1. You are scheduled for a colonoscopy on __________ at approximately __________. You MUST arrive at __________ am/pm.

2. **5 DAYS PRIOR TO PROCEDURE:** If you take a blood thinner called Coumadin, Warfarin, or Jantoven, you must stop this medication 5 days prior to your procedure. Your labs will be drawn the day before your procedure to check your levels. The doctor will inform you after the procedure when to restart your Coumadin.

   Medications you must stop 5 days prior to your procedure include: Plavix, Iron, Vitamin E, Fish Oil, unless otherwise instructed by your doctor. The doctor will inform you after the procedure when to restart the above medications. Some multivitamins contain a small amount of iron, but are all right to take.

3. **3 DAYS BEFORE PROCEDURE:** EAT A LOW ROUGHAGE DIET STARTING 3 DAYS BEFORE THE PROCEDURE. See attached.

4. **2 DAYS BEFORE PROCEDURE:** You will be on a clear liquid diet the entire 2 days before your procedure. Attached is a clear liquid diet.

5. **DAY OF PROCEDURE:** If you are diabetic, DO NOT TAKE YOUR INSULIN or ORAL AGENT THE DAY OF YOUR PROCEDURE. TAKE HALF (1/2) YOUR USUAL DOSE OF INSULIN or ORAL AGENT THE DAY BEFORE YOUR PROCEDURE. **Bring your medication with you the day of your procedure.**

   Eating/Drinking prior to your procedure: Four (4) hours prior to your procedure: NOTHING BY MOUTH (not even water)

   Other medications: Take your heart, blood pressure, seizure, depression, nerve and/or stomach medications at your normal time of day, but Must be at least 4 hours prior to your procedure. If you take a respiratory inhaler please take it at your normal scheduled time.

6. You must have a responsible adult to bring and take you home after the procedure. Your driver must stay on the hospital grounds while you are here. You must not drive for 16 hours after the procedure. If you do not have transportation home, the procedure will be cancelled. Taxi service is not an acceptable form of transportation, unless you have a responsible adult with you. You will be ready to go home when your doctor discharges you. Remember you must not drive for 16 hours for your own safety and the safety of others.

7. If you have a change in your health (prior to your procedure), please contact your physician’s Team Leader as soon as possible.

8. For any questions regarding these instructions, please call 352-331-8902 between 8am-5pm, Monday thru Friday. Ask for Procedure Scheduling Department.

9. Please leave your valuables at home the day of your procedure. Also, due to space limitations, please limit the number of people that come with you to 1 or 2.

   You will receive two separate charges for your procedure, one from your DDA physician and one from the facility where the procedure was performed.

   **If you have any changes in your insurance please contact our Insurance department at 352-331-8902**

A minimum of 48-hours advance notice is required if you must cancel or reschedule you appointment. A missed appointment fee of $75 will be charged for missed appointments without the minimum 48-hour notice.
LOW ROUGHAGE DIET
Three days prior to your procedure begin a low roughage diet

All Day on ______________________________________________

EAT:
- Breads, Cereals, crackers, chips, and pasta with less than 1 gram of fiber per serving (ideally, look for products with zero grams of dietary fibers per serving.)
- White rice
- Vegetable juices without seeds or pulp
- Fruit juices with no pulp
- Milk, Yogurt, Pudding, Ice Cream, and cream-based soups and sauces (Strained)
- Tender meat, Poultry, Fish and Eggs
- Oil, Margarine, Butter, and Mayonnaise
- Smooth salad dressings
- Broth-based soups (strained)
- Jelly, Honey and Syrup

AVOID:
- Whole-grain Breads, Cereals and Pastas
- Whole Vegetables and Vegetable sauces
- Whole Fruits, including canned fruits
- Nuts or pieces of fruits or vegetables
- Tough or coarse meats with gristle and luncheon meats or cheese with seeds
- Peanut Butter
- Salad dressing with seeds or pieces of fruits or vegetables
- Seeds
- Nuts
- Marmalade

While consuming a low-residue diet, limit dairy products (such as milk, yogurt, pudding, ice cream and cream-based soups and sauces) to no more than 2 cups a day.

CLEAR LIQUID DIET

ALL DAY________________________________ and up to 4 hours prior to your procedure on ________________________________

EAT:
- Clear fruit juices (i.e. Apple juice or White Grape juice)
- Clear broth, bouillon and consommé
- Clear flavored gelatin
- Popsicles and/or flavored ices
- Black coffee, tea, carbonated beverages (Coke, Pepsi, or Sprite) and /or powdered drink mixes (Must Be Clear)
- Salt and Sugar

You MUST AVOID the following
- Juice with pulp (i.e. Orange, Grapefruit, Tomato, or V-8)
- Ice Cream
- Milk and/or Creamer – Including non-dairy and Protein Shakes
- Alcohol
- Anything RED in color

Avoid any food or drink red in color
GOLYTELY, NULYTELY, OR COLYTE PREP

Your doctor has ordered a special preparation to clean out your large intestine (colon). This preparation is called Golytely (Nulytely or Colyte). It is not absorbed by your body but rinses all solid matter from your colon allowing the doctor to visualize inside your colon. You will have liquid stools. A prescription for Golytely (Nulytely or Colyte) is attached to this instruction packet and should be filled at your pharmacy.

Mix the Golytely (Nulytely or Colyte) the night before you are to begin drinking it and refrigerate it. The Golytely (Nulytely or Colyte) bottle has a fill line on it. Just add water to the fill line, replace cap and shake. The entire day before your exam you will be on a clear liquid diet starting with breakfast.

START drinking the Golytely *Nulytely or Colyte between 12:00 P.M. (Noon) and 6 P.M. the day before your examination is scheduled. You may start earlier.

Drink the Golytely: Every 15 Min. drink 8 oz glass of the solution until half of solution is gone.

If nauseated stop the prep for 45 minutes then resume. If you feel full or feel cramps or nausea, you may be drinking too fast. Sip the solution slowly. You may add clear, sugar-free, powdered flavor enhancers (such as Crystal Light®) or lemon juice to improve the taste. It is most important to finish drinking the entire bottle of the prep.

If nausea persists, stop drinking the prep and call the office at 352-331-8902 (We have a on call doctor available all hours). Continue to drink clear liquids until bedtime.

FOR MORNING PROCEDURES
   TWO TO FOUR HOURS AFTER STARTING GOLYTELY
   Drink the other half: Every 15 Min. drink 8 oz glass of the solution until the entire solution is gone.

FOR AFTERNOON PROCEDURES
   THE DAY OF PROCEDURE BEFORE 6 A.M.
   Drink the other half the Golytely: Every 15 Min. drink 8 oz glass of the solution until the entire solution is gone.

USE ONLY IF BOX □ IS CHECKED! Both are available over the counter at your local drug or grocery store.

☐ Take 2 Bisacodyl 10 Mg. (Laxative) Tablets after finishing Golytely prep. (*If you have any dye allergies please notify us)

☐ Magnesium Citrate. (NOT CHERRY FLAVORED) One bottle, after dinner, two days before the procedure (only for diagnosis of constipation).

You may want to apply A&D Ointment or KY Jelly to the anal area before and during your preparation for your colonoscopy to relieve anal irritation.
INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY

Direct visualization of the digestive tract with a lighted instrument is referred to as Gastrointestinal Endoscopy. Upper Endoscopy refers to visualization of the esophagus, stomach, and the first portion of the small intestine (duodenum). Colonoscopy refers to visualization of the large intestine (colon). Sigmoidoscopy involves examination of the last portion of the large intestine. These three procedures are considered to be safe with few complications. The following information is presented to help you understand the procedure(s) and the possible risks, benefits and alternatives associated with each examination.

THE PROCEDURE — The endoscopy will be performed with you lying on your left side. Medications will be administered through the intravenous line and oxygen will be delivered into your nose. Blood pressure, breathing, and heart rhythm will be monitored. During upper endoscopy a plastic mouth guard will be placed between your teeth to prevent damage to your teeth and the scope. During colonoscopy a rectal exam will be performed.

The endoscope is a flexible tube with a lens and a light source that allows the endoscopist to look at the image in a TV monitor. The image is magnified many times so the endoscopist can see minute changes in tissue. At the time of your examination, the inside lining of your digestive tract will be inspected and possibly photographed. If any abnormality is seen or suspected, a small portion of the tissue (biopsy) may be removed for special studies. Small growths (polyps) can frequently be removed completely (polypectomy). If a narrowed portion of the intestine is encountered (stricture), the narrowing may be stretched to a more normal size (dilatation).

The endoscope contains channels that allow the endoscopist to take biopsies (small pieces of tissue) and to introduce or withdraw fluid and air. Biopsies are not painful. Air is introduced through the scope to open up the esophagus, stomach, and intestine so the scope can be passed through these structures and to allow the endoscopist to see. At the end of the procedure you may need to release gas. This is normal. The endoscope does not interfere with your breathing. It is controversial whether preventive antibiotics are necessary for patients with an artificial heart valve or severe valvular heart disease who are undergoing routine Colonoscopy and/or polypectomy. Your physician will decide if antibiotics are appropriate for you. Due to the recent extensive coverage of AIDS by the media, some patients have expressed the concern that they might, in fact, contract AIDS through this examination. All our instruments are thoroughly disinfected per CEC guidelines after each use. Only techniques known to kill disease-causing bacteria and viruses, including the hepatitis and AIDS virus, are employed in this process.

RECOVERY — After the endoscopy, you will be kept for a time for observation while some of the medicine wears off. The most common discomfort after the examination is a feeling of bloating from the air introduced during the examination, which resolves quickly. You may be allowed to drink liquids during recovery. The medicines leave many patients feeling tired afterwards or they may have difficulty concentrating, so you can not return to work that day.

The endoscopist can usually tell you the results of your examination before you leave the endoscopy unit. If biopsies have been taken or polyps removed, you will be instructed to call back for results. Tissue that has been removed is sent to a laboratory for analysis and it may take several days for a report to be completed.

COMPLICATIONS — Endoscopy is a safe procedure and complications are rare, but can occur:

- Aspiration of food or fluids into the lungs, the risk of which can be minimized by having you refrain from eating or drinking for several hours before the examination. Respiratory depression and cardiac rhythm disturbances due to the administration of sedatives can occur. The risk of these problems occurring is 0.5%. Approximately 0.08% of patients may experience aspiration pneumonia, which has an associated 10% death rate. There is a 3% risk of spreading bacteria into the blood from the Colonoscopy. This generally does not pose a clinical problem.

- The endoscope can cause a tear or hole in the tissue being examined. This is a serious complication but fortunately occurs only very rarely. There is a 0.2-0.4% risk of perforation of the colon with colonoscopy; Perforation would require hospitalization with administration of antibiotics and intravenous fluids or surgical treatment repair. If a polyp is found in the colon, an attempt will be made to remove the polyp with a snare or hot biopsy and electrocautery. This procedure carries a perforation risk of 0.3%-1%. If a balloon dilatation of a surgically-induced stricture is recommended, this procedure carries a perforation rate of 4.6%.

- Bleeding can occur from biopsies or the removal of polyps, but it is usually minimal and stops quickly on its own or can be easily controlled. Bleeding rate is 0.7-2.5%. Bleeding may occur up to two weeks following the removal of the polyp due to sloughing of the scab at the polypectomy site. Occasionally, bleeding may require a blood transfusion. A blood transfusion is necessary only in the event of a complication and is not always needed even with complications. The risks associated with a blood transfusion, if required, are rare. Hepatitis, HIV or an infection may be transmitted with a statistical frequency of about 1 in 20,000 units. Acute reactions such as chills, muscle aches, fevers, or dysphoria may also occur.

DDA Account Number: ____________________________ Patient Name: ____________________________
Reactions to the medicines used to sedate you are possible, so the endoscopy team (doctors and nurses) will ask you about previous medication allergies or reactions and about health problems such as heart, lung, kidney, or liver disease. Providing this information to the team ensures a safer examination. There is the possibility of experiencing a rare allergic reaction to the medications used to achieve sedation. This reaction may result in hospitalization or very rarely death. The drugs usually used are intravenous Versed (Midazolam), Propofol or Fentanyl. On occasion, other drugs such as Brevital and/or Benadryl may be used.

The medications can also produce irritation in the vein at the site of the intravenous line. If redness, swelling, or warmth occurs, warm to hot wet towels applied to the site may relieve the discomfort. If discomfort persists, notify your doctor or the endoscopy unit. Inflammation of the intravenous site may require antibiotic therapy and hospitalization.

There is a very rare possibility of a ruptured spleen. A ruptured spleen may require hospitalization with the administration of antibiotics, intravenous fluids, and may require surgery to remove the spleen. The incidence of death following Colonoscopy is extremely rare but has been reported in the medical literature.

The miss rate of colonoscopy for polyps smaller than 5mm is 27% and 6% for lesions greater than 10mm. Colonoscopy is recommended approximately every 10 years for average-risk individuals.

Acute and chronic renal failures have been reported as a consequence of bowel preparation for a colonoscopy, as well as dehydration and heart failure.

All of the above complications are considered rare. They have been reported to happen with a statistical frequency of about 1 in 1,500 to 2,000 cases.

Bruising or a small tear in the inside of the lip may occur. Crown, carious or loose teeth, and dental appliances may be damaged if you bite down on the plastic airways or mouth-piece that will be placed in your mouth during your procedure. We cannot be held responsible for this type of damage.

AFTER ENDOSCOPY — though patients worry about the discomforts of the examination, most people tolerate it very well and feel fine afterwards. Some fatigue is common after the examination, and you should plan to take it easy and relax the rest of the day.

You should contact your doctor about the results of your test if you have any questions and especially if biopsies were taken. The endoscopy team can give you some guidelines as to when your doctor should have all the results and whether further treatment will be necessary.

The following symptoms should be reported immediately: Severe abdominal pain (not just gas cramps), A firm, distended abdomen, Vomiting or Fever, Difficulty swallowing/severe sore throat, A crunching feeling under the skin, Rectal bleeding more than a few tablespoons

Alternative methods for evaluation of the gastrointestinal tract are radiological studies. These involve drinking a contrast agent or introducing a contrast into the rectum. These are less sensitive than Endoscopy for detecting abnormalities. Once an abnormality is noted, it can only be sampled (biopsied) by surgery or Endoscopy. Benefits of Procedures/Treatments: The benefit of endoscopic evaluation is that Endoscopy is a direct inspection and biopsy, bleeding treatment, and polyp removal may be performed in the same procedure. This will help establish your diagnosis.

My signature below indicates that I have read and understand this handout. I have had the opportunity to ask questions about the procedure and my questions, if any, have been answered to my satisfaction. My signature below also indicates that if I have a biopsy taken during my procedure, I will have the results within 14 days if not, in 14 days I will call 352-331-8902 to get my results.

I have received a North Florida Endoscopy Center packet, which includes: ♦ Patient rights and responsibilities, ♦ Disclosure of physician ownership in the Endoscopy Center, ♦ Information and facility policies concerning advanced directives, ♦ Information concerning the patient informed consent.

Print Patient’s Name ___________________________ X Patient’s Signature

Witness’ Signature ___________________________ Date ___________________________

DDA Patient Number ___________________________ Procedure Date- Golytely prep