



Patient's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

You will receive a phone call from the endoscopy nurse within three days of your procedure for instructions and arrival time; please call (859) 258-4289 with any questions. **If you do not have a working phone number by which we can reach you or leave a message for a return call, please call us.** You will also receive a letter concerning your co-pay and deposit/co-insurance, which may be due at the time of your procedure. **For financial questions call (859) 258-4045.**

## INSTRUCTIONS FOR COLONOSCOPY

- Discontinue use of any aspirin or aspirin-like products (Advil, Motrin, Ibuprofen, Excedrin, Aleve, or Bayer) at least 5 days prior to the scheduled procedure. Tylenol and Celebrex are permitted.
- Discontinue use of any blood thinning agents (Coumadin, Heparin, Plavix, Effient or Ticlid) at least 5 days prior to the procedure. Lovenox should be discontinued 12 hours prior to the procedure. **However, do not stop your blood thinning agents if you have a history of blood clots or a prosthetic valve before speaking with your primary care physician. Call your primary care physician at least five days prior to your procedure for instructions regarding your blood thinners.**
- Please bring a list of all medications you are currently taking along with the correct dosages.
- All patients **MUST** have a driver. The driver **MUST** be able to wait in the surgery center during the procedure.
- Check in on the first floor of the Ambulatory Surgery Center (Building 1225, with the green metal roof).

### OPTIONS FOR YOUR COLON PREP:

<b>OPTION 1</b>	<p><b>MoviPrep</b></p> <p><b>Purchase:</b> MoviPrep (This <b>DOES</b> require a prescription). <b>Note:</b> This is the patient <i>preferred</i> prep.</p> <p><b>Instructions – One (1) day prior to scheduled procedure:</b></p> <ol style="list-style-type: none"> <li>1. Clear liquid diet all day. No solid food or products containing milk or pulp. Examples of clear liquids are apple juice, white grape juice, chicken or beef bouillon/broth, popsicles, Jell-O (no red or purple colors), sodas, coffee and tea (both without cream or milk).</li> <li>2. At 5 p.m. Empty 1 pouch A and 1 pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to dissolve. (If preferred, mix solution ahead of time and refrigerate prior to drinking. The mixed solution should be used within 24 hours.)</li> <li>3. The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8 oz.), until the full liter is consumed. Then drink 16 oz. clear liquid of your choice. This is a necessary step to ensure adequate hydration and an adequate prep.</li> <li>4. If your procedure time is <b>BEFORE</b> 12:00 p.m. , at 8 p.m. the evening before your procedure, repeat steps 2 and 3.</li> <li>5. If your procedure time is <b>AFTER</b> 12:00 p.m., at 6 a.m. the day of your procedure repeat steps 2 and 3. (If unable to do this please call us at (859) 258-4289).</li> </ol>
-----------------	---

<b>OPTION 2</b>	<p><b>GoLytely Prep</b></p> <p><b>Purchase:</b> GoLytely (This <b>DOES</b> require a prescription). <b>Note:</b> This option is more to drink at one time and all the day prior.</p> <p><b>Instructions – One (1) day prior to scheduled procedure:</b></p> <ol style="list-style-type: none"> <li>1. Clear liquid diet all day. No solid food or products containing milk or pulp. Examples of clear liquids are apple juice, white grape juice, chicken or beef bouillon, popsicles, Jell-O (no red or purple colors), sodas, coffee and tea (both without cream or milk).</li> <li>2. Mix GoLytely solution - Open bottle, pour in one flavor pack of your choice. Add water to top line on bottle. Place cap on bottle and shake until powder is dissolved. Place in refrigerator to chill.</li> <li>3. Between 3 p.m. and 5 p.m., start drinking GoLytely solution. Drink one 8 oz. glass every 15 minutes until GoLytely is finished. <b>Drink ALL of the solution.</b></li> </ol>
-----------------	--

### YOU MAY CONTINUE A CLEAR LIQUID DIET UNTIL 6 HOURS PRIOR TO YOUR PROCEDURE.

After completing the preparation, your stools should be yellow or clear liquid. If not, please call (859) 258-4289.

After 5 p.m. call (859) 258-4950 and ask for the on-call physician for further instructions.