

Colonoscopy Instructions.

Thomas V. Nattakom, MD

Patient Name: _____ Date of Colonoscopy: _____

Arrival Time: _____ Procedure Time: _____

Canceling and Rescheduling Procedures

If you need to cancel or reschedule your procedure, we ask that you call a minimum of 2 business days prior to your appointment to do so. There will be a \$50 charge applied if you cancel your appointment without proper notification, or if you are a "no show". To cancel/reschedule, you can call the main office, Digestive Disease Consultants, at (575) 522-7697.

YOUR PROCEDURE WILL TAKE PLACE AT THE FOLLOWING FACILITY:

- | | | |
|--|-------------------------------------|----------------|
| <input type="checkbox"/> Lohman Endoscopy Center | 4381 E.Lohman Ave, Ste A.- LC 88011 | (575) 522-3220 |
| <input type="checkbox"/> Memorial Medical Center | 2450 S. Telshor Blvd - LC 88011 | (575) 522-8641 |
| <input type="checkbox"/> Mountain View Surgery Center | 4351 E.Lohman Ave - LC 88011 | (575) 532-3305 |
| <input type="checkbox"/> Mountain View Regional Medical Center | 4311 E Lohman Ave - LC 88011 | (575) 556-7600 |

MEDICATIONS- You will continue taking all your scheduled medications up until the day prior to your procedure, except those that are specifically indicated by the provider to stop.

- **MORNING OF PROCEDURE-** If you take medications in the morning for heart, blood pressure or seizures, you may take them with sips of water.
- If you are insulin-dependent, you will take ½ of your evening dose the day before the procedure. Bring your insulin and any diabetes medication with you to your appointment.

Anticoagulants/Prescription Blood Thinners- If you take one of the following medications, you will have specific instructions on when to stop taking it, unless advised otherwise:

- | | |
|--|---|
| <ul style="list-style-type: none">• Plavix (clopidogrel)• Coumadin (warfarin)• Eliquis (Apixaban)• Pradaxa (dabigatran) | <ul style="list-style-type: none">• Effient (prasugrel)• Xarelto (rivaroxaban)• Savaysa (no generic available)• Aggrenox or Ticlid |
|--|---|

You will hold your _____ for _____ days prior to your procedure.

Important Reminders:

1. Bring your current insurance card and photo ID, list of current medications, your co-pay and these orders.
2. If you have a pacemaker or implanted device, please bring your manufacturer card with you.
3. No nail polish on either index finger - this is to monitor your oxygen levels during the procedure.
4. You will **NEED** to have someone drive you after your procedure. It can be a family member, friend or medical transportation. **NO** Uber, Lyft or taxi.

Diet and Prep Instructions:

1. TWO DAYS PRIOR TO PROCEDURE: Avoid fruits & vegetables with seeds, nuts, corn and beans.
2. You may NOT have breakfast or solid foods on the day of your procedure. You must wait until AFTER.

It is important to STAY HYDRATED BEFORE, DURING, AND AFTER taking a laxative. Drink plenty of CLEAR LIQUIDS, which include	
<ul style="list-style-type: none"> • SPORTS DRINKS (Gatorade, Powerade, etc) • SOUPS/BROTHS (without any solids) • Sprite, Sierra Mist, 7UP, Ginger Ale, etc 	<ul style="list-style-type: none"> • JELLO/POPSICLES • TEA/COFFEE (NO MILK OR CREAMER) • APPLE JUICE

AVOID FOODS/LIQUIDS THAT ARE IN THE COLORS RED, PURPLE, BLUE AND ORANGE. AVOID ALCOHOLIC BEVERAGES.

1st OPTION-PLENVU or 2nd OPTION-CLENPIQ

If you will be using PLENVU or CLENPIQ to prepare for your Colonoscopy, you will have clear liquids ONLY the day before your Colonoscopy.

EVENING (day before procedure)	MORNING (day of procedure)
PLENVU Dose 1 or CLENPIQ Dose 1 Date: ____ / ____ / ____ Day of the Week: M T W TH F S SU Drink from: 4 pm - 8 pm	PLENVU Dose 2 or CLENPIQ Dose 2 Date: ____ / ____ / ____ Day of the Week: M T W TH F S SU Drink from: 4 am - 6 am if your procedure is at 10 am or earlier OR from 6 am- 8 am if the procedure is at 10:30 am or later.

1. You will take 2 doses approximately 12 hours apart, as indicated at the times above.
2. PLENVU and CLENPIQ can be refrigerated. It must be within 6 hours after it's mixed.

3rd OPTION- GOLYTELY

DAY BEFORE PROCEDURE:

1. Light breakfast **ONLY: NO LATER THAN 10:00 am.**
2. AT NOON (12:00 PM) start clear liquid diet AND take 2 Dulcolax tablets (over the counter, **NOT** prescribed)

EVENING (day before procedure)	MORNING (day of procedure)
GOLYTELY- Drink ½ of the gallon Date: ____ / ____ / ____ Day of the Week: M T W TH F S SU Drink from: 2 pm - 8 pm	GOLYTELY- Drink ½ of the gallon Date: ____ / ____ / ____ Day of the Week: M T W TH F S SU Drink from: 4 am - 6 am if your procedure is at 10 am or earlier OR from 6 am- 8 am if the procedure is at 10:30 am or later.

1. GOLYTELY can be refrigerated. It must be used within 48 hours after it's mixed.
2. When drinking GOLYTELY, don't drink too rapidly.