



Albany Gastroenterology Consultants, P.C.

YOUR PROCEDURE IS SCHEDULED AT:

- ___ ALBANY GASTROENTEROLOGY, 1375 Washington Avenue, Albany (1st floor, Suite 101)
- ___ ENDOSCOPY CENTER - 1375 Washington Avenue, Albany (2nd Floor, Suite 201)

PATIENT NAME: _____ PHYSICIAN: _____

PROCEDURE DAY/DATE: _____

PROCEDURE TIME: _____ ARRIVAL TIME: _____

PREPARED BY: _____ Ext. _____

Preparation Instructions:


Flexible Sigmoidoscopy

MiraLax Prep – Split Prep

(Afternoon Procedures)

Review the preparation schedule below for the days preceding your flexible sigmoidoscopy. 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>Day of Procedure</u>
<p>Purchase the following</p> <ul style="list-style-type: none"> • MiraLax, 238g bottle <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>_____</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>YOUR BOWEL PREP IS EXTREMELY IMPORTANT!</p> <p>IT IS VERY IMPORTANT TO HAVE A ‘CLEAN’ COLON SO THAT YOUR DOCTOR MAY VISUALIZE ANY ABNORMALITIES!</p>	<p>Drink at least 8 large glasses of water or any other clear liquid throughout the day</p>  <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><u>ALERT</u> After your prep, the results should appear <u>clear</u> yellow or <u>clear</u> green liquid with <u>no</u> solid matter. If not, please call the office: 518-438-4483</p>	<p>Low Residue Breakfast – 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>Following breakfast - CLEAR LIQUIDS ONLY THE REMAINDER OF THE DAY - <u>Includes:</u> Water, broth, bouillon, consomme, coffee or tea without milk or creamer, Gatorade, soft drinks, juices (no pulp), Italian ices, popsicles, Jell-O (not red or purple).</p> <p>3pm: Thoroughly mix 119 grams of MiraLax with 32 oz. of a clear liquid (not red or purple) and refrigerate.</p> <p>4pm: Drink 8oz of solution every 20-25 minutes until the solution is gone.</p> <p>Keep drinking clear liquids until bedtime.</p> <p>Mix the remaining 119 grams of MiraLax with 32 oz. of a clear liquid (not red or purple) and refrigerate until you complete the 2nd portion of your prep (see Day of Procedure).</p>	<p>At 7 am drink 8 oz of the remaining 119 grams MiraLax mixed with 32 oz of clear liquid (not red or purple) every 20-25 minutes until the solution is finished.</p> <p>You may take your essential morning medications unless otherwise directed by your physician. Limit liquids to a few small sips to take your meds.</p> <p>DO NOT DRINK LIQUIDS FOR TWO HOURS PRIOR TO YOUR PROCEDURE.</p> <p>Arrive one hour before scheduled procedure time.</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>Biopsy results: Please call our office if you have not heard from us within 10 business days of your procedure.</p>

