

## COLONOSCOPY PREPARATION

**It is IMPORTANT you READ these instructions CAREFULLY**

- **Bring a responsible adult (over the age of 18) with you the day of this procedure. They are REQUIRED to stay in our office on the 2<sup>nd</sup> floor the entire time you are here for your procedure. They are REQUIRED to sign discharge paperwork and drive you home.**
- **Your prescription prep will be sent to your pharmacy within 1 week of being scheduled. It is YOUR RESPONSIBILITY to pick it up within 2 weeks of being scheduled. It is also your responsibility to keep it in a safe place until you need to take it.**
- **You will receive one of the below prescriptions or the generic equivalent. If you have questions about which one you are receiving, speak with your pharmacist.**  
**SUPREP    SUFLAVE    PLENVU    SUTAB    CLENPIC**
- **ADDITIONALLY, you need to purchase a 10oz bottle of clear flavored Magnesium Citrate located in the digestive aisle at your pharmacy (this is separate from the prescription prep itself).**
- **Our office is not responsible for the reimbursement of the cost of the prep even if your procedure is canceled or rescheduled as it is a REQUIREMENT to have your procedure done.**
- **Bring your insurance card and valid photo ID to your procedure.**
- **Do not bring any valuables (jewelry, cell phones, or electronic devices). We are NOT responsible for lost items.**
- **Wear comfortable clothing and bring a warm pair of socks to wear during your procedure.**
- **After your procedure, you are to take it easy for the remainder of the day. You are NOT allowed to drive for 24 hours, return to work, or make any legal/business decisions due to the sedation you will receive during your procedure.**
- **It is important that you make yourself available all day if we need to move you up or down on our procedure schedule. Please answer the phone if we call.**

**NOTHING TO EAT OR DRINK FOUR (4) HOURS BEFORE YOUR ARRIVAL TIME**

**\*\*You risk your procedure being delayed 1-2 hours or you being canceled or rescheduled if you are not NPO\*\***

**Thank you for choosing Cary Endoscopy!!**

# Your Perfect Prep

**7 days prior to procedure** - **STOP** weight loss/diabetes weekly injection.

Examples: Adlyxin , Byetta, Bydureon, Mounjaro, Ozempic, Rybelsus, Saxenda, Trulicity, Tanzeum, Victoza, Wegovy

**5 days prior to procedure** - **STOP** all **OTC** blood thinning medications, **ALL** vitamins, and herbal supplements.

Example- Ibuprofen, Motrin, Advil, BC Powder, Aleve, Fish Oil, **ALL** Vitamins, Iron.

- Continue to take your regular prescription medications unless you have been told otherwise.

**3 days prior to procedure** – **Begin** the Low Fiber Diet starting at breakfast and continue all day.

See examples of foods on the following pages

- Continue to take your regular prescription medications unless you have been told otherwise.

**2 days prior to procedure** - **Continue** the Low Fiber Diet all day.

- **5pm:** Drink the 10 ounce bottle of **clear flavored Magnesium Citrate** mixed with 8 ounces of a clear liquid of your choice.
- Continue to take your regular prescription medications unless you have been told otherwise.

**Day before your procedure** - **Clear Liquid Diet all day** – Examples are on the following pages

- Continue to take your regular prescription medications unless you have been told otherwise.
- Stay hydrated today by drinking at least 8 ounces of clear liquids every hour
- If you have a **LIQUID** prep, fill both bottles with clear liquid and place in refrigerator to chill, if you do NOT have a liquid prep, disregard this step.
- **At 5pm:**
  - **If you have tablets:** Open 1 bottle of 12 tablets and fill the container with 16 oz of clear fluid. Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes. 1 hour after the last tablet fill the container again and drink the entire amount over 30 minutes.
  - **If you have a liquid prep:** Drink the 1<sup>st</sup> container of chilled prep, then drink 2 more 16 oz container of water over the next hour. You can suck on hard candy, sip through a straw or drink slowly to prevent nausea.

## Procedure Day

**7 hours before your arrival time:**

- **If you have tablets:** Open the 2nd bottle of 12 tablets and fill the container with 16 oz of clear fluid. Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes. 1 hour after the last tablet fill the container again and drink the entire amount over 30 minutes.
- **If you have a liquid prep:** Drink the 2<sup>nd</sup> container of chilled prep, then drink 2 more 16 oz container of water over the next hour. You can suck on hard candy, sip through a straw or drink slowly to prevent nausea.
- You **MUST** have **ALL** your 2<sup>nd</sup> dose of prep and clear fluids completed by **four (4) hours** before you arrive

**NOTHING TO EAT OR DRINK 4 hours before your ARRIVAL time.**

# Low Fiber Diet

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Fiber is the part of vegetables, fruits, and grains that cannot be digested by your body. A low-fiber diet restricts these high fiber foods. As a result, the amount of undigested material passing through your colon is limited and stool bulk is lessened. This is the start to your bowel prep.

- No Fresh Fruits
- No Fresh Vegetables
- No Salads
- No Red Meat
- No Whole Grains

## **Foods you CAN eat:**

- White bread
- White rice
- Plain white pasta
- Saltine crackers (no multigrain)
- Cream of Wheat or Grits
- Pancakes and waffles made from WHITE flour
- Most canned or well-cooked vegetables and fruits without skins or seeds
- Fruit and vegetable juice with little or no pulp, fruit-flavored drinks, and flavored waters
- Pork, poultry, fish, eggs and tofu
- Dairy products – yogurt, pudding, ice cream, cheeses, and sour cream
- Fats - butter, margarine, oils and salad dressings without seeds
- Canned soups without corn, beans, peas or grains such as barley (example Chicken noodle soup)

## **Foods you CAN'T eat:**

- Whole-wheat or whole-grain breads, cereals, oatmeal, and pasta
- Brown rice, wild rice and other whole grains (oats, kasha, barley and quinoa)
- Dried fruits and prune juice
- ALL raw fruit, including those with seeds (berries), skin or membranes (apples, oranges)
- Raw or undercooked vegetables, including corn, and vegetables that have seeds
- Dried beans, peas and lentils
- Seeds and nuts and foods containing them
- Peanut butter or nut butters
- Coconut
- Popcorn
- ALL Red Meat (beef)



# Clear Liquid Diet

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A clear liquid diet consists of only liquids that you can see through. Clear liquids and foods may be colored as long as you are able to literally see through them. The clear liquids are easily digested and leave no undigested residue in colon. You cannot eat solid food while on a clear liquid diet. A colonoscopy requires that no food be in your intestinal tract.

The following foods are **ALLOWED** on a clear liquid diet:

- Water (plain, carbonated or flavored)
- Popsicles or Italian Ice (no red, purple or dark blue)
- Clear fruit juices without pulp (apple juice, white grape juice, white cranberry juice, peach juice)
- Fruit-flavored beverages (lemonade without pulp, Kool-Aid: no red, purple or dark blue)
- Any clear sodas (Ginger Ale, Sprite, 7UP)
- Tea or coffee without milk or powdered creamer
- Sports drinks (no red, purple or dark blue)
- Clear, fat-free broth (bouillon, consommé)
- Honey or sugar
- Hard candy - lemon drops, Jolly Ranchers (no dark colors)

**If a food is NOT on the list above YOU CAN'T EAT IT**

**AVOID clear liquids that are red, purple or dark blue color**

**NO gelatin, NO dairy and NO alcohol while on the clear liquid diet**



# For Certain Patients

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## Diabetic Patients:

- \* Have regular drinks available (not just “Diet and Sugar Free”) in case your blood sugar drops while you are prepping for your procedure.
- \* Check your blood glucose the morning of your procedure and let your pre-op nurse know the result.
- \* You may not want to take your oral diabetes medications the evening before and morning of procedure.
- \* **If you use any insulin:** It is **YOUR** responsibility to contact your prescribing physician for further instructions whether you take it the day before and morning of your procedure – we **DO NOT** provide guidance on this.

**Asthma Patients:** Please take your inhalers the morning of your procedure and bring with you.

## Heart and Blood Pressure Patients:

- \* Hold your morning dose of blood pressure medication
- \* You may take your beta blocker the morning of your procedure with a sip of water.
  - Examples: Propranolol, Atenolol, Carvedilol, Timolol, Labetalol, Acebutolol, Esmolol, Metoprolol Succinate/Tartrate.

**Seizure Patients:** Take your seizure medication the morning of your procedure with a SIP of water.

**Blood Thinner Patients:** If you are on a blood thinning medication **OTHER THAN Aspirin 81mg** notify us IMMEDIATELY – we need to **14-18 BUSINESS DAYS** to contact your prescribing physician for further instructions.

- \* DO NOT STOP your blood thinning medication unless you are TOLD to do so by our pre op nurse or your prescribing physician – there are risks involved with stopping these medications without being advised to do so by qualified personel.

|           |                            |                           |                            |
|-----------|----------------------------|---------------------------|----------------------------|
| Examples: | <b>Aspirin 325mg</b>       | <b>Warfarin/Coumadin</b>  | <b>Plavix/Clopidogrel</b>  |
|           | <b>Xarelto/Rivaroxaban</b> | <b>Pradaxa/Dabigatran</b> | <b>Heparin</b>             |
|           | <b>Lovenox/Enoxaparin</b>  | <b>Eliquis/Apixaban</b>   | <b>Pletal/Cilostazol</b>   |
|           | <b>Effient/Prasugrel</b>   | <b>Ticlid/Ticlopidine</b> | <b>Aggrenox</b>            |
|           | <b>Vimovo</b>              | <b>Savaysa/Edoxaban</b>   | <b>Brilinta/Ticagrelor</b> |

**Sleep Apnea Patients:** Bring your CPAP machine with you to your procedure.

**ALL Supplements, Fish Oil and Vitamins:** STOP these supplements 5 days before your procedures as they can thin the blood.

## **PATIENT RIGHTS AND RESPONSIBILITIES**

### **Your Rights as a Patient**

When you are well informed, participate in treatment decisions, and talk openly with your doctor and office staff, then you help make your care more effective.

#### **Patient Rights – You have a right to:**

- Considerate, respectful, and safe care.
- A discussion of your illness, what we can do about it, and the likely outcome of care.
- Know the names and roles of the people caring for you here.
- Respectful and effective pain management.
- Receive as much information to consent to or refuse a course of treatment or invasive procedure and to actively participate in decisions regarding your medical care.
- Involve your health care proxy or significant others in the decision making process for medical decisions.
- Receive information regarding Advance Directives- available upon request.
- Reasonable continuity of care and to know in advance the time and location of an appointment as well as the doctor you are seeing.
- Full consideration of privacy and confidentiality of your medical information. Your written permission will be obtained prior to releasing any medical information. When we do release your information to others, we ask them to keep them confidential.
- Review your medical record and ask questions unless restricted by law.
- Know of any relationships with other parties that may influence your care.
- Know about rules that affect your care and about charges and payment methods. You have a right to receive and examine an explanation of your bill regardless of the source of payment.
- Choose your own physician or an external physician not in our practice.
- Voice your concerns, complaints, or problems with the care you received by contacting our Practice Administrator or Endoscopy Coordinator. If we are unable to satisfactorily address your complaint, you may contact the NC Medical Board via e-mail at [www.ncmedboard.org](http://www.ncmedboard.org) or by telephone 1-800-253-9653 or you can go to [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp) which is the website for the Office of the Medicare Beneficiary Ombudsman.

#### **Patient Responsibilities - You agree to:**

- Provide accurate and complete information concerning your symptoms, past history, and current health status.
- Make known whether you clearly comprehend your medical care and what is expected of you in the plan of care.
- Follow the treatment plan and care instructions given to you.
- Keep appointments and notify us if you are unable to do so.
- Accept responsibility for your actions if you refuse planned treatment or do not follow your doctor's orders.
- Accept financial responsibility for care received and pay promptly.
- Follow facility policies and procedures
- Be considerate of the rights of other patients and staff.
- Be respectful of your personal property and of others in the facility.
- Inform the staff of any discomfort or pain and patient safety issues.
- Share your values, beliefs, and traditions to help the staff provide appropriate care.

#### **Advance Directives**

- If you are interested in any additional information about advanced directives, certain forms can be supplied if requested by contacting our office.

Cary Endoscopy Center is owned and operated by  
H. Paul Singh, MD and Sirish Sanaka, MD

## **ADVANCE DIRECTIVE NOTIFICATION**

### **Make Your Wishes Known in North Carolina**

All patients have the right to participate in their own healthcare decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions.

This surgery center respects those rights however, unlike in an acute care hospital setting, this surgery center does not routinely perform "high risk" procedures. Most procedures performed in this facility are considered to be of minimal/low risk however, no surgery/procedure is without risk. You will discuss the specifics of your procedure with our physician who can answer your questions as to its risks, your expected recovery, and care after your surgery.

**It is our policy, regardless of the contents of any advance directive or instructions from a healthcare surrogate attorney in fact, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitating or other stabilizing measures and transfer you to an acute care hospital for further evaluation.** At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or healthcare power of attorney. Your agreement with this policy does not revoke or invalidate any current healthcare directive or healthcare power of attorney.

If you wish to complete an Advance Directive, copies of official State forms are available at our facility. You can also go online at <https://www.sosnc.gov> for more information.

Cary Endoscopy Center is owned and operated by  
H. Paul Singh, MD and Sirish Sanaka, MD