



# 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: \_\_\_\_\_

## Preparation Instructions:

### Colonoscopy with Miralax


#### Preparation-Morning (7:00am-10:30am)

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

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

\*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.

<u>1 Week Prior</u>	<u>3 Days Prior</u>	<u>2 Days Prior</u>	<u>1 Day Prior</u>	<u>Procedure Day</u>
<p>Purchase the following:</p> <ul style="list-style-type: none"> <li>• Miralax, 238g bottle</li> <li>• Dulcolax Laxative, 4 tablets</li> <li>• 64 oz Crystal Light (not red) or white grape juice, white cranberry juice, or Gatorade (NOT RED OR PURPLE).</li> <li>• Assorted clear liquids</li> <li>• <u>OPTIONAL-for sore bottom:</u></li> <li>• Plain or Aloe Baby Wipes</li> <li>• Desitin or A&amp;D Ointment</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 iron or fish oil, discontinue those 7 days before your procedure.</p> <p>If you are an INSULIN DEPENDENT DIABETIC, you must notify this office when you schedule your procedure.</p> <p>You may continue your “baby” or regular aspirin. Let us know if you are on Plavix, Coumadin or Lovenox. STOP taking these medications:</p> <p>_____</p>	<p>Begin low fiber diet – AVOID nuts, seeds, popcorn and corn. Stop consuming all high-fiber foods.</p> <p>Last chance to cancel appointment. Our office requires a minimum of 48 hours notice when canceling or rescheduling a procedure. Please call our office if you need to reschedule your appointment: 518-438-4483</p> <p><b>YOUR BOWEL PREP IS EXTREMELY IMPORTANT!</b></p> <p><b>IT IS VERY IMPORTANT TO HAVE A ‘CLEAN’ COLON SO THAT YOUR DOCTOR MAY VISUALIZE ANY ABNORMALITIES!</b></p>	<p>Drink at least 8 large glasses of water or any other clear liquid throughout the day while on a low fiber diet.</p>  <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b><u>ALERT</u></b></p> <p>After your prep, the results should appear <u>clear yellow</u> or <u>clear green liquid with no solid matter</u>. If not, please call the office: 518-438-4483</p>	<p><b>Begin clear liquid diet - Includes:</b> Water, broth, bouillon, consomme, coffee or tea without milk or creamer, Gatorade, soft drinks, juices (no pulp), Italian ices, popsicles, Jell-O (except red or purple).</p> <p>Drink at least 8 large glasses of water or any other clear liquid throughout the day.</p> <p><b>3pm:</b> Take the 4 Dulcolax laxative tablets with 8oz water or any other clear liquid. Thoroughly mix <u>entire</u> bottle of Miralax with 64oz of Gatorade or Crystal Light (not red) and refrigerate.</p> <p><b>5pm:</b> Drink 8oz of solution every 15 minutes until solution is finished.</p> <p>If you experience nausea or vomiting take a 15-30minute break, then continue drinking preparation solution perhaps at a slower rate.</p>	<p>You are NOT to have anything to drink for 6 hours prior to your procedure. 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 cannot drive. If you do not have a responsible adult to assist you in getting home, your procedure will be canceled.</b></p> <p><b>Do not drive, 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>