

Maryland Digestive Disease Center

Jeffrey S. Garbis, MD, FACG Richard M. Chasen, MD, FACG Jeffrey Bernstein, MD, FACG Theodore Y. Kim, MD, FACG Marvin E. Lawrence II, MD, FACG Sean M. Karp, MD, FACG Priti Bijpuria, MD

4801 Dorsey Hall Drive Suite 120

Ellicott City, MD 21042 410.730.9363 **OFFICE** 410.730.2084 **FAX**

LAUREL, MD

7350 Van Dusen Road Suites 210 & 230 Laurel, MD 20707 301.498.5500 **OFFICE** 301.498.7346 **FAX**

TAKOMA PARK, MD

7610 Carroll Avenue Suite 250 Takoma Park, MD 20912 301.270.3640 **OFFICE** 301.270.3645 **FAX**

Osmoprep Patient Instructions for Colonoscopy

Patient Name:		
Date:	Arrival Time for Procedure: _	
With Doctor:		
Location:		

YOU MUST FILL YOUR PRESCRIPTION FOR OSMOPREP.

You will be given sedation for your procedure and <u>MUST</u> have a ride <u>TO</u> and <u>FROM</u> the examination. You <u>CANNOT</u> drive yourself and <u>MUST</u> be accompanied by a responsible adult. You <u>MAY NOT</u> go home on public transportation alone. Pick up time will be approximately 1 hour after the procedure start time.

In order to be properly prepared for your procedure, please review the Pre-Procedure requirements on the attached sheet <u>one week</u> prior to your exam and follow the instructions carefully.

The tablets and liquids in the prep will cause you to have repeated loose stools (diarrhea), which is the expected result. These solutions typically work within 30-60 minutes but may take as long as 4 hours to have an effect. During the preparation process, you are advised to have a bathroom nearby. It is very important that you follow each step and complete all of these instructions or the colonoscopy may have to be repeated. The bowel preparation will not work properly unless you drink plenty of liquids.

Should you have any questions please contact one of our office locations listed below.

<u>Directions to Ambulatory Endoscopy Center of MD:</u> Take I 95 to exit 33 A, Route 198 towards Laurel. At first intersection, turn right onto Van Dusen Road. At 5th traffic light, make a right into the Laurel Regional Hospital driveway. The Medical Arts Pavilion is on the right. You should report to Suite 230.

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Appointment Day	Date	Capital Digestive Care, LLC	
M Tu W Th F	Arrival Time	Maryland Digestive Disease Center	
5 Days Before Procedure 3 Days Before Procedure	 Read all instructions of Discontinue fiber supple Discontinue Aspirin, Ibut Inflammatory Medicine for discomfort. Discontinue blood thinm Plavix/Coumadin/Warfa 	Read all instructions carefully Discontinue fiber supplements or medications containing iron Discontinue Aspirin, Ibuprofen, Advil/Motrin and Anti-Inflammatory Medicines. You may use Tylenol (Acetaminophen) for discomfort. Discontinue blood thinners/anticoagulation medicines (e.g. Plavix/Coumadin/Warfarin) but take all other medications Stop eating high fiber foods including: Nuts Corn Popcorn Raw fruits Raw Vegetables	
1 Day Before Procedure Day of Procedure	liquids or alcohol) Examples of clear liquids are Coffee or Tea (no m Clear broth or bouill Carbonated or non-ce Fruit juices without Jell-O Popsicles Hard candy Drink 6-8 glasses of water th At 6 p.m.: Start the first de diagram) Take 4 tablets with minutes for 1 hour At 7 p.m., you show oz. of clear liquid It is imperative that avoid dehydration	e: ilk or milk products) lon carbonated soft drinks pulp aroughout the day osing regimen (See first dosing regimen th at least 8 oz. of clear liquid every 15 r uld have taken a total of 20 tablets and 40 at you drink all of the liquids as directed to sing regimen continue to drink clear liquids	
Day of Procedure	minutes then STOP drink diagram) You should have taken a After finishing your sec heart and blood pressur You may have NOTHI procedure If you are asthmatic, ple of your procedure. If you are unable to reach	ast 8 oz. of clear liquid every 15 minutes for 30 king clear liquids. (See second dosing regimen total of 12 tablets and 24 oz. of clear liquid cond dosing regimen, you should take your re medication with sips of water ING by mouth 4 hours prior to the ease bring your inhaler with you on the day d or communicate in the English language, eter with you to translate. 11/11/13 gg	

• First dosing regimen



8 oz. & 4 Tablets at 6:00 p.m.



+ 8 oz. & 4 Tablets at 6:15 p.m.



+ 8 oz. & 4 Tablets at 6:30 p.m.



+ 8 oz. & 4 Tablets at 6:45 p.m.



+ 8 oz. & 4 Tablets at 7:00 p.m.

= 20 tablets & 40 oz. over 1 hour

• Second dosing regimen



8 oz. & 4 Tablets at __:__ a.m.



+ 8 oz. & 4 Tablets at __:__ a.m.



4 Tablets at __:__ a.m.

= 12 tablets & 24 oz. over 30 minutes

You may receive a total of 4 statements; (1) Ambulatory Endoscopy Center (facility services), (2) Capital Digestive Care, Maryland Digestive Disease Center (physician services), (3) Corridor Anesthesia (anesthesia services) and (4) laboratory/pathology charges if performed.

Please note there is a cancellation fee for appointments not cancelled within 48 hours.