

<b>INSTRUCTIONS FOR YOUR COLONOSCOPY</b>	<b>Hillside Endoscopy Center, LLC</b>
<b>Patient Name:</b>	250 Fame Ave, Suite 240 Hanover, PA 17331
<b>Procedure date:</b>	<b>ENTRANCE F</b> 717-633-9086

**10-14 DAYS PRIOR:** Read instructions carefully, if you have any questions please call the office.

Notify the office if there have been any changes to your health, medications or insurance! At this time please make sure you have everything you need for your prep and clear liquid diet.

**MEDICATIONS** (Refer to Medication Instruction sheet for any special instructions if applicable)

**7 DAYS PRIOR:** Unless directed otherwise, STOP the following medications/supplements 7 days prior to your test:

Aleve, Advil, Aspirin, Celebrex, Diclofenac, Excedrin, Feverfew, Garcinia Cambogia, Garlic tablets, Ginger, Ginkgo Biloba, Ginseng, Ibuprofen, Iron, Medical Marijuana, Meloxicam, Mobic, Motrin, Nabumetone, Naproxen, Vitamin E.

**\*\*For minor pain relief, Tylenol or Tylenol Arthritis is okay during this period\*\***

**PROCEDURE DAY MORNING:** Follow Medication Instructions given!! **DO NOT SKIP** any medications you have been instructed to take. Refer to **Medication Instruction sheet** for detailed instructions. If no special instructions were given, do not take any medication until your test is over. You will be instructed when to resume your medications prior to discharge.

**DRIVING:** You will not be permitted to drive the day of your colonoscopy and for 24 hours after due to receiving anesthesia. Please arrange for someone to drive you and your driver MUST remain at the designated area. The driver is NOT permitted to leave the property while you are here (see modified instructions) and will sign a form agreeing to this requirement. **If you come to the office without a driver or your driver leaves the property, your appointment will be canceled and a fee will be assessed.** \_\_\_\_\_ Initials.

**PERSONAL ITEMS:** **DO NOT BRING OR WEAR** unnecessary personal items (purses, wallets), jewelry (except for wedding rings/religious/cultural items), watches, hoop earrings, necklaces, bracelets, body piercings below the ears, contact lenses, makeup, dark nail polish, perfume/cologne/lotions, hairspray, or strong scents. You may shower, wear deodorant, and brush your teeth before you arrive. Do not swallow any water when brushing your teeth.

**PLEASE BRING OR WEAR: Glasses for reading small print, Hearing Aids, and Socks**

**APPOINTMENT TIME:** Our office will call you the working day before your test to notify you of the time you need to arrive and any final instructions you will need. Arrival times are typically between 6:30am and 11:30am but are subject to change. You should receive a call from our office by 11:00 AM the day before your procedure. **Please check your messages before calling in for your procedure time.** It is very important for you to arrive at your designated time. If you arrive early to your appointment, You must wait to call or come in until you are within the 10 min of your procedure time. If you are late, you may be rescheduled! **DO NOT show up at our door until or unless instructed to do so.**

**NO SHOW/CANCELLATION POLICY:** If you do not show up for a scheduled procedure, have not given adequate notice that you will not make your appointment, or fail to follow instructions causing cancellation of your procedure, you will be charged a \$250 missed appointment fee. **Cancellations for non-medical reasons must be made 7 days in advance of the scheduled procedure date.** The cancellation fee is not covered by insurance and will be your responsibility. Dr. Thomas will make the determination if the procedure is rescheduled or not. If you have a last minute medical/personal emergency, you must call the office to discuss the issue with office staff and Dr. Thomas. You are given 3 opportunities to reschedule your appointment before you are no longer allowed to schedule a procedure in our Endoscopy Center.  
\_\_\_\_\_ Initials

(See Reverse side for more instructions)



**3 DAYS before your Procedure:** ( ) Follow a light, low-residue diet for the entire day.  
**STOP** taking any fiber supplements. **Begin** to increase your fluid intake!

**Refer to the chart below for foods or similar foods to be avoided or consumed:**

<b><u>MUST BE AVOIDED!</u></b>	<b><u>MAY BE CONSUMED!</u></b>
Brown rice	White rice
Whole grain breads, pastas, cereal or bars	White, low fiber breads or pastas
Whole grain cereals or bars	Low fiber cereal (rice/corn flakes) or bars
Raw vegetables, salads, salad dressings	Soft cooked carrots, potatoes (white or sweet), green beans, mushrooms
Beans, legumes, peas, corn, lentils	Eggs, yogurt (without fruit), milk, cheese
Nuts, seeds, coconut, soy, popcorn	Pretzels, potato chips, crackers
Fruits, fresh or dried	Strained fruit juice <u>except</u> prune
Beef and pork	Chicken/turkey, seafood, fish
Chunky peanut butter, oats, raisins, granola	Cakes, Cookies, Candy (no oatmeal, raisins, nuts or seeds) Popsicles, Ice cream or Jello (no fruit), pudding
Strong spices/hot peppers	Mild spices, salt, extracts, sugar, honey, molasses

**2 DAYS before your Procedure:** ( ) Continue with the light low residue diet above and increase your fluid intake!  
 This is **VERY IMPORTANT!** *Please drink a minimum of 64 ounces of fluids this day!!*

**1 DAY before your Procedure:** ( ) **DO NOT EAT ANY SOLID FOOD TODAY!! FOLLOW A CLEAR LIQUID DIET ONLY-See below.** Limit coffee to ONE 8oz cup of black coffee no later than 10 am. You may have sugar or sweeteners in your coffee or tea, but NO milk, cream or cream substitutes.

**IMPORTANT: DO NOT CONSUME ANYTHING RED, PURPLE, BLUE OR GREEN!**

***Orange, yellow, white or clear are the preferred colors***

**CLEAR LIQUID DIET:** Do not have anything beside what is listed below. For best results, do a variety of liquids from this list!!

Water or Flavored Water	Iced Tea or Hot Tea	Clear broth or bouillon
Apple Juice	White Grape juice	White Cranberry juice
Lemonade	Jell-O (no added fruit)	Popsicles
Gatorade/Powerade/Propel	Kool-Aid or Clear protein drinks	Clear Sodas (Sprite, 7-Up, Ginger Ale)

***Please drink 2-3 glasses of fluid every hour to stay well hydrated and for your prep to work properly!***

Continue drinking as much as possible until you go to bed.

**AFTER MIDNIGHT BEFORE YOUR PROCEDURE:** Stop all intake, do not have anything by mouth! (which includes candy, gum, mints, lozenges) **EXCEPT** your morning prep and medications as instructed prior to coming in.

**Please be sure to finish your entire bowel prep and take your medication as instructed.** If you are unable to tolerate your prep or you begin to vomit, **please call the office** for instructions on how to contact Dr. Thomas. He will call you back and give you further instructions. **DO NOT IGNORE THIS INSTRUCTION!**

**\*\*\* It is important to read over and completely understand these instructions.** If your test is on a Monday, please ask any questions before 11:30 am on Friday before your test. Our office closes at this time for the weekend and no one will be in the office after this time to answer your questions. If you have an urgent need to reach us after hours, please contact our office at (717) 633-9086 and you will be given further instructions. **If you have a medical emergency, call 911!**

I have read and understand the above instructions:

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

\_\_\_\_\_  
 Date

*This paperwork is only valid for 6 months from the date it is signed. If your procedure is not completed within the 6 month period, you will need to schedule another office visit to complete updated paperwork.*