Procedure Instruction Packet

READ this instruction packet completely at least 7 days prior to your procedure!!

***Your procedure may be cancelled if these instructions are not followed.*

Date of Procedure: _____

Procedure Scheduled: _____

Required Arrival Time: _____

- *We ask all patients to arrive 1 hour prior to the estimated start time of their procedure.*

Estimated Start Time of Procedure: _____

- *Note: The exact time for each procedure varies from patient to patient. Our physicians give each patient outstanding care and undivided attention.*

Please print this packet out if you are receiving it by email.

It is important that you read the instructions a few times before your procedure. We recommend you set a reminder on your calendar 7-10 days prior to your procedure to ensure you are prepared and understand your restrictions.

Important: If you are scheduled for a colonoscopy, *follow our instructions* ***ONLY.*** *Do* ***NOT*** *follow the instructions within the colonoscopy prep kit you receive at the pharmacy.*

Following the instructions within this packet is very important. We want to ensure your procedure will be performed with success.

You will receive a confirmation call or text 72 hours prior to your scheduled procedure.

A copy of these instructions may also be found online at: www.mdtecmd.com

MARYLAND DIAGNOSTIC & THERAPEUTIC ENDO CENTER
621 Ridgely Ave, Suite 101
Annapolis, MD 21401
410-224-3636
F: 410-972-2698

Colonoscopy Prep Instructions with SUTAB Prescription & 1 Bottle Magnesium Citrate

YOUR BOWEL Prep IS VERY IMPORTANT- Please read instructions carefully!

10 Days Prior	1 Week Prior	5 Days Prior	2 Days Prior	1 Day Prior	Procedure Day
You must STOP taking **Phentermine** or any medication containing **Phentermine** Examples: Qsymia, Qnexa, Adipex-P, Suprenza, Fastin or Phentercot.	**Pick up your prescription and 1 bottle Mag Citrate.** Only follow these instructions. Do **NOT** follow box instructions. If you take dietary, herbal or fiber supplements, or medications containing iron, discontinue these 7 days before your appointment. **If you take *Coumadin, Plavix, Pradaxa, Xarelto, Eliquis or other blood thinners***: You must obtain permission to withhold this medication prior to your procedure. **Contact our pre-operative nurse for concerns or questions *at 410 224-3636*** **You MAY continue to take:** once daily aspirin (81mg or 325mg daily)	**Stop** consuming all food with seeds, corn and nuts. **Stop** taking ibuprofen, Advil, Aleve and NSAIDs You may take Tylenol as needed.	Drink at least four 8oz. glasses of water throughout the day. **Blood Pressure and Heart medications:** Continue to take these medications as directed. Take them the day of your procedure with a **small sip of water** no less than 2 hours before procedure. **Inhalers and Nasal Spray:** Continue to take these medications as directed. Bring with you on day of procedure. If you have a fever, cold, or respiratory symptoms within 48 hours of your procedure- call us. **6pm: Drink 1 Bottle of Magnesium Citrate. Then Drink One 8oz glass of Water. NO Solid Foods after this dose.**	Begin clear liquid **NO Solid foods** today. Red, purple or blue colored liquids are not allowed. **Acceptable clear liquids** include: water, clear broth, apple juice, white cranberry juice, white grape juice, soda, gelatin (Jello), popsicles, coffee, and tea (no milk or creamer). If you are taking **diabetic medication,** cut your dose in half this day and do not take any diabetic medication day of procedure. If you have an insulin pump, check with prescribing MD for instructions. Drink at least four 8oz. glasses of water throughout the day. Do NOT drink alcohol the day before your procedure. **5pm: Begin SUTAB- Part 1-** Take first 12 tablets with 16oz Water **6pm:** Drink 16 oz of Water **7pm:** Drink 16 oz of Water You may continue to have approved clear liquids until Midnight.	**Morning Dose SUTAB- Part 2** If your procedure is scheduled **before** 12 noon: **2am: Begin SUTAB- Part 2-** Take last 12 tablets with 16oz Water **3am:** Drink 16 oz of Water **4am:** Drink 16 oz of Water If your procedure is scheduled **after** 1200pm: **6am: Begin SUTAB- Part 2-** Take last 12 tablets with 16oz Water **7am:** Drink 16 oz of Water **8am:** Drink 16 oz of Water ****You need to finish 4 hours prior to your procedure.** **Nothing by mouth at least 4 hours prior to scheduled procedure time-including gum, hard candy or mints.** **No smoking the day of procedure.** **You may take your essential morning medications with a small sip of water, at least 2 hours prior to your procedure, unless otherwise directed by your physician.** **You will need:** **-Insurance Cards** **-Driver's License/Photo ID** **-Any co-insurance fees due** **-A responsible adult driver to drive you home.** A taxi or shuttle is not an approved means of transportation **unless you have** a family member or friend with you. You may not drive until the day after your procedure.

MDTEC Medication Record Form

- **This form must be <u>completed</u> prior to your procedure.**
- **Please list all prescriptions, over the counter medications, vitamins and supplements taken in the last month.**
- **Please remember to review medication instructions provided on page 1 of your procedure instructions.**
- *If you have questions regarding your medications prior to your procedure, please call 410-224-3636 and ask to speak with our procedure coordinator.*

Medication Name	Dose	Frequency and Time(s) Taken	**<u>Date / Time of Last Dose</u>**

_____ _____

Patient Signature Date

Medication Record Form

_____ _____

Patient Signature Date