

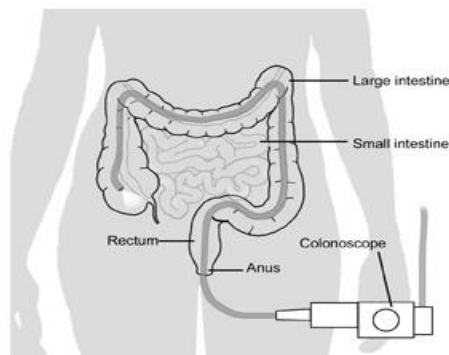
COLONOSCOPY PREP INSTRUCTIONS (PEG 3350)

<input type="checkbox"/>	Greenbelt Endoscopy Center:	9821 Greenbelt Road, Suite 103, Lanham, MD 20706	301-552-1801
<input type="checkbox"/>	Washington Adventist Hospital:	7600 Carroll Avenue, Takoma Park, MD 20912	301-891-7600
<input type="checkbox"/>	Doctors Community Hospital:	8118 Good Luck Road, Lanham, MD 20706	301-552-8118

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DATE: _____	ARRIVE AT: _____ AM / PM		START AT: _____ AM / PM		

You are scheduled to have an exam of your colon with a flexible lighted tube instrument called a colonoscope. You will be given medication prior to your examination that will enable the physician to perform the test with as little discomfort as possible. Because of the medications' sedative properties, **we require you make arrangements for an adult over the age of 18 to accompany you TO and FROM your procedure.**

Please do not drive for the rest of the day.



***MEDICATION INSTRUCTIONS:**

- **5 days before your procedure:** No **COUMADIN, PLAVIX, ANTICOAGULANTS** or **IRON SUPPLEMENTS**.
- **3 days before your procedure:** No **ANTI-INFLAMMATORY MEDS.** [i.e. Advil, Aleve, Ibuprofen, Naproxen]
- **1 day before your procedure:** It is **OKAY** to take **ORAL DIABETIC MEDICATIONS** in the **MORNING**, but Please **DO NOT** take **ORAL DIABETIC MEDICATIONS** in the **EVENING**.
- Special Instructions: _____

***THE DAY OF YOUR PROCEDURE:**

- Please **DO NOT** EAT or DRINK ANYTHING, including **WATER**.
- Please **DO NOT** TAKE any ORAL MEDICATIONS, including **ASPIRIN**.
- * If you normally take **BLOOD PRESSURE** medication(s), please continue as usual, but with a small sip of water.
- * **DIABETICS**, please do not take any diabetic meds, but monitor your blood sugar & update the nurse at the facility.



*** IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE LET US KNOW AT LEAST 3 BUSINESS DAYS PRIOR TO YOUR APPOINTMENT. FAILURE TO DO SO WILL RESULT IN A \$100 CANCELLATION FEE.**

*** IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CALL THE OFFICE 301-715-3744 OPTION # 3.**

COLONOSCOPY PREP INSTRUCTIONS (PEG 3350)

***PLEASE PICK UP YOUR PEG 3350 PRESCRIPTION THE DAY AFTER YOUR CONSULTATION*. IT WILL CONTAIN FLAVOR PACKS AND A CONTAINER FOR MIXING. IF PREFERRED, MIX, REFRIGERATE AND DRINK THROUGH A STRAW FOR A BETTER EXPERIENCE.**

ONE DAY BEFORE YOUR PROCEDURE: _____

YOU NEED TO BE ON A CLEAR LIQUID DIET ALL DAY LONG (24 HOURS).

YOU MAY HAVE:

WATER, TEA, BLACK COFFEE, LEMON LIME SODAS, GATORADE, CLEAR STRAINED JUICES, CLEAR HARD CANDIES, CLEAR SOUP BROTH, BOUILLON CUBES AND JELL-O.



YOU MAY NOT HAVE:

SOLID FOOD



ALCOHOL



DAIRY



FRUIT



***THE DAY BEFORE YOUR COLONOSCOPY, THE COLON NEEDS TO BE COMPLETELY EMPTIED BY BEDTIME, WITH A LAXATIVE BOWEL PREPARATION. WHEN WASTE IS LEFT IN THE COLON, THE PHYSICIAN CANNOT SEE THE COLON PROPERLY, WHICH COULD LEAD TO A POTENTIALLY INACCURATE EXAM AND MAY NECESSITATE A SECOND EXAM LATER. INDIVIDUAL RESPONSES TO LAXATIVES VARY SO PLEASE STAY CLOSE TO THE RESTROOM.**



***THE EVENING BEFORE YOUR PROCEDURE, PLEASE DRINK THE PEG 3350 LAXATIVE MIXTURE IN TWO DOSES.
*FOLLOW MIXING INSTRUCTIONS AND PLEASE TAKE:**

***DOSE 1 (First Half of Container) at _____.**

***DOSE 2 (Second Half of Container) at _____.**

NO MORE LIQUIDS AFTER MIDNIGHT!