



Procedure Information

You are scheduled for a Colonoscopy. Please read all of the attached information as soon as possible so you are prepared for your upcoming procedure.

PHYSICIAN PERFORMING PROCEDURE: _____

DATE: _____

LOCATION: _____

PROCEDURE TIME: _____

CHECK-IN TIME: _____

Please closely follow the instructions below in prepping for your procedure. It is very important that you follow them carefully, or we will be unable to perform the procedure and it will be canceled.

This packet includes:

1. Instructions for 14 days, 5 days, 3 days and 2 days prior to your procedure
2. Instructions for diabetic patients
3. Instructions for the day prior to your procedure
4. Shopping list for the preparation
5. Colonoscopy information

This information should answer most of the questions you may have about your procedure. If you still need additional assistance, please contact our office nearest you.

As a reminder, if you cancel your procedure less than 3 business days before your scheduled appointment, you may be charged a \$100 no show fee.

You must have an adult driver with you at all times when you are at the endoscopy center/hospital. You should expect to be at the endoscopy center/hospital between 2 ½ and 3 hours. Your driver must stay at the endoscopy center/hospital during your procedure.

Exception: If you are scheduled for a flexible sigmoidoscopy and you are NOT receiving sedation, then you may drive yourself home after your procedure.

Carolina Digestive Health Associates
Phone Numbers

Billingsley: 704-372-7974

Matthews: 704-814-0779

Belmont: 704-820-9430

Concord: 704-455-9700

Monroe: 704-291-2488

Davidson: 704-799-2750

Pineville: 704-543-7305

University: 704-547-8818

Medication Instructions

14 DAYS BEFORE PROCEDURE:

- Discontinue taking Phentermine, Belviq and Hydroxycut.

7 DAYS BEFORE YOUR PROCEDURE

- Stop taking (Trulicity) Exenatide (Byetta) Exenatide Extended Release (Bydureon BCise) Liraglutide (Victoza) Lixisenatide (Adlyxin) Semaglutide subcutaneous, tablet (Ozempic, Rybelsus) Tirzepatide (Mounjaro).

5 DAYS BEFORE PROCEDURE:

- Discontinue taking medicines that may thin your blood, such as: COUMADIN, Jantoven, PLAVIX, TICLID, Heparin, Aspirin, Excedrin, Effient, Alka Seltzer, Empirin, Ecotrin, Bufferin, Ascriptin, Ibuprofen, Motrin, Advil, Medipren, Nuprin, Naproxen (Naprosyn), Aleve, Sulindac, Clinoril, Piroxicam, Feldene, Indomethacin, Indocin, Diclofenac, Voltaren, BRILINTA(Ticagrelor), Meloxicam, Anagrelide, Trental(Pentoxifylline and Effient (Prasugrel) unless otherwise directed by your physician. If any of these are a medical necessity for you, please inform us as soon as possible by calling our office.
- Please stop all iron products, multi-vitamins, fish oil, Vascepa and Lovaza
- ***** If you do not see your medication or supplement listed here, verify with your local pharmacy your medication doesn't include Aspirin. *****
- ***** Contact us if any major health problems occur between now and your procedure**
- **Tylenol is safe to use prior to this procedure.**
- After your procedure, you will be informed when you may resume taking your regular medications.

2 DAYS BEFORE THE PROCEDURE:

- Discontinue taking Xarelto, Eliquis, and Pradaxa. If either of these are a medical necessity for you, please inform us NOW.

*******DAY OF THE PROCEDURE*******

- If you take Blood Pressure Medications, Heart Medications, or Seizure Medications take your medicines, at the times you normally would, with a sip of water

Diabetic Instructions

GENERAL INSTRUCTIONS FOR DIABETIC PATIENTS

- Check your blood glucose during the preparation period, especially if you suspect it is too low. ○ Your blood glucose levels may run higher than usual during this period due to adjustments in your diabetes medication. If blood glucose becomes extremely high (greater than 350), call our office, your PCP or your diabetes doctor.
- For low blood glucose levels, you may drink sweetened clear liquids (such as apple juice). Inform the endoscopy nurse upon arrival if this was necessary.
- Resume your usual diabetic diet and medications immediately after your procedure(s) unless you are instructed to do otherwise. If your diet remains restricted following the procedure, ask for instructions regarding diabetic medication adjustment.

If you are diabetic and having a Flex Sigmoidoscopy follow these instructions:

ORAL DIABETES MEDICATIONS - If you take oral diabetic medications, stop these medications the day before your flex sigmoidoscopy. Restart these medications after the procedure when you resume eating.

INSULIN – If you take insulin of any type, follow these guidelines:

Lantus or Levmir - Take your usual dose unless your blood glucose is tightly controlled (glucose levels are usually in the normal range or are occasionally low). In that case, reduce the dosage by one forth on the day before you begin your prep (two days before your flex sigmoidoscopy) and on the day of the prep (the day before your flex sigmoidoscopy). Resume your usual dose after the procedure. (Example: If you take 40 units, adjust to 30 units)

70/30 or 75/25 insulin - Take half of your usual dose the day of the prep (the day before your flex sigmoidoscopy). On the morning of the procedure, take half of your usual dose or, if you have a procedure before 11:00am, bring your insulin with you to take before your next meal. Resume your usual dose after the procedure.

Meal-related insulin – If you take a set dose of insulin before each meal, stop this the day of the prep (the day before your flex sigmoidoscopy). Continue to take Sliding Scale Insulin as usual. Resume your usual dose after the procedure.

Sliding Scale Insulin – Continue this as usual.

Insulin pump – Reduce the dose of your insulin by one forth or consult your endocrinologist for recommendations. Resume your usual dose after the procedure. (Example: If you take 4 units/hour, adjust to 3 units/hour)

Flex Sigmoidoscopy PM

3 DAYS BEFORE THE PROCEDURE

- ☐ Stop eating CORN, BEANS, CELERY, LETTUCE, TOMATOES, RAW FRUITS, SEEDS, and NUTS until after your flex sigmoidoscopy.
- ☐ Pick up supplies from your pharmacy (see shopping list)

DAY BEFORE YOUR PROCEDURE

- ☐ You may have breakfast and a light lunch.
- ☐ You should place your magnesium citrate in the refrigerator to get cold.
- ☐ After your light lunch you should only have clear liquids.

NO SOLID FOODS UNTIL AFTER THE PROCEDURE IF YOU EAT, YOUR PROCEDURE WILL BECANCELLED

- ☐ You will have nothing other than clear liquids until after your procedure has been completed. The clear liquid diet ends four (4) hours before your procedure; at that point you must have nothing further.
- ☐ You may have water, clear fruit juices (white grape, apple), soda (Sprite, Ginger Ale, Pepsi, Coke, and diet colas), Jell-O, ice pops, broth, bouillon, coffee, tea, Gatorade
- ☐ You may NOT have anything red, purple, blue, orange
- ☐ You may NOT have milk or milk products (this includes non-dairy creamers)

TAKING YOUR PREP MEDICATIONS

6:00 pm – The Morning your Procedure

Drink the 8 oz. bottle of magnesium citrate. Drink slowly since rapid consumption can cause nausea, bloating and vomiting. If you feel yourself getting sick, you may stop for 30 minutes and then restart. Do not take any other medications within 1 hour of starting to drink the magnesium citrate.

4 HOURS PRIOR TO LEAVING HOME

You may have clear liquids up until 4 hours before your procedure time. During the 4 hours before your procedure, you may not have anything to eat or drink including: water and all other clear liquids, gum, candy, chewing tobacco, snuff or food items.

2 HOURS PRIOR TO LEAVING HOME

Give yourself 2 Fleet Enemas. You need to insert one, hold as long as possible and then expel. You must do this 2 times prior to leaving the house.

AFTER THE PROCEDURE

When the scope is removed, you may feel the urge to pass air out of your rectum. This is a normal response. You may return to a normal diet as tolerated, unless otherwise instructed by your physician. If you experience abdominal pain or rectal bleeding please contact our office.

If it is after hours please go to the emergency room to be evaluated.

Your Shopping List

Items to purchase from your pharmacy:

- ☐ 8 oz. Bottle of Magnesium Citrate
- ☐ 2 Fleet Enemas

Examples of clear liquids you may purchase from any store:

- ☐ Water
- ☐ ICE pops (yellow & green) No fruit bars
- ☐ Yellow, Green or Clear colored Gatorade
- ☐ Broth
- ☐ Clear fruit juice – white grape or apple
- ☐ Bouillon
- ☐ Soda - Sprite, Ginger Ale, Pepsi, Coke,
- ☐ Coffee (no creamer)
- ☐ Jell-O (yellow & green)
- ☐ Tea (sweet or unsweet, hot or cold)

***DO NOT HAVE ANYTHING RED, PURPLE, BLUE, ORANGE
DO NOT HAVE MILK OR MILK PRODUCTS (THIS INCLUDES NON-DAIRY CREAMERS)***