



* Peter Kvapil, MD * Shail Maheshwari, MD * Apurv Varia, MD * Matthew Clark, MD * Rambabu Chalasani MD * Avais Chatha, MD

Dr. Avais Chatha, MD, FACG
PREPARATION FOR COLONOSCOPY (S)

FACILITY: _____ **DATE:** _____ **ARRIVAL TIME:** _____

***IF YOU ARE SCHEDULED AT HOSPITAL, YOUR ARRIVAL TIME IS APPROXIMATE. A NURSE WILL CALL YOU THE EVENING BEFORE TO CONFIRM YOUR ARRIVAL TIME. ***

PLEASE NOTE THE FOLLOWING ITEMS WILL BE IN YOUR EZ 2 GO PREP KIT:

- 4 BISACODYL TABLETS (STOOL SOFTENER)
- 1 SIMETHICONE TABLET (GAS RELIEF)
- 1 POUCH OF MAGNESIUM CITRATE (LAXATIVE)
- ONE 238 GRAM BOTTLE OF PEG SOLUTION (LAXATIVE)

****PLEASE NOTE YOU WILL NEED TO PURCHASE 64 OZ OF SPORTS DRINK (EX: GATORADE) OR A CLEAR LIQUID OF YOUR CHOICE. NO RED OR PURPLE. NO CARBONATED BEVERAGES.**

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- o **7 TO 14 DAYS PRIOR TO YOUR PROCEDURE:** STOP TAKING ANY WEIGHT LOSS MEDICATIONS / INJECTIONS (EX: OZEMPIC, MOUNJARO, SEMGALUTIDE, PHENTERMINE)

 - o **5 DAYS PRIOR TO YOUR PROCEDURE:** STOP TAKING ANY VITAMINS, SUPPLEMENTS, OR NSAIDS (IRON, FISH OIL, ADVIL, MOTRIN, IBUPROFEN)

 - o **DIABETIC PATIENTS:** IF TAKING LONG-ACTING INSULIN, TAKE ½ OF YOUR NORMAL DOSE ON THE DAY OF THE PREP. HOLD ALL ORAL DIABETIC MEDICATIONS ON THE DAY OF THE PREP

 - o PLEASE HOLD **BLOOD THINNER** _____ FOR _____ DAYS PRIOR TO PROCEDURE

 - o OK TO TAKE **ROUTINE MEDICATIONS SUCH AS BLOOD PRESSURE MEDICATIONS** WITH A SMALL SIP OF WATER, AT LEAST 2 HOURS PRIOR TO YOUR PROCEDURE, UNLESS INSTRUCTED OTHERWISE

THE DAY BEFORE YOUR COLONOSCOPY: AS SOON AS YOU WAKE UP YOU WILL START ON A CLEAR LIQUID DIET (PLEASE SEE LIST BELOW). DRINK AT LEAST 8 OUNCES OF CLEAR LIQUIDS EVERY HOUR THROUGHOUT THE DAY TO AVOID DEHYDRATION. REMEMBER TO ALSO INCORPORATE DRINKING ELECTROLYTES THROUGHOUT THE DAY (PEDIALYTE, POWERADE, GATORADE – SUGAR FREE IS RECOMMENDED FOR DIABETICS)



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CLEAR LIQUID DIET: PLEASE SEE EXAMPLES BELOW AND REMEMBER NOTHING WITH ANY RED, PURPLE, OR BLUE DYE. NO ALCOHOL. NO DAIRY.

- Water (*plain or flavored*), tea and coffee (*no milk, no creamer or other dairy*)
- Pedialyte (*no red or purple*)
- Clear chicken broth and consommé
- Apple juice and white grape juice
- Lemonade and limeade (*no pulp*)
- Sprite, 7-up and Ginger Ale
- Gatorade, Powerade and Kool-Aid (*no red or purple coloring*)
- Jell-O and ice popsicles (*no red or purple coloring, no fruit or pulp, no dairy*)
- Coconut water (*no coconut milk*)

***MIX YOUR 64 OZ OF SPORTS DRINK (EX: GATORADE) WITH YOUR 238 GRAMS OF PEG SOLUTION AND SEPARATE INTO TWO DOSES (EACH DOSE IS 32 OUNCES) BEFORE STARTING THE FOLLOWING.**

AT 5 PM ON THE DAY BEFORE YOUR COLONOSCOPY: TAKE 4 BISACODYL TABLETS. THEN, MIX YOUR PACKET OF MAGNESIUM CITRATE WITH 10-12 OUNCES OF WATER AND DRINK THE SOLUTION.

AT 7 PM ON THE DAY BEFORE YOUR COLONOSCOPY: DRINK THE FIRST 32 OUNCES OF YOUR PRE-MIXED GATORADE/PEG SOLUTION. DRINK ONE 8 OZ GLASS EVERY 20-30 MINUTES. BE SURE TO FINISH ALL 32 OUNCES. AFTER YOU HAVE FINISHED THE SOLUTION, BE SURE TO CONTINUE DRINKING FLUIDS AND STAYING HYDRATED.

AT 4 OR 5 AM ON THE MORNING OF YOUR COLONOSCOPY: DRINK THE REMAINING 32 OUNCES OF YOUR PRE-MIXED GATORADE / PEG SOLUTION. DRINK ONE 8 OZ GLASS EVERY 20-30 MINUTES. BE SURE TO FINISH ALL 32 OUNCES. TAKE 1 SIMETHICONE (GAS X) TABLET AFTER YOU FINISH ALL OF YOUR MIRALAX / GATORADE SOLUTION.

YOU MAY CONTINUE ON A CLEAR LIQUID DIET UP UNTIL 2 HOURS PRIOR TO YOUR PROCEDURE TIME. NOTHING BY MOUTH AFTER THAT



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THE DAY OF THE PROCEDURE: NO GUM, NO CANDY, NO TOBACCO. FOLLOWING PROCEDURE, YOU ARE ABLE TO RESUME A NORMAL DIET, UNLESS INSTRUCTED OTHERWISE.

TRANSPORTATION: YOU CAN NOT DRIVE YOURSELF HOME. YOU WILL NEED A FAMILY MEMBER OR FRIEND OF AT LEAST 18 YEARS OR OLDER TO TAKE YOU HOME FOLLOWING YOUR PROCEDURE. YOU ARE NOT ALLOWED TO USE A RIDE SHARE COMPANY SUCH AS UBER, LYFT, OR TAXIS. YOU CAN USE A MEDICAL TRANSPORT SERVICE IF YOU ARE UNABLE TO FIND A RIDE.

YOUR PROCEDURE WILL BE CANCELLED IF YOU DO NOT HAVE APPROPRIATE TRANSPORTATION.

PLEASE GIVE THE OFFICE AT LEAST 2 DAYS OF NOTICE FOR ANY CANCELLATION OR RESCHEDULING TO AVOID A CANCELLATION FEE, UNLESS IT IS AN EMERGENCY.

PLEASE NOTE: IF BIOPSIES ARE TAKEN DURING YOUR PROCEDURE, PLEASE ALLOW UP TO 7-10 BUSINESS DAYS FOR OUR OFFICE TO OBTAIN THE RESULT(S).

PATIENT FINANCIAL RESPONSIBILITY - WHO YOU MAY OWE:

PLEASE EXPECT TO RECEIVE 3 – 4 BILLS FOR YOUR PROCEDURE AS DISCUSSED BELOW:

1. PHYSICIAN SERVICES/ PHYSICIAN FEES: PERFORMANCE OF THE PROCEDURE BY THE PHYSICIAN
 2. FACILITY FEES: LOCATION OF SERVICE
 3. ANESTHESIA: SEDATION FOR THE PROCEDURE PROVIDED BY ANESTHESIA PROVIDER
 4. PATHOLOGY: FOR ANY BIOPSIES, REMOVAL OF TISSUE, AND/OR POLYPECTOMIES.
- **IF YOU HAVE ANY QUESTIONS REGARDING YOUR FINANCIAL RESPONSIBILITY FOR THE PROCEDURE, PLEASE CONTACT THE OFFICE'S BILLING DEPARTMENT FOR FURTHER INFORMATION.

FOR ANY QUESTIONS OR CONCERNS, PLEASE CALL 936-321-5440