

PLEASE READ ALL INSTRUCTIONS CAREFULLY



NO DRINKING FLUIDS 3 FULL HOURS BEFORE YOUR PROCEDURE TIME
(Other dietary restrictions apply. Read all of the instructions attached.)

- BE AWARE ALL PATIENTS ARE REQUIRED TO COMPLETE COVID TESTING PRIOR TO PROCEDURE AS PER STATE MANDATE.

You must take your Covid-19 test on: _____.

Location: Caremount in Brewster (green glass building)

Address: 185 Rt 312, Brewster, NY 10509. Hours: 8am-5:30pm. No appointment necessary, it is walk-in. Please bring your script with you.

Any questions please call our office: 845-278-5223.

- 24 HOURS ADVANCED NOTICE IS REQUIRED FOR PROCEDURE CANCELLATIONS. WE RESERVE THE RIGHT TO CHARGE A \$200 FEE THAT WILL NOT BE COVERED BY INSURANCE FOR UNEXCUSED CANCELLATIONS AND NO-SHOWS.

PLEASE BRING YOUR INSURANCE CARD & DRIVER'S LICENSE THE DAY OF YOUR PROCEDURE.

Appointment date: ____/____/____ Location: _____

Appointment time: _____ **PLEASE ARRIVE BY:** _____ ***

***Your arrival time is subject to change, you will receive a pre-op phone call from a nurse a few days before your procedure to confirm important health history as well as finalize arrival time.

WESTCHESTER PUTNAM GASTROENTEROLOGY

845-278-5223 -- www.westchesterputnamgastro.com

COLONOSCOPY

*****Please be advised that a minimum of 48 hours' notice must be given prior to the cancellation of any procedure in order to avoid a cancellation fee which is not covered by your insurance company. A time slot for you once you make your appointment and an anesthesia provider is scheduled to come to the office specially to administer your sedation. The notice we request allows appropriate and timely rescheduling of this staff when necessary. Our primary concern is efficient and cost effective care for all of our patients. Thank you for your cooperation in assigning us to meet this goal.**

Colonoscopy is a procedure used for examination of the colon or large intestine. The instrument used is a flexible tube with a lens and light guide system at the distal tip which permits video visualizing of the lining or inner wall of the colon. The hollow channel within the instrument allows for the easy passage of biopsy forceps, polyp removal devices, and other accessories that may be required in order to perform minor interventions during your examination. Medication is given into the vein by the anesthesia provider in order to make you comfortable. Any known drug allergies or prior bad reactions to medication should be reported before your procedure begins.

The procedure lasts approximately one hour (total time) and is chiefly dependent upon technical difficulty and what types of interventions need to be done (such as biopsies or polyp removals), additional time to recover from sedation may add an additional 20-30 minutes. Many patients have no recollection of the procedure due to sedation. Verbal discharge instructions will be given prior to the administration of this sedation and written instructions which will be given upon leaving the office.

It is imperative that you not engage in any potential hazardous activity for 24 hours, including driving an automobile. YOU MUST HAVE SOMEONE TO DRIVE YOU HOME. Your physician will discuss the findings of your colonoscopy, preferably in the company of your escort, when you are fully awake.

RISKS

NO procedure can guarantee 100% diagnostic accuracy and all involve some risk. Serious complications are rare and consist of tearing, injuring, or perforating (putting a hole) in the wall of colon/bleeding/infection/having a bad reaction to sedation.

More commonly, a sensation of bloating or cramping may be experienced initially after the procedure. This sensation should resolve quickly once any retained air is passed and you should feel well upon leaving the office. After discharge, **please contact immediately if you experience abdominal pain, elevated temperature, or more than a tablespoon of rectal bleeding. Report to the nearest emergency room for evaluation if you are unable to contact us for any reason.**

If you have any questions about your procedure, please call the office. Our staff will be happy to assist you.

YOUR COLONOSCOPY PREP INSTRUCTIONS BEGIN ON THE NEXT PAGE

Thank you for choosing Westchester Putnam Gastroenterology for your colonoscopy

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SUPREP BOWEL PREP KIT FOR COLONOSCOPY

MEDICATIONS

- **STOP** taking any iron supplements one week prior to your procedure
- **STOP** taking **ONLY** the following medications _____ **days before your procedure:**
Blood-thinning medications: Eliquis, Xarelto, Coumadin, Warfarin, Persantine, Plavix, Pradaxa, Ginkoba, etc.
- For procedure scheduled before noon, take your blood pressure medication **ONLY**, unless directed otherwise during your pre-op phone call.
- For procedure scheduled for the afternoon, you may take your morning medications before 8 AM
- **DO NOT** take diabetic medication the morning of the procedure.
- Asthmatics should bring any inhalers with them to the office.
- Please **DO NOT** smoke the morning of the procedure.

DAY BEFORE THE PROCEDURE:

DO NOT EAT ANY SOLID FOODS ALL DAY! Drink only clear liquids from the list provided.

DO NOT drink **ONLY** dietetic liquids, even if you are diabetic. It is helpful to drink plenty of clear liquids in order to help the laxative clean out your colon more efficiently.

EVENING PRIOR TO THE PROCEDURE- BETWEEN 4 P.M. AND 6 P.M. (The earlier in this range is preferred):

Take 2 Dulcolax laxative tablets a half hour prior to the first dose of the prep. (THESE WILL NEED TO BE PURCHASED SEPARATELY FROM THE PHARMACY).

Pour the contents of one bottle of SUPREP Bowel Kit into the mixing container provided. Fill the container with water to the 16 ounce fill line and **DRINK THE ENTIRE AMOUNT**. Drink two additional containers **OF WATER** filled to the 16 ounce fill line over the next hour. Continue to drink clear liquids from the list during the evening.

- Call the physician if you have not had a bowel movement by 10 p.m.

MORNING OF THE PROCEDURE: (FIVE HOURS BEFORE YOUR PROCEDURE TIME):

Pour the contents of the second bottle of SUPREP Bowel Prep Kit into the mixing container provided. Fill the container with water to the 16 ounce fill line and drink the entire amount. Drink two additional containers **OF WATER** filled to the 16 ounce fill line over the next hour. You must finish these **THREE (3)** hours before your procedure time.

Important Note: The final outcome of the prep should produce stools that are liquid and either clear like water **OR** yellowish in color.

YOU **MUST** FINISH DRINKING **ANY** KIND OF LIQUIDS (not even a sip of water is allowed!!) **THREE (3)** FULL HOURS PRIOR TO YOUR SCHEDULED PROCEDURE TIME. IF THIS IS NOT FOLLOWED, YOUR PROCEDURE MAY BE CANCELLED

CLEAR LIQUID LIST

PLEASE: NO RED OR PURPLE DRINKS, POPS, OR JELLO!!!!

- ✓ CLEAR SODAS (Ginger Ale, 7up, Cola, Seltzer, Sprite)
- ✓ CLEAR JUICES WITHOUT PULP (apple, white grape, white cranberry)
- ✓ CLEAR SOFT DRINKS (clear sports drinks such as Gatorade, Kool-Aid, Crystal Light)
- ✓ ICE POPS
- ✓ JELLO
- ✓ CLEAR BROTHS OR CLEAR BOULLIONS
- ✓ ICED TEA
- ✓ HOT TEA OR BLACK COFFEE (NO MILK OR CREAM)
- ✓ WATER
- ✓ HARD CLEAR CANDY