

NORTH SHORE GASTROENTEROLOGY ASSOCIATES, P.C.

233 EAST SHORE ROAD, SUITE 101
GREAT NECK, NEW YORK 11023
TEL: 516-487-2444
FAX: 516-487-2446

ALAN SLOYER, M.D., F.A.C.G.
ARTHUR TALANSKY, M.D., F.A.C.G.
HOWARD RATTNER, M.D., F.A.C.G.
MORDECAI DICKER, M.D., F.A.C.G.
CHAIM ABITTAN, M.D.
DAVID MILKES, M.D., F.A.C.G.
ALEX NOVOGRUDSKY, M.D.
OMER MASOOD, M.D.
DENISE DIMARCO, N.P.
SHAHEEN KHALFAN, RPA-C
REBECCA BIKRAM, RPA-C

COLONOSCOPY INSTRUCTIONS

PATIENT: _____ DATE: _____

PLACE: 233 EAST SHORE RD., SUITE 101 ARRIVAL TIME: _____

You have been scheduled for a colonoscopy. This information sheet will inform you of how to best prepare for the procedure. If there are any questions remaining after reading these instructions, please call our office.

If you are unable to keep your appointment kindly give us at least 72 hours notice. We have a long waiting list of patients that urgently need procedures and must wait several weeks.

Please note: You must arrange to have someone accompany you for the procedure. You will not be allowed to drive home, and you may not drive for the rest of the day. On the day of the procedure, if you arrive without someone to take you home, your procedure will not be done.

You cannot go to work the day of the procedure. You must stay home and relax for the rest of the day!!! You must thoroughly read the instructions on the following pages. Depending on your medications, you may need to take certain precautions as much as a week in advance of the procedure!!! Please call our office with any questions.

WHAT IS A COLONOSCOPY?

A colonoscopy is a diagnostic procedure, which allows the doctor to visualize the lining of your large intestine (known as the colon). This is accomplished by using a colonoscope, which is a long, thin, flexible tube, with a light at the tip. The colonoscope may be used as a means of treatment as well. If a colonic polyp, an abnormal growth of colonic tissue is found, your physician may be able to remove the polyp through the instrument. In order to minimize any discomfort you might experience during the exam, you will receive an injection of medications. **(Please notify us of any allergies.)** The duration of the procedure varies, ranging from 20 minutes to one hour. You can expect to be in the office for 1 ½ hours.

WHAT TO EXPECT DURING THE PROCEDURE?

The procedure is usually well tolerated and rarely causes pain. There may be some discomfort during the colonoscopy, but it is usually mild. In rare cases, passage of the colonoscope through the entire colon cannot be achieved. A limited examination may be sufficient if the area of suspected abnormality is well visualized.

WHAT TO EXPECT AFTER THE PROCEDURE?

You might be sleepy for one to two hours after the procedure due to medications you will receive at the time of the procedure. You may expel some gas as air, which is instilled into the colon during the colonoscopy, for adequate visualization. You may experience some abdominal bloating and distention for several hours after the colonoscopy. If a polyp is removed, further instructions will be given to you after the procedure is finished. You will be able to resume your diet after the colonoscopy, unless you are instructed otherwise.

For the doctor to perform the test accurately, your colon must be thoroughly cleansed. In order to accomplish this task, the following instructions must be followed. Please feel free to call our office if you have any questions.

AT LEAST A WEEK PRIOR TO YOUR PROCEDURE:

- Arrange for someone to drive you home from your procedure. **YOU WILL NOT BE ALLOWED TO DRIVE HOME OR TAKE A TAXI WITHOUT AN ADULT (OTHER THAN THE TAXI DRIVER) TO ACCOMPANY YOU.** On the day of the procedure, if you arrive without someone to take you home, your procedure **WILL NOT** be done.
- Arrange to take the day of the procedure off from work. You cannot go to work; you are to stay at home the remainder of the day after the procedure and relax. You may not **DRIVE FOR THE REST OF THE DAY!**
- **If you take any blood thinners such as coumadin, plavix or aspirin on a daily basis,** you must notify the Doctor *immediately*. These medications **may** need to be discontinued prior to your colonoscopy.
- **If you OCCASIONALLY take aspirin or an aspirin product (Advil, Motrin, Aleve),** they **MUST** be stopped for the 5 days prior to the procedure.
- **Stop any vitamins containing iron and/or iron supplements one week prior to the colonoscopy.**
- **Purchase your prep!**

BEGINNING MIDNIGHT THE DAY BEFORE YOUR PROCEDURE: (If your procedure is on a Tuesday, this would mean midnight SUNDAY night which is actually the start of Monday!)

- **Do not apply any lotion** to your chest, arms or legs.
- **NO SOLID FOOD, NO ALCOHOL. You must be on a CLEAR LIQUID DIET for the entire day before your procedure. THE FOLLOWING ALSO APPLIES:**

NO SOLID FOODS	NO COFFEE OR TEA (not even decaf!)
NO LEMONADE	NO GUM
NO MILK OR MILK PRODUCTS	

- **YOU MAY HAVE ONLY THE FOLLOWING:**

Water	Seltzer	Apple Juice
White Grape Juice	Sprite	Ginger Ale
Bouillon or Clear Broth	Gatorade (NO RED)	Italian Ice (NO RED)
Plain Jello (NO RED)		

There are no exceptions, patients may eat and drink ONLY WHAT IS ON THIS LIST!!

- **BEGIN YOUR PREP AS DIRECTED ON THE NEXT PAGE**

MIRALAX & DIET SNAPPLE PREP FOR COLONOSCOPY

Please read instructions carefully

Pick up from the pharmacy:

1. One (1) 238g bottle of Miralax (over the counter, no prescription needed)
2. Four (4) Dulcolax Tablets (over the counter, no prescription needed)
3. Two (2) 32oz bottles of DIET SNAPPLE ICED TEA, any flavor (from supermarket)

THE DAY BEFORE THE PROCEDURE:

Remember: Do not apply any lotion to your chest, arms or legs!

1. **NO SOLID FOOD OR ALCOHOL.** Remain on a clear liquid diet the entire day. Refer to the list on the previous page
2. Drink an extra 8oz. of clear liquid every hour while awake.
3. Mix ½ of the 238g bottle of MIRALAX in each 32oz. bottle of DIET SNAPPLE ICED TEA until dissolved and refrigerate.
4. At **4PM**, take 4 (four) DULCOLAX tablets with water and continue clear liquids.
5. At **6PM**, begin drinking the DIET SNAPPLE ICED TEA+MIRALAX solution at a rate of 8oz. every 15-30 minutes (over 1-2 hours) until the first bottle is gone.
6. You are encouraged to continue to drink as much clear liquid as possible until bedtime.
7. You may apply a petroleum based product or diaper rash ointment to the rectal area if you experience discomfort from frequent bowel movements.
8. Confirm that you have a driver for your procedure.

THE DAY OF THE PROCEDURE:

1. **You should take your blood pressure and heart medications early in the morning with a small sip of water.** If you must take other medications on the day of the procedure, please call our office.
2. **4-5 hours before you leave your house for the procedure** drink the second 32oz. bottle of DIET SNAPPLE ICED TEA+MIRALAX solution at a rate of 8oz. every 15-30 minutes (over 1-2 hours) until the second bottle is gone. **This must be completed by at least 4 hours prior to your colonoscopy.** If your procedure is scheduled early in the morning, you will need to get up in the night to take this dose of preparation. Do not take anything by mouth for 4 hours prior to your colonoscopy.
3. **HAVE NOTHING ELSE TO EAT OR DRINK, NOT EVEN WATER, until after your procedure.**

DO NOT OMIT ANY PART OF THE PREPARATION. A POOR PREPARATION MAY CAUSE A POLYP OR CANCER TO GO UNDETECTED.

**NORTH SHORE
GASTROENTEROLOGY
ASSOCIATES, P.C.**

233 EAST SHORE ROAD, SUITE 101
GREAT NECK, NEW YORK 11023
TEL: 516-487-2444
FAX: 516-487-2446

ALAN SLOYER, M.D., F.A.C.G.
ARTHUR TALANSKY, M.D., F.A.C.G.
HOWARD RATTNER, M.D., F.A.C.G.
MORDECAI DICKER, M.D., F.A.C.G.
CHAIM ABITTAN, M.D.
DAVID MILKES, M.D.
ALEX NOVOGRUDSKY, M.D.
OMER MASOOD, M.D.
DENISE DIMARCO, N.P.
SHAHEEN KHALFAN, RPA-C
REBECCA BIKRAM, RPA-C

DEAR PATIENT:

PLEASE BE INFORMED THAT THE ANESTHESIOLOGIST THAT WILL BE ADMINISTERING YOUR ANESTHESIA IS AN OUT OF NETWORK PROVIDER. ANY DEDUCTIBLES OR CO-INSURANCE IS THE RESPONSIBILITY OF THE PATIENT.

OUR ANESTHESIA BILLING OFFICE APPEALS EVERY CLAIM ON YOUR BEHALF. USUALLY WE ARE PAID IN FULL WITH NO OUT OF POCKET COST TO THE PATIENT. IF FOR ANY REASON YOUR INSURANCE COMPANY DOES NOT PAY AND YOU ARE BILLED FOR THE BALANCE, AND YOU HAVE ANY FINANCIAL CONCERNS, PLEASE CONTACT OUR BILLING OFFICE.

CORDIALLY,

NORTH SHORE GASTROENTEROLOGY