

Colonoscopy Instructions

Patient Name: _____

Appointment Date: _____

Location: **Hunterdon Endosurgery Center
Physicians Office Building, 2nd Floor, Suite 204
1100 Wescott Drive, Flemington, NJ 08822
908-483-4000**

Registration Time: _____

Stop Solid Foods/
Start Clear Liquids at: _____

Dose 1: _____

Dose 2: _____

Stop Clear Liquids at: _____

****Any questions prior to the procedure, please call our scheduling department at (908) 483-4000****

Now that you are scheduled for a colonoscopy, it is important that you contact your insurance company and ask what your coverage will be for the procedure and if a referral is necessary.

Important Notes:

- You will need to arrange for transportation from the procedure and **MUST** be accompanied by a responsible individual. You cannot drive for the remainder of the day following your procedure.
- Please plan on discharge being approximately 2 hours from your registration time.
- Should you have an Advanced Directive (living will) and would like it to be a part of your chart, please bring it with you on the day of your procedure.
- If you have a CPAP machine bring it the day of your procedure.

Preparation:

Follow the appropriate preparation instructions. Refer to the times designated on the sheet as to when to start and stop clear liquids and when to start the preparation. To prevent dehydration, it is important to drink plenty of clear liquids before, during, and after the colon prep process.

Clear Liquid Diet:

Suggested: Water, Black Tea, Black Coffee, Clear soda (7up, Sprite, Ginger Ale), White Grape juice, White Cranberry juice, Clear Broth (chicken or vegetable); Lemon & Lime Flavors of Jell-O, Italian Ices, Kool Aid, Popsicles, Gatorade

Not Allowed: No Milk or milk products, No Dairy products, No red/purple/blue colored liquids, No solid food, alcohol

Medication Instructions:

1. Let your scheduler know:
 - a. If you are on any anticoagulants (blood thinning) medications (Coumadin, Heparin, Persantine, Plavix, Lovenox, etc.) and/or inflammatory medications (Vioxx, Celebrex, Naprosyn, etc.)
 - b. If you have a pacemaker or an implanted defibrillator
 - c. If you are diabetic, speak with your primary physician for the best management of your diabetes medications for the day before and the day of your procedure.
2. **STOP** using Aspirin products 5 days prior to the procedure (includes all aspirin, baby aspirin, ibuprofen, Motrin, Advil, Nuprin, and Aleve). Tylenol may be used.
3. Avoid Iron and Fiber 5 days prior to the procedure.
4. Take all medications as prescribed except the following medications below:

Medication	Stop Date	Medication	Stop Date
1.		4.	
2.		5.	
3.		6.	