



# Albany Gastroenterology Consultants, P.C.

YOUR PROCEDURE IS SCHEDULED AT:

- \_\_\_ ENDOSCOPY CENTER - 1375 Washington Avenue, Albany (2<sup>nd</sup> Floor, Suite 201)
- \_\_\_ ST. PETER'S HOSPITAL - 315 South Manning Boulevard, Albany (4<sup>TH</sup> Floor, Ambulatory Surgery)
- \_\_\_ ALBANY MEMORIAL HOSPITAL - 600 Northern Boulevard, Albany (Main Entrance – Outpatient Registration)
- \_\_\_ ALBANY MEDICAL CENTER – 47 New Scotland Avenue, Albany (Outpatient Registration)

PATIENT NAME: \_\_\_\_\_ PHYSICIAN: \_\_\_\_\_

PROCEDURE DAY/DATE: \_\_\_\_\_

PROCEDURE TIME: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

PREPARED BY: \_\_\_\_\_ Ext. \_\_\_\_\_

**Preparation Instructions:**  
**Colonoscopy with MOVIPREP**  
**SPLIT DOSE-CLEAR LIQUIDS**

\*Please remember to arrange for a responsible adult to be with you during the procedure. If you do not have a responsible adult driver your, procedure will be cancelled and rescheduled. Review the preparation schedule below for the days preceding your colonoscopy. If you need further assistance, please call (518) 438-4483.

\*If you have a change in insurance prior to your procedure, you must notify the office immediately.

1 Week Prior	3 Days Prior	1 Day Prior	Procedure Day
<p>Purchase the following</p> <ul style="list-style-type: none"> <li>• <b>1 MOVIPREP KIT (prescription needed)</b></li> <li>• <b>OPTIONAL-for sore bottom:</b></li> <li>• <b>Plain or Aloe Baby Wipes</b></li> <li>• <b>Desitin or A&amp;D Ointment</b></li> </ul> <p>Arrange for a responsible adult to stay with you and take you home post-procedure.</p> <p>If you take fiber supplements, vitamins or medications containing <b>iron</b>, discontinue those <b>7 days</b> before your procedure.</p> <p><b>If you are an INSULIN DEPENDENT DIABETIC, you must notify this office when you schedule your procedure.</b></p> <p>You may continue your “baby” or regular aspirin. <b>Let us know if you are on Plavix, Coumadin or Lovenox.</b></p> <p><b>STOP</b> taking these medications:            _____            _____</p>	<p><b>Begin low fiber diet – AVOID nuts, seeds, popcorn and corn. Stop consuming all high-fiber foods.</b></p> <p><b>Last chance to cancel appointment. Our office requires a minimum of 48 hours notice when canceling or rescheduling a procedure.</b> Please call our office if you need to reschedule your procedure: 518-438-4483</p> <p><b>YOUR BOWEL PREP IS EXTREMELY IMPORTANT!! IT IS VERY IMPORTANT TO HAVE A ‘CLEAN’ COLON SO THAT YOUR DOCTOR MAY VISUALIZE ANY ABNORMALITIES!</b></p> <p><b>2 Days Prior</b>            Drink 8 large glasses of water throughout the day while on a low fiber diet.</p>	<p><b>CLEAR LIQUIDS ONLY:</b> Water, broth, bouillon, consomme, coffee or tea without milk or creamer, Gatorade, soft drinks, juices (no pulp), Italian ices, popsicles, Jell-O (<b>except red</b>).</p> <p>Drink at least 8 large glasses of water throughout the day.</p> <p><b>*4-5 PM:</b> Thoroughly mix one “A pouch” and one “B pouch” with lukewarm water to fill line on the disposable container. Refrigerate.</p> <p><b>*5:00 PM:</b> Drink 8 oz of prep solution. Repeat every 15 minutes, until finished. Drink 16 oz. of clear liquid of your choice (not red). This is a necessary step to ensure adequate hydration and an effective prep. <b>Mix remaining A&amp;B pouches with lukewarm water and refrigerate.</b></p> <p><b>*THE MORNING OF YOUR PROCEDURE BEGINNING AT 5:30 AM:</b>            Drink 8 oz of prep solution. Repeat every 15 minutes until finished. Drink 16 oz. of clear liquid of your choice (<b>not red</b>). This is a necessary step to ensure adequate hydration and an effective prep.</p> <p><b>After your prep, the results should appear clear yellow or clear green liquid with <u>no</u> solid matter. If not, please call the office: 518-438-4483</b></p>	<p>You may take your essential morning medications unless otherwise directed by your physician. <b>Limit liquids to a few small sips to take your meds.</b></p> <p><b>Arrive one hour before scheduled procedure time.</b></p> <p><b>NO DRIVING – You must have a responsible adult to assist you in getting home. You <u>cannot</u> drive. If you do not have a responsible adult to assist you in getting home, the procedure will be canceled.</b></p> <p><b>Do not operate machinery which requires alertness or sign legal documents for 24 hours after the procedure, then only if you feel alert, i.e. no dizziness or drowsiness.</b></p> <p><b>Biopsy results:</b> Please call our office if you have not heard from us within 10 business days of your procedure.</p>