

Important Pre-procedure Information
Please review 1 week prior to your procedure

Location	<p>Capital Digestive Care has many local offices and endoscopy centers, some of which are in close proximity to one another. Use the attached pre-procedure planning and tip sheet to help you arrive at the proper place and time.</p> <ul style="list-style-type: none"> Endoscopy center patients should arrive 45 minutes early and hospital patients, 1 hour early in order to complete intake activities for your procedure.
COVID Safety	<p>All patients must complete COVID testing within 96 hours of their procedure – we will schedule this appointment at the time we schedule your procedure.</p> <p>Patients must comply with all applicable executive orders and state and local directives regarding mask use, social distancing and travel, especially in between the time of your COVID test and your procedure.</p> <p>Failure to meet the requirements of any of the above will result in cancellation of your procedure.</p>
Medications	<p>Talk to your doctor about any medications or supplements that you take routinely. Do not stop any prescription medications unless instructed by your prescribing physician.</p>

General Policies:

Transportation	<p>Some activities, such as driving, are not permitted in the hours following your procedure. Arrange for a ride from someone who can take responsibility for your care (over the age of 18). They should arrive promptly 1 hour after your procedure time, but no later than 4:30pm. Ride services such as Uber, Lyft, taxi service, etc. are not permitted.</p>
Cancellation	<p>Our practice requires notification of cancellation within five (5) business days, otherwise, a fee of \$150 will apply.</p>

Your preparation requires the following dietary restrictions: CLEAR LIQUID DIET

This preparation requires you to follow a clear liquid diet on the day before your procedure. Follow the instructions on when to start and when to stop your preparation.

Failure to follow instructions may result in the cancellation of your procedure – this is for your safety.

Allowed on a clear liquid diet*: Water, Apple juice, white grape and white cranberry juice, broth, tea, coffee (without milk, creamer or substitutes). Jell-O, Italian Ices, popsicles, sodas, Kool-Aid, Gatorade. (*none of these may be the color red, orange or purple, or contain fruit pulp.)

Do NOT consume:

- Red, orange, or purple colored liquids or products.
- Milk, cream or non-dairy substitutes (such as artificial creamer, soy or nut milks).
- Juices containing pulp (i.e. orange, grapefruit, pineapple, tomato & V-8 juice) or frozen juice products containing pulp.
- Solid foods.

√ **5 DAYS BEFORE THE PROCEDURE:**

- This is the last day to cancel your procedure without incurring a late cancellation fee, per policy.
- If taking iron supplements, discontinue until after your procedure.
- Pick-up the following supplies:
 - Your prep solution prescription and 2 bisacodyl 5 mg laxative tablets from the pharmacy.
 - If desired: over-the-counter items to relieve rectal irritation, which may develop during your prep. These may include Desitin, Anusol, Tucks pads or Vaseline.
 - If desired: you may mix your prep with clear liquids other than water, such as clear soda (ex. Sprite, Ginger Ale) or lemonade with no pulp, to ease your prep.

√ **3 DAYS BEFORE THE PROCEDURE:**

- Adjust your diet. Stop eating high fiber foods including, seeds, quinoa, nuts, beans, corn/popcorn, raw fruits, raw vegetables and bran.
- Review the Pre-Procedure Planning and Tip Sheet for what to expect and tips to make prep easier.

THE DAY <u>BEFORE</u> THE PROCEDURE					
8:00 am	It is important to drink as many clear liquids as possible throughout the day to avoid dehydration during the evening prep.				
Clear Liquid Diet	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">ALLOWED:</th> <th style="width: 50%; text-align: left;">DO NOT CONSUME</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Liquids: Water, Apple juice, white grape and white cranberry juice, broth, tea, coffee (without milk, creamer or substitutes), sodas, Kool-Aid, Gatorade. • Jell-O, Italian Ices, popsicles. </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Red, orange, or purple colored liquids or products. • Milk, cream or non-dairy substitutes (such as artificial creamer, soy or nut milks). • Juices containing pulp (i.e. orange, grapefruit, pineapple, tomato & V-8 juice) or frozen juice products containing pulp. • Solid foods. </td> </tr> </tbody> </table>	ALLOWED:	DO NOT CONSUME	<ul style="list-style-type: none"> • Liquids: Water, Apple juice, white grape and white cranberry juice, broth, tea, coffee (without milk, creamer or substitutes), sodas, Kool-Aid, Gatorade. • Jell-O, Italian Ices, popsicles. 	<ul style="list-style-type: none"> • Red, orange, or purple colored liquids or products. • Milk, cream or non-dairy substitutes (such as artificial creamer, soy or nut milks). • Juices containing pulp (i.e. orange, grapefruit, pineapple, tomato & V-8 juice) or frozen juice products containing pulp. • Solid foods.
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Do not follow the instructions on the Peg-Electrolyte box. Follow the below instructions.					
4:00 pm First Dose – Part 1	<ul style="list-style-type: none"> • Take 2 bisacodyl 5 mg. laxative tablets with one (1), (8 oz.) glass of water. • Mix the jug of solution by adding water to the fill line. Cap the bottle and shake to dissolve the powder, the solution should be clear and colorless. Set aside, refrigerate if desired. 				
6:00 pm First Dose – Part 2	<ul style="list-style-type: none"> • Drink ½ of the jug of solution (8 glasses). Drink one (8 oz) glass of solution every 30 minutes. Take your time and drink slowly. 				

THE DAY <u>OF</u> THE PROCEDURE	
5 hours before your procedure time Second Dose	<ul style="list-style-type: none"> • Drink four (4), (8 oz) glasses of solution within 1 hour. If you are not having clear or yellow bowel movements continue to drink one (1), (8 oz) glass every 15-20 minutes until you are clear or until you have reached the time in which you must stop drinking. • You must finish 3 hours before your procedure time • Do not consume anything by mouth 3 hours before your procedure time. See below for medication exceptions. IF YOU EAT OR DRINK WITHIN THIS 3 HOUR TIME FRAME, THE PROCEDURE MAY BE POSTPONED OR CANCELED.
Medications	<ul style="list-style-type: none"> • Take your blood pressure, Parkinson's, seizure or asthma medications. Please take these medications 3 or more hours prior to the procedure start time with only a small sip of water. • If a physician has prescribed for you an inhaler for asthma, bring it with you to the procedure.
Other Instructions	<ul style="list-style-type: none"> • Bring your photo ID, insurance cards and co-payment, if required. • Wear comfortable clothing. Do not wear jewelry or bring valuables. • Do not wear perfume or lotions.

√ **WHAT TO EXPECT:**

- Expect to have frequent bowel movements and diarrhea within 1-4 hours. Be patient and try walking around to stimulate bowel motility. Remain near a restroom. During this time, continue your prep.
- **Expect to pass clear or yellow fluid at the completion of your prep.**
- You must complete all doses of your prep even if you are passing clear or yellow fluid early in the process.
- Patients should continue drinking clear liquids up to three hours before the procedure. During the 3 hours before your procedure, consume nothing by mouth, not even water, chewing gum or candy.
- Your procedure may be cancelled under the following circumstances: failure to fully complete the prep or inadequate prep (not passing clear or yellow fluid); consuming anything by mouth within 3 hours of the procedure.

√ **WHAT TO DO TO MAKE PREPPING EASIER:**

- Patients can use Desitin, Anusol, Tucks pads or Vaseline to coat the rectal area to avoid irritation during the prep.
- Patients can drink the prep solution with a straw or hold your nose when drinking.
- Patients should slow down between doses if feeling nauseous.

Procedure date	
Procedure time	
Arrival time	
Location name & address	
Name of person providing your ride home	
Relationship	
Phone number	