Patient Name: DOB:

Procedure Date: Arrival Time:

2-Day Colonoscopy Preparation Instructions-PM

- A responsible adult **MUST** accompany you to and from your colonoscopy. We ask that your driver remains in the building or close by the facility. For afternoon procedures, drivers **MUST** be available to pick you up no later than 4:30pm.
- We **WILL NOT** discharge you after the procedure to a cab, bus, UBER/Lyft, or other transportation services without having a responsible adult with you.
- If you do not have a responsible adult to accompany you and drive you home, your procedure will be cancelled and/or rescheduled.

Preparing for your Exam: What to Bring

- A list of all medications you are taking, including over the counter medications, vitamins and supplements
- If using inhalers for asthma, please bring them with you
- Your insurance card and photo ID

Blood Thinners/Anticoagulation

- If you are on an **anticoagulant/blood thinner** (other than Aspirin) our nurse will call you with instructions after contacting your prescribing physician. **If you have not heard from our office 1 week prior to your procedure, please contact us at 610-431-3122**

Medication and Other Instructions

- **STOP** Iron supplements for 1 week prior to the procedure date (multi-vitamins are OK)
- **DO NOT** take water pills/diuretics on the day of the procedure (HCTZ (Hydrochlorothiazide), Lasix (Furosemide), Dyazide, Diovan HCT (Spironolactone))
- **CONTINUE** all prescribed medications unless instructed. For example, heart, blood pressure, thyroid, seizure and/or anxiety medications **CAN** be taken the morning of the procedure with a sip of water 2 hours prior to arrival time
- If on Effexor, **STOP** the medication **1 day before the procedure**
- **ALL weight loss medications (GLP-1), certain diabetic medications (SGLT-2) and some cancer treatment medications MUST be held prior to procedure. Please contact us if you have not received instructions. Failure to hold these medications will result in the cancellation of your procedure**
- Diabetic patients:

- **DO NOT** use any form of cannabis (weed) 12 hours prior to your arrival time
- **MUST REMOVE ALL** facial piercings prior to arrival for the procedure

Prep Kit / Prep Supplies

For your convenience, a Colonoscopy Prep Kit can be purchased at the US Digestive Health – West Chester office. Insurance does not cover the cost of the Prep Kit, which may be purchased for $40.00

You may purchase the prep kit supplies on your own at the store. We recommend purchasing these items at least 5 days before your procedure. Those supplies are:

1. MiraLAX- Purchase Two (2) 8.3oz bottles. It is OK to purchase the generic
2. 128oz of either Gatorade or another electrolyte drink (i.e. Propel, Powerade) No **Red or Purple**
3. Four (4) Dulcolax Laxative 5mg tablets (generic Bisacodyl is acceptable)
4. Two (2) GAS-X 125mg tablets (generic Simethicone Chewable is acceptable)

West Chester Endoscopy
915 Old Fern Hill Rd. Building B, Suite 300
West Chester, Pa. 19380
Prep instructions, patient forms and FAQ's can be found on our website: www.westchesterendocenter.com

Patient Name: DOB:

Procedure Date: Arrival Time:

2-Days Before Your Procedure (Part One)

Two Days Before Your Procedure (Part One)

2:00pm (2 days before your procedure)	• Mix 8.3oz (238g) of MiraLAX into 64oz electrolyte drink. If using the powder electrolyte mix from prep kit purchased in office, use (1) packet. • Drink an 8oz cup every 15 minutes until the liquid prep is finished.

- **THIS IS PART ONE OF A TWO-DAY BOWEL PREPARATION FOR YOUR COLONOSCOPY**
- You may **ONLY** have a **Full Liquid Diet**. Do **NOT** eat any solid foods. See list below for permitted liquids
- Take all your normal prescription medications, unless advised otherwise
- Follow the instructions below. **DO NOT** follow the instructions on the bottle/package

Approved Foods for Full Liquid Diet	Foods to Avoid
• Water and soda • Tea or coffee • Gatorade, Kool-Aid (NO red or purple) • Strained fruit juices (no pulp) • Milk, milk drinks, milk shakes • Custard, pudding • Sherbert, ice cream • Strained soups, broth • Strained cream soups • Popsicles without fruit • Water Ice • Jell-O / gelatin without fruit	• Meats, eggs • Vegetables • Fruits • Fruit juices with unstrained fruit or pulp • Breads • Alcoholic beverages • Grains, nuts, corn and seeds

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Patient Name: DOB:

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PART TWO: See the Day Before Procedure Preparation Instructions on Page 3

THE DAY BEFORE YOUR PROCEDURE (Part Two)

The Day *Before* Your Procedure (Part Two)

- **CLEAR LIQUIDS ONLY** the entire day *before* your procedure
- Take all your normal prescription medications, unless advised otherwise
- Follow the instructions below. **DO NOT** follow the instructions on the bottle/package

4:00pm	• Take 4 Dulcolax (Bisacodyl) Laxative tablets with 8oz of water.
6:00pm	• Mix 8.3oz (238g) of MiraLAX into 64oz (1/2 gallon) electrolyte drink. If using the powder electrolyte mix from prep kit purchased in office, use remaining (2) packets. • **Split in half. You should have two (2) 32 oz doses**. • Refrigerate
8:00pm	• Drink the first half (32oz) of liquid prep in 8oz glasses every 15 minutes over the next 2 hours.

The Day of Your Procedure

6:00am	• Drink the second half (32oz) of liquid prep in 8oz glasses every 15 minutes over the next 2 hours. • Take (2) Simethicone (GAS-X) tablets after drinking bowel preparation. • **You MUST finish the prep by 8:30am**

ALL PREP AND CLEAR LIQUIDS MUST BE COMPLETED BY 8:30AM

NOTHING by mouth after 8:30am (liquids, hard candy, nicotine pouches, chewing gum, etc.) **FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN THE DELAY OR CANCELLATION OF YOUR PROCEDURE**

Please call 610-431-3122 or visit www.westchesterendocenter.com with any questions or concerns

Approved Clear Liquids	Avoid These Liquids

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• Water and soda • Tea or coffee (no milk or cream) • Clear broth (beef, chicken or vegetable) • Clear light-colored juices or sport drinks • Popsicles without fruit or cream • Jell-O / gelatin without fruit	• Red or purple liquids • Milk or cream • Alcoholic beverages • Orange, grapefruit and tomato juice • Soup other than clear broth

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