



www.yourgicenter.com
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3 DAY COLONOSCOPY PREPARATION FOR COLONOSCOPY

Patient Check-In Time _____
Patient Procedure Date _____

Location where your procedure will take place:

- Your G.I.Center in Lake Jackson, 109 Parking Way, 77566
*If you need to cancel or reschedule your procedure, please call 979-292-0033
- BRAZOSPORT HOSPITAL 100 MEDICAL DR, LAKE JACKSON 77566
- PEARLAND MEDICAL CENTER 11100 SHADOWCREEK PARKWAY PEARLAND, TX 77584
- PEARLAND SURGERY CENTER 15015 KIRBY DR, SUTE 100 PEARLAND, TX 77047
- *If you need to cancel or reschedule your procedure, please call 979-292-0033

You Will Need to Purchase:

- A) Your prep (we sent the prescription to your pharmacy)
- B) Dulcolax laxative tablets (over the counter)

Checking In:

Your check-in time is NOT your procedure time. It is the time for you to begin the check-in process. Please sign in at the front window.

Plan on being here for approximately 4 hours (for the entire process from checking in to being discharged). There are many factors that affect this, so your ride will need to be flexible in their ability to pick you up when needed. Please have the phone number of your ride available for us.

Cancellation Policy:

Our office requires a 72 hour notice to cancel or reschedule your appointment. If we are not given 72 hours advance notice, a \$200 cancellation fee will be billed to you.

If you need to cancel or reschedule your procedure, please call the facility your procedure is scheduled to take place at.

Food/Drink:

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT EXCEPT FOR medications approved on back page, and except for prep if having a colonoscopy. No ice, liquids, gum, mints, toothpicks, chewing or smoking tobacco, etc. This is a safety issue with being sedated.

Transportation:

You MUST have a ride to and from your procedure. You will be sedated for your procedure and will not be able to drive for 12 hours. It is critical that you give us an accurate phone number for your ride so that we may contact them when/if necessary. Please advise your ride to answer their phone from unknown numbers on your procedure day as we may be attempting to call them. If you do not have a ride in a timely manner, a cab may be called for you at YOUR expense at the discretion of our physicians or Nurse Manager.

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Houston
12951 South Freeway
Houston, TX 77047
713-436-8171

Lake Jackson
109 Parking Way
Lake Jackson, TX 77566
979-292-0033

Bay City
720 Avenue F North
Bay City, TX 77414
979-292-0033



Medications:

Blood Thinners: Prescription blood thinners **MUST** be stopped prior to the procedure (Aspirin is okay to take unless specifically instructed otherwise):

- Coumadin, Warfarin, Plavix: must be stopped 5 days prior to procedure.
- Xarelto, Aggrenox, Eliquis, Pradaxa: must be stopped 2 days prior to procedure.

Diabetic Medications: Do NOT take any diabetic medications (pills or injections) on the morning of your procedure.

Weight Loss Medications: If you take PHENTERMINE or any other WEIGHT LOSS MEDICATION, you must be off of it for **TWO WEEKS** prior to your procedure. There are side effects with Propofol.

****ALL OTHER MEDICATIONS CAN BE TAKEN WITH A SMALL SIP OF WATER****

PLEASE TAKE ALL MEDICATIONS FOR: blood pressure, heart arrhythmias, seizures, mental/emotional disorders, asthma/COPD the morning of your procedure with a small sip of water.

If you use a nebulizer, please do a breathing treatment prior to your arrival.
If you use an inhaler, feel free to use it and bring with you to your procedure.

Dialysis Patients: If you are on DIALYSIS, you **MUST** have lab work (potassium level) drawn within 24 hours of your procedure. If you do not have an order, please contact us for one.

Results:

Your results will be discussed with you and/or your ride if you allow. This will be a brief overview of what was observed and performed during your procedure along with any further tests you need to have performed. A more detailed explanation and results of any biopsies will be discussed at your follow up appointment.

INSTRUCTIONS ON YOUR PREPARATION FOR THE COLONOSCOPY.

- Three days before Colonoscopy:
 - Take 2 Dulcolax tabs by mouth by 5 PM
 - Regular Diet this day.
- Two days before Colonoscopy:
 - Take 2 Dulcolax tabs by mouth by 5 PM
 - Start Clear Liquid Diet this day. (no solid foods or milk products)
- The day before your Colonoscopy:
 - Clear liquid diet all day.
 - 1st dose - 7 PM drink one dose of PREPARATION followed by 16 ounces glasses of clear liquid.
- **MAKE SURE TO MIX PREPARATION 4 MINUTES PRIOR TO DRINKING TO ENSURE ACTIVATED.**
- The day of your Colonoscopy:
 - Take the 2nd dose of PREPARATION, followed by 16 ounces glass of water
Complete this **AT LEAST 4 hours** before your check in time, with nothing further by mouth (no liquids, mints, gum, chewing tobacco, etc.).

MAKE SURE TO MIX PREPARATION 4 MINUTES PRIOR TO DRINKING TO ENSURE ACTIVATED.

*Clear liquids include all of the following that are not colored red or purple. Strained fruit juices without pulp only (apple, white grape, lemonade), water, clear broth or bouillon, coffee (without milk or nondairy creamer), Gatorade, carbonated and noncarbonated soft drinks. Kool-Aid, (or other fruit flavored drinks), plain jello (without added fruit or topping) and ice popsicles. Look under tab for DIETS in our website at

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www.yourgicenter.com and get detail list of foods for Clear Liquid Diets

**Bowel movements should be liquid and without particles/pieces of solid stool.

- SEE ATTACHED INFORMATION FOR CLEAR LIQUID DIET.
- IF YOU ARE EXPERIENCING LOW SUGAR SYMPTOMS, IMMEDIATELY TAKE SOME SUGAR SOLUTION OR CLEAR JUICE SUCH AS APPLE JUICE.
- NO SMOKING AFTER MIDNIGHT.
- DO NOT TAKE FISH OIL, VITAMIN A, OR ANY OTHER OIL BASED MEDICATION OR VITAMINS FOR 3 DAYS PRIOR TO YOUR PROCEDURE.

CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. No red or purple liquids should be consumed!

| Food Group | Foods Allowed | Foods to Avoid |
|---|---|------------------------------------|
| Milk & beverages No red or purple liquids! | Tea (decaffeinated or regular), carbonated beverages, fruit flavored drinks | Milk, Milk drinks |
| Meats & meat substitutes | None | All |
| Vegetables | None | All |
| Fruits & fruit juices | Strained fruit juices: apple, white grape, lemonade | Fruit juices with unstrained fruit |
| Grains & starches | None | All |
| Soups | Clear broth, consommé | All others |
| Desserts | Clear flavored gelatin, popsicles (no red or purple flavors) | All others |
| Fats | None | All |
| Miscellaneous | Sugar, honey, syrup, clear hard candy, salt | All others |
| Examples of Clear Liquid Diet: | | |
| Breakfast | Lunch | Dinner |
| White grape juice | Apple Juice | Lemonade |
| Clear broth | Clear broth | Clear broth |
| Jell-O ®* | Jell-O ®* | Jell-O ®* |
| Tea | Tea | Tea |
| *plain only, no fruit or toppings | | NO APPLESAUCE |

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