

Instructions for Colonoscopy

On the day of your procedure please bring photo ID and a list of ALL your medications and dosages.

Due to unexpected emergencies, your procedure time cannot be guaranteed. Please contact your insurance company prior to your procedure to understand your responsibility for any co-payment and/or deductible. Note: This is a hospital-based Endoscopy Unit.

You will l	nave your procedure at:
	ode Island Hospital, 593 Eddy St., Providence - Main Building, 9 th Floor, 9B Endoscopy Unit
□ <u>W</u>	ayland Surgical Center, 17 Seekonk St., Providence, RI
□ <u>M</u> i	riam Hospital, 164 Summit Ave., Providence - 1 st Floor, Endoscopy Unit Providence
□ <u>M</u>	OC Building, 2 Dudley Street, 3d Floor , Providence, RI
□ <u>Bla</u>	ackstone Valley Surgicare, 1526 Atwood Ave, Johnston, RI
Date:	Performing Dr
Please No	te: The office will call 1 week prior to your procedure to confirm your date and official time.
mportan	t
y r •	Oo not stop Aspirin unless instructed by your primary care physician or cardiologist. If you take an oral contraceptive at night, you should take the pill in the morning with clear liquid and use a backup method of contraception. Colonoscopy preparation may interfere with absorption of the pill. Resume your birth control pill as usual after the procedure. A responsible adult must be available to come into the Endoscopy suite to sign you out of the unit. You will not be able to drive on the day of your procedure. You must have someone drive you home. You may take a taxi or bus, but only if you are accompanied by a responsible adult. Please do not wear perfumes or body lotions on the day of your procedure.
	t: Notify your physician if you are taking medications for diabetes (oral or injectable) and/or anticoagulants ("blood thinners")
-	bumadin, Warfarin, Heparin, Plavix, etc., and ask for further instructions.
	e at the Pharmacy (2) Dulcolax (bisacodyl) tablets; and (2) 10 ounce bottles of Citrate of Magnesia (lemon or lime flavor only). The bottles of Citrate of Magnesia bottles if desired (this may help improve the taste).
<mark>Two Day</mark>	s Before Colonoscopy Avoid all popcorn, nuts, and seeds such as quinoa, sesame seeds, and whole flax seeds.
One Day	Before Colonoscopy
N <u>E</u> S	ay have liquids only throughout the day. NOTE: CLEAR LIQUIDS ONLY. AVOID liquids that are red, blue or purple. Examples include: Water, Strained fruit juice without the pulp, Coffee, Tea, Clear broth or bouillon, 7 UP, Sprite and Ginger Ale, sports drink (such as Gatorade and Propel Water) (Avoid red, blue and purple), Kool-Aid or other fruit flavored drinks (Avoid red, blue and purple), Plain Jell-O without added fruit or toppings (Avoid red, blue and purple), Popsicles (Avoid red, blue and purple)
Lunch:	You may have milk and yogurt (even frozen), but it must be smooth in texture: no fruit, seeds, nuts, or solid pieces.
☐ <u>At 4:0</u>	9 pm: Drink an 8 ounce glass of water or clear liquid.
☐ <u>At 5:0</u>	pm: Drink (1) 10 ounce bottle of Citrate of Magnesia; and an 8 ounce glass of water or clear liquid.
☐ <u>At 7:0</u>	Dpm: Drink an 8 ounce glass of water or clear liquid.
☐ <u>At 8:0</u>	pm: Take (2) Dulcolax (bisacodyl) tablets with an 8 ounce glass of water or clear liquid.
☐ <u>At 9:0</u>	Drink an 8 ounce glass of water or clear liquid.
Day of C	<mark>olonoscopy</mark>

☐ At_____am: Drink (1) 10 ounce bottle of Citrate of Magnesia.

You may have clear liquids up until 4 hours before your arrival time, then nothing by mouth until after the procedure unless otherwise instructed by your physician. No gum or candy. **Medications** may be taken with sips of water on your regular schedule until 4 hours before your arrival time.

<u>Diabetic patients</u>: please check blood sugar level before your procedure.

The end result of your cleansing needs to be liquid stool, most often yellow in color. There may be small flecks of sediment in it.