESIDUE DIET. INSTRUCTIONS FOR THIS DIET ARE ATTACHED (BACK OF SECOND PAGE)

Clear liquids include anything that you see through, including: beef, chicken, vegetable broth or bouillon, apple juice, white grape juice, white cranberry juice, clear sodas (diet or regular, examples: Sprite, 7-Up, Ginger Ale, Cream Soda), Jell-O or popsicles (green or yellow only). Coffee and tea (NO milk or cream, but sugar or sweetener is OK). Avoid any liquid that is orange, red, blue or purple in color. Do not take any gum or chewing tobacco the day of your procedure.

BIOPSIES: The doctor may take a biopsy during your test. If biopsies are taken, you will be called within 7-10 business days after your test if your results are *ABNORMAL ONLY*. We do not call you if the results are normal.

MEDICATIONS: MOST MEDICATIONS CAN BE TAKEN AS PRESCRIBED WITH A SMALL SIP OF WATER. PLEASE CHECK BOTH TABLES TO ENSURE YOU ARE NOT TAKING ANY MEDICATIONS REQUIRING SPECIAL INSTRUCTIONS.

BLOOD THINNERS: PLEASE REFER TO THE CHART BELOW TO SEE IF YOU NEED TO STOP ANY BLOOD THINNERS. YOU MUST CONTACT YOUR PCP/CARDIOLOGIST PRIOR TO STOPPING THESE MEDS. IF THERE IS A PROBLEM, HAVE YOUR DOCTOR CONTACT OUR OFFICE.



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PLAVIX, AGGRENOX, EFFIENT, BRILLINTA	STOP 7 DAYS PRIOR
COUMADIN, WARFARIN	STOP 3 DAYS PRIOR
PRADAXA, XARELTO, ELIQUIS	STOP 2 DAYS PRIOR
HEPARIN (SUBCUTANEOUS)	STOP THE MORNING OF

DIABETICS: PLEASE SEE THE NEXT PAGE *IMPORTANT*

INSTRUCTIONS FOR DIABETICS (INCLUDES WEIGHT LOSS MEDICATION): PLEASE CONSULT THE TABLE BELOW FOR INSTRUCTIONS. YOU MUST CONTACT YOUR PCP OR ENDOCRINOLOGIST PRIOR TO STOPPING ANY MEDICATIONS OR ALTERING YOUR MEDICATION DOSAGE.

SHORT ACTING	EXENATIDE (BYETTA)	HOLD DAY OF PROCEDURE
	LIRAGLUTIDE (VICTOZA, SAXENDA)	HOLD DAY OF PROCEDURE
LONG ACTING	EXENATIDE (BYDUREON)	HOLD 1 WEEK PRIOR
	DULAGLUTIDE (TRULICITY)	HOLD 1 WEEK PRIOR
	SEMAGLUTIDE (OZEMPIC, WEGOVY, RYBELSUS)	HOLD 1 WEEK PRIOR
	TIRZEPATIDE (MOUNJARO)	HOLD 1 WEEK PRIOR

ATTENTION ALL PATIENTS

- PLEASE BRING YOUR INSURANCE CARD, PHOTO ID, AND MEDICATION LIST WITH YOU.
- EVERY FACILITY REQUIRES YOU TO HAVE SOMEONE WITH YOU TO DRIVE YOU HOME.
- IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS AND HAVE NOT INFORMED OUR OFFICE, PLEASE CALL OUR OFFICE AT (724) 941-3020 IMMEDIATELY: MALIGNANT HYPERTHERMIA, WEIGHT OVER 300 LBS, BMI OVER 45, DEFIBRILLATOR, LATEX ALLERGY, PAST ORGAN TRANSPLANT, ON OXYGEN 24/7, NO PERIPHERAL VENOUS ACCESS REQUIRING INSERTION OF A CENTRAL CATHETER, HISTORY OF ANESTHESIA PROBLEMS, NECK/JAW PROBLEMS, DIFFICULT INTUBATION.
- IF YOU HAVE A DEFIBRILLATOR, PLEASE CALL OUR OFFICE AND PROVIDE US WITH THE NAME OF THE COMPANY/MANUFACTURER AND THE MODEL #.
- IF YOU HAVE HAD PREVIOUS ORTHOPEDIC OR A CARDIAC IMPLANT AND HAVE REQUIRED ANTIBIOTICS PRIOR TO DENTAL OR ANY INVASIVE PROCEDURE, PLEASE CONTACT YOUR CARDIOLOGIST, ORTHOPEDIC SURGEON, OR FAMILY PHYSICIAN TO INQUIRE IF ANTIBIOTICS SHOULD BE NECESSARY FOR THIS PROCEDURE.
- IF A BIOPSY IS OBTAINED, YOU WILL BE NOTIFIED OF ANY ABNORMAL RESULTS. WE DO NOT CALL IF YOUR RESULTS ARE NORMAL. HOWEVER, YOU CAN CALL US IN 7-10 WORKING DAYS AFTER YOUR TEST TO INQUIRE ABOUT THE RESULTS.

TRI STATE SURGERY CENTER: Ph: (724) 225-8800

- **Tri State will contact you after 2:00 PM on the day before your procedure** to inform you of your report time. If you are not contacted, please call TRI STATE at (724) 225-8800 ext. 113.
- Tri State is on the **FIRST FLOOR** of the building. It is directly to the left of the front entrance.

ST. CLAIR DUNLAP FAMILY OUTPATIENT CENTER: Ph: (412) 942-4000

- St. Clair Hospital requires you to have someone else available to stay with you for 24 hours after your procedure.



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WASHINGTON HOSPITAL: Ph: (724) 223-3786

- Washington Hospital will contact you the day before your procedure to inform you of your report time. If you are not contacted by 3:00 PM on the day before your procedure, please call (724) 223-3786.

SUTAB INSTRUCTIONS

THE DAY BEFORE YOUR PROCEDURE: NO SOLID FOOD AT ALL. YOU MAY HAVE CLEAR LIQUIDS ONLY (EXAMPLES ON FIRST PAGE OF INSTRUCTIONS). PLEASE READ THE FOLLOWING INSTRUCTIONS CAREFULLY.

**** This prep is a SPLIT DOSE REGIMEN. There are TWO (2) SEPARATE DOSING TIMES. ****

**** IMPORTANT:** If you experience preparation-related symptoms (for example, nausea, bloating, or cramping), pause or slow the rate of drinking the additional water until your symptoms diminish.**

FIRST DOSE OF SUTAB. 5:00 PM ON THE DAY BEFORE YOUR COLONOSCOPY.

Step 1. Open one (1) bottle of 12 tablets.



Tablets not shown actual size.

Step 2. 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 of water over 15 to 20 minutes.

Step 3. Approximately one (1) hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

Step 4. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (to fill line) and drink the entire amount of 30 minutes.

After taking the prep, you may DRINK WATER ONLY UNTIL MIDNIGHT, then after midnight you may have NOTHING AT ALL BY MOUTH with the exception of the second dose of the prep.

SECOND DOSE OF SUTAB. 6 HOURS PRIOR TO PROCEDURE TIME

(THIS MAY BE LATE AT NIGHT/EARLY IN THE AM)

Step 1. Open one (1) bottle of 12 tablets.



Tablets not shown actual size.

Step 2. 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 of water over 15 to 20 minutes.

Step 3. Approximately one (1) hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.



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Step 4. Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (to fill line) and drink the entire amount of 30 minutes.

Please call (724) 941-3020 if you have any questions regarding the instructions for your prep.
(Instructions continued on next page)

NOTE REGARDING BILLING

PLEASE NOTE THAT MULTIPLE CLAIMS WILL BE SUBMITTED TO YOUR INSURANCE COMPANY FOR YOUR PROCEDURE(S) FROM:

1. THE PROVIDER (DOCTOR PERFORMING PROCEDURE)
2. THE FACILITY (LOCATION WHERE PROCEDURE IS DONE)
3. PATHOLOGY (IF BIOPSIES ARE TAKEN)
4. ANESTHESIA

DIETARY INSTRUCTIONS

IN THE WEEK LEADING UP TO YOUR COLONOSCOPY,
YOUR DOCTOR HAS PRESCRIBED A LOW-FIBER/LOW-RESIDUE DIET.

“Residue” is the word for parts of food, such as fiber, that pass undigested through the bowel. This is what forms stool. Low-residue foods are easily digested and absorbed. They leave the least residue, which results in less stool and a clean prep for your colonoscopy.

- Avoid nuts, seeds, dried fruits, dried beans, and peas.
 - Avoid whole grains and cereals.
- Choose cooked or canned fruits and vegetables over fresh ones.
- Choose white bread, white rice, and products made with refined flour.
 - Drink juices without pulp.
 - Eat tender, well-cooked meals.

ON THE DAY BEFORE YOUR COLONOSCOPY (TIL 5:00PM)
YOU MAY HAVE CLEAR LIQUIDS ONLY. CLEAR LIQUIDS INCLUDE:

- You may have any liquid you can see through that is not red, blue, purple, orange, brown, or black in color.
 - Beef, chicken, and vegetable broth or bouillon
 - Apple juice, white grape juice, white cranberry juice
- Clear sodas (diet or regular) such as Sprite, 7-Up, Ginger Ale, Cream Soda
 - Jell-O and popsicles in appropriate colors (see first bullet)
 - Coffee and tea (NO milk or cream, but sugar or sweetener is OK)
 - Do not use any chewing gum or chewing tobacco