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FAX: 412.281.1898 www.pghgastro.com

| Name: | | | |
|----------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| You are scheduled for a consultation and <u>COLONOSCOPY</u> with possible polypectomy and/or | | | |
| biopsy on | at | Please arrive at the hospital or surgery | |
| center no later then: _ | Your | procedure is scheduled at: | |
| South Hills Endos the building. Parkin | | to the reception desk in the main lobby in the front of | |
| | | y and Special Procedures Unit located on the second vailable in the hospital lot. | |
| van service is availal | | the Dunlap Family Center located on the sixth floor. A und the hospital. Call transportation services through ke arrangements. | |
| Spartan Surgicen Surgicenter Building | | ption desk located on the ground floor of the Spartan | |
| Penn Highlands I | Ion Valley. Report to | same day surgery on first floor. | |
| Waterfront Surge | ry Center. Report to t | the reception desk in the main lobby. | |
| McCandless Endo the building. | scopy Center. Repor | t to the reception desk in the main lobby in the back of | |

♦ Since you will be sedated for this exam, you can not drive or operate machinery for 12-24 hours following the test. You must be accompanied by a <u>companion</u> and make arrangements for transportation or you will not be given the sedation.

<u>Please call 48 hours in advance</u> <u>if you are unable to keep your appointment</u>

• It is very important that you strictly follow bowel prep instruction and dietary instruction (low fiber diet, clear liquid diet). Failure to follow the instruction will result in inadequate bowel prep and lesions (polyps) can be easily missed.

As Soon As You Get This Instruction:

- <u>Check your medication</u> and make necessary adjustments if you take blood thinners or diabetic drugs (see the next page).
- o Make arrangements for transportation since you are not allowed to drive due to sedation.

• 7 Days Before The Procedure:

- o Begin low fiber diet (see the next page).
- o Stop all vitamins and iron supplements.
- o If you have a history of constipation, take Miralax 8oz (1 cap) daily.
- o Pick up your bowel prep from the pharmacy.

• 1 Day Before The Procedure:

- o <u>Clear liquids only</u> (see the next page). No solid food.
- o Follow the attached instructions for bowel prep (start bowel prep (DOSE 1) at 6 PM).

• The Day Of The Procedure:

- o <u>Finish the prep</u>: take the second part of prep (<u>DOSE 2</u>) at 7 hours before the procedure, and <u>DOSE 2</u> should be finished 4 hours before the procedure.
- o Nothing to eat or drink after completing DOSE 2 except your medications for heart, blood pressure, seizure, anxiety, etc.
- o No candy, cough drops, gum, chewing tobacco or snuff.
- o Failure to comply may result in your procedure being delayed or canceled.
- o Bring your completed history form and current list of medication.

• Medication Concerns:

- o If you take <u>BLOOD THINNERS</u> like <u>warfarin (Coumadin</u>), apixaban (<u>Eliquis</u>), rivaroxaban (<u>Xarelto</u>), or others, you will need to contact your prescribing doctor to ask if you can hold this medication prior to your procedure. In general, Coumadin needs to be held for 5 days (need to make arrangements to have clotting tests (PT/INR) done prior to your procedure. This can be done the day before your test), Eliquis 2 days, and Xarelto 2 days. Baby aspirin does not need to be held.
- o If you are diabetic and require <u>insulin</u> or <u>diabetic medicine</u>, your dose may need to be adjusted because of the dietary changes associated with this test. You will need to contact your doctor that orders your medications for directions.
- o If you take certain injections for diabetes or weight loss such as semaglutide (**Ozempic**, **Wegovy**), tirzepatide (**Mounjaro**, **Zepbound**), or dulaglutide (**Trulicity**), you will need to hold dose 7 days prior to your exam (you will need to contact your prescribing doctor if you can hold it).

• Tips For Easier Bowel Prep

 Mix the prep ahead and have it chilled in the refrigerator before you drink. Drink or add a flavored mix (from the clear liquids) to your prep. Try drinking the solution with a straw. Stay close to the bathroom. Prepare soft toilet paper or wet wipes.

• If You Experience Nausea And/or Vomiting, or If You Are Unable To Tolerate The Prep:

- 1. Wait 30 minutes then:
- 2. Try to slow down on drinking the prep to every 30 minutes. If you are better, then continue until you are finished drinking the prep.
- 3. However, if you are unable to consume the entire prep: Purchase two Ducolax tablets and two 32 oz of Gatorade and one 238 gm of Miralax.
- 4. Take two Dulcolax tabs at one time and mix ½ of the Miralax in 32 oz of Gatorade. Mix and drink 8 oz of Gatorade Miralax mix every 15 minutes until its gone.
- 5. Wait 4 hours.
- 6. If stool is still not clear, mix the other ½ of Miralax with remaining 32 oz of Gatorade. Drink 8 oz every 15minuts until gone.
- You should call the office at 412-232-8104 after 8 am on the morning of your test if still having solid or brown stools. If your test is scheduled before 9 am, call 412-232-8104 and ask the answering service to connect you to the office.

Diet Instruction

Low Fiber diet - To Start 7 DAYS PRIOR TO THE TEST

| Recommended Foods | Foods to Avoid |
|--------------------------------------------------------|--------------------------------------------------------------------------------|
| Milk, buttermilk, cheese, yogurt, sour cream | No yogurt mixed with: nuts, seeds, granola, fruit with skin or seeds (berries) |
| Breads and grains made with refined white flour | No whole grains or high fiber: |
| (including rolls, muffins, bagels, pasta) | Brown or wild rice |
| White rice | Whole grain bread, rolls, crackers |
| Plain crackers, such as saltines | Whole grain or high fiber cereal (granola, raisin bran, |
| • Low- fiber cereal (puffed rice, cream of wheat, corn | oatmeal) |
| flakes) | Bread or cereal with nuts or seeds |
| Fruit juice without pulp | No seeds, skin, or dried fruit: |
| Applesauce | • Raw fruit with seeds or skin including berries, pineapple, |
| Ripe cantaloupe or honeydew | apples, oranges, or watermelon |
| Canned or cooked fruit without seeds | Any cooked or canned fruit with seeds |
| | Raisins |
| Canned or cooked vegetables without skin or peel | No raw, skin, seeds, or peel vegetables |
| (includes peeled carrots, mushrooms, asparagus tips) | Corn, potatoes with skin, tomatoes, cooked cabbage, |
| Potatoes without skin | Brussel sprouts, green peas, lima beans, onions |
| • Cucumbers without seeds or peel | |
| | |

<u>Clear Liquid Diet</u> - To Start The Day Before the Test

Liquids allowed:

Tea, black coffee, carbonated beverages, apple or white grape juice, sports drinks such as Gatorade, bone broth, popsicles, jello, or Italian ice – NO RED OR PURPLE LIQUIDS. Drinking extra clear liquids during your bowel prep is encouraged.