



# 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 Suprep Preparation**  
**AFTERNOON PREP (11:00 am-3:00pm)**

\*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>• <b>Suprep bowel kit</b></li> <li>• <b>Assorted clear liquids – nothing red or purple</b></li> <li>• <b><u>OPTIONAL-for sore bottom:</u></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 or fish oil</b>, discontinue those <b>7 days</b> before your procedure.</p> <p>If you are an <b>INSULIN DEPENDENT DIABETIC</b>, you must notify this office when you schedule your procedure.</p> <p>You may continue your “baby” or regular aspirin. <b>Let us know if you are on Plavix, Coumadin or Lovenox.</b>            STOP 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 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><b>Drink at least 8 large glasses of water or any other clear liquid throughout the day while on a low fiber diet.</b></p> <p style="text-align: center;"><b><u>ALERT</u></b></p> <p><b>After your prep, the results should appear <u>clear yellow or clear green liquid with no solid matter.</u> If not, please call the office: 518-438-4483</b></p>	<p><b>Low Residue Breakfast</b> – eggs any way except fried, cereals except whole grain and barley, white or seedless rye toast with butter or margarine, bananas, applesauce, peaches/pears without skin, juice without pulp, coffee, tea.</p> <p><b>Following breakfast - CLEAR LIQUIDS ONLY THE REMAINDER OF THE DAY - <u>Includes:</u></b> Water, broth, bouillon, consomme, coffee or tea without milk or creamer, Gatorade, soft drinks, juices (<b>no pulp</b>), Italian ices, popsicles, Jell-O (<b>not red or purple</b>).</p> <p>Drink at least 8 large glasses of water or any other clear liquid throughout the day.</p> <p><b>5pm:</b> Pour one (1) 6 ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16 ounce line on the container and mix. Drink all of the liquid in the container.</p> <p>You <b>MUST</b> drink two (2) more 16 ounce containers of water over the next hour.</p>	<p>At _____ a.m. (six hours before your scheduled procedure) pour one (1) 6 ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16 ounce line on the container and mix. Drink all of the liquid in the container. You <b>MUST</b> drink two (2) more 16 ounce containers of water over the next hour.</p> <p><b>DO NOT DRINK LIQUIDS FOR TWO HOURS PRIOR TO YOUR PROCEDURE.</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 cannot drive. If you do not have a responsible adult to assist you in getting home, your procedure will be canceled. 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: Please call our office if you have not heard from us within 10 business days of your procedure.</b></p>