

# INSTRUCTIONS FOR YOUR COLONOSCOPY

Name \_\_\_\_\_ Date of Test \_\_\_\_\_

\_\_\_\_\_ **10-14 DAYS PRIOR:** Read instructions carefully. Go to your local pharmacy and get your prescription filled for your bowel prep. It may be necessary for your pharmacy to order this for you.

\_\_\_\_\_ **7 DAYS PRIOR:** STOP all blood thinning agents 7 days prior to your test, *according to the doctor's instructions*. This includes aspirin, vitamin E, Coumadin, and Ibuprofen (Aleve, Advil, Motrin). For minor pain relief, Tylenol is okay to take during this period.

\_\_\_\_\_ **MEDICATIONS:** On the morning of your test, take only those medications instructed by the doctor. If no instructions were given, do not take any medication until your test is over.

\_\_\_\_\_ **DRIVING:** You will not be permitted to drive after your colonoscopy. Please arrange for someone to drive you. You must be discharged to the care of a responsible adult. *If you come to the office without a responsible driver, your appointment will be rescheduled.* If your driver leaves during your test, we ask that they return within 30 minutes. You may NOT meet your driver in the parking lot. Public transportation or taxi service is not acceptable. Your driver must pick you up in our office.

\_\_\_\_\_ **PERSONAL ITEMS:** Do not bring with you any unnecessary personal items such as purses, wallets, jewelry, etc. Do not wear contact lenses, body piercings, make-up, nail polish, perfume, cologne, or hairspray.

\_\_\_\_\_ **APPOINTMENT TIME:** Our office will call you the day before your test to notify you of the time you need to arrive. If your test is scheduled for a Monday, we will call you on the Friday before. It is very important for you to arrive on time! Please notify us if we need to reach you at a phone number other than your home. If you do not show up for a scheduled procedure and have not given adequate notice, you will be charged \$100 for the missed appointment.

\_\_\_\_\_ Disclaimer Pamphlet Received

\_\_\_\_\_ **DIET:** You will follow a special diet for the **two days prior** to your procedure. Please closely follow the diet instructions on the back side of this instruction sheet.

**\*\* Please see DIET instructions on back of this form\*\*\***

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# DIET INSTRUCTIONS FOR YOUR COLONOSCOPY

## TWO DAYS BEFORE YOUR PROCEDURE:

You will be on a light, low-residue diet. Please follow this diet for the entire day.  
At this time STOP taking any fiber supplements such as Metamucil, FiberCon, etc. until your procedure is over.

ALLOWED (LOW-FIBER) FOODS	FOODS TO AVOID
Plain tender meats and fish	Tough and luncheon meats
Cooked eggs	Fried or raw eggs
Plain milk and dairy products of any kind, but limit it to once a day, since it may stimulate the bowel	Dairy with fruits or seeds
White bread and other goods from white flour: pasta, noodles, cookies, pastries	Wholemeal and wholegrain breads, <b>bran, seeds, nuts</b> , coconut
White rice	Brown rice
Corn flakes	Morning cereals containing more than 1g/fiber per serving, popcorn, whole corn grains
Soft vegetables: cooked carrots, peeled potatoes, beets, alfalfa sprouts, celery, cucumbers, squash, zucchini, raw green salad, strained vegetable juice	Broccoli, cabbage, cauliflower, legumes: beans, peas, soy, lentils, olives, mustard, raw vegetables (except green salad)
Ripe bananas	Raw and dried fruits, also pears, prunes, peaches, raisins, citrus fruits, berries, figs, dates, pineapple
Salt	Vinegar, spiced salad dressings,
Hard candies, honey	

**THE DAY BEFORE YOUR PROCEDURE:** You will be on a clear liquid diet the entire day before your test. **DO NOT EAT ANY SOLID FOOD.** NO milk, creams, or cream substitutes.

**\*\*DO NOT CONSUME ANYTHING RED OR PURPLE!! -- ORANGE and YELLOW are the preferred colors.**

**What you CAN have:**

- \* Water
- \* Iced tea or hot tea
- \* Broth & bouillon
- \* White grape juice
- \* White cranberry juice
- \* Apple juice
- \* Lemonade
- \* Sugar & sweeteners
- \* Jell-O and Frozen Popsicles (Orange or Yellow)
- \* Clear carbonated beverages (Sprite, Gingerale – NO colas or root beer)
- \* Flavored drinks (flavored waters, Gatorade, Kool-Aid)

**THE DAY BEFORE YOUR PROCEDURE:**

It is important to drink 2-3 glasses of liquid every hour so that your prep will work properly!

**\*\* You are to have NOTHING to eat or drink after midnight, unless instructed \*\***

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date