**COLONOSCOPY**

**ATTENTION!!! PLEASE READ IMMEDIATELY!!!**

\*\* If you take Blood Thinners or Anticoagulants (Heparin, Coumadin, Plavix) it is important that you notify your doctor who prescribed these medications to discuss stopping those drugs ONE WEEK prior to your procedure.

\*\* If you take any ASPIRIN product, such as Aspirin, Ecotrin, Motrin, Advil, Aleve, etc, you must discontinue their use one week prior to the procedure as well.

\*\* If on any of those medications, please contact the prescribing doctor to discuss stopping those medications for one week. If you have contacted your doctor and he/she advised you NOT to withhold the medications, please contact our office IMMEDIATELY.

\*\* If you need medication for pain relief, you may take acetaminophen, (Tylenol regular or extra strength only!)

\*\* FIVE days before the procedure avoid ANY FOOD CONTAINING SEEDS. Examples are corn, grapes tomatoes, watermelon, rye bread, poppy or sesame seeds.

\*\* If you are a diabetic see attached sheet.

\*\* Please continue to take ALL OTHER medications as prescribed to you as you normally would EVEN THE MORNING OF THE PROCEDURE. You may need to reschedule your pills the night before the procedure to AVOID TAKING MEDICATION WHOLE DRINKING THE PREP.

\*\* Please notify our office immediately if you require ANTIBIOTICS before this procedure is performed.

\*\* It is important to fill out the medication sheet in this packet, and list ALL medications on the sheet. The list should include name of drug, dose and how many times a day you take it. Bring this sheet to the hospital.

\*\* You MUST have a driver with you to bring you home after the procedure. A taxi is only acceptable if you have another adult, besides the taxi driver, with you.

YOUR PROCEDURE IS SCHEDULE FOR:

DATE:

PLACE: Millard Fillmore Suburban Hospital 1540 Maple Rd, Williamsville, NY 14221

REPORT TO ADMISSION:

**Colonoscopy prep for the day before procedure**

In the morning, you may have a normal breakfast.

**12:00pm clear liquid lunch** (see list)

Mix the first cup at 10:00AM

Mix only with cold water

**After the first dose drink 5 cups of clear liquid (see list)**

Second packet mix at 4:00pm

**After the second dose drink 3 cups of clear liquid (see list)**

Please finish all the solution before midnight, if you finish before midnight, you may have clear liquids until that time.

**MIDNIGHT DO NOT** EAT **OR** DRINK **ANYTHING UNTIL AFTER THE PROCEDURE.**

**CLEAR LIQUID DIET**

DO **NOT** EAT OR DRINK ANYTHING RED OR PURPLE IN COLOR

DO **NOT** DRINK ANY ALCOHOLIC BEVERAGES

ALLOWED LIQUIDS:

BEVERAGES:

* WATER, TEA, OR COFFEE (**NO** MILK OR NONDAIRY CREAMER added) sweetener are ok to add.
* SOFT DRINKS ( 7-UP, COLA, GINGER ALE, SPRITE, ETC.): GATORADE, LEMONADE
* STRAINED FRIUT JUICES WITHOUT PULP (APPLE, WHITE GRAPE, WHITE CRANBERRY, ETC)

SOUPS:

* CHICKEN OR BEEF BULLION/BROTH

MISCELLANEOUS:

* HARD CANDIES
* JELLO- (LEMON, LIME OR ORANGE); NO FRUIT OR TOPPINGS
* POPSICLES OR ITALIAN ICE
* Plain ice cream
* Plain yogurt

**INSTRUCTIONS FOR DIABETIC PATIENTS PRIOR TO COLONOSCOPY**

CLEAR LIQUID DIET MAY INCLUDE BEVERAGES WITH SUGAR

**SPECIFIC INSTRUCTIONS FOR DIABETICS**:

The day of doing the prep for your procedure you will not take your diabetes medications. **Please verify with your primary care provider how to adjust your medications for that day only**. On the day of the procedure please bring your medication with you to take after the procedure is completed.

Please advise the nursing staff that you are diabetic and have brought the medication to be administered following the procedure.