

GASTROINTESTINAL HEALTHCARE

Improving Your Health From The Inside Out.

2011 Falls Valley Drive, Suite 106, Raleigh, NC 27615

Phone: 919-870-1311

Fax: 919-881-0822

www.giraleigh.com

The safety of our patients and employees is very important to us. Our office will be taking the following precautions:

- All staff will wear masks.
- All patients are required to wear a mask, please bring your own and wear upon entering the building.
- Patients will call our office at 919-870-1311 upon arrival and remain in their car. Our staff will review our COVID-19 questionnaire with you in order to be able to proceed with entry to our building
- All patients will have their temperature taken upon arrival, if they pass the COVID-19 questionnaire.
- We are limiting the number of people in our office, only the patient will be allowed in the office. If a Caregiver is necessary to assist you, you must advise us in advance so that we can schedule appropriately. The Caretaker will be required to wear a mask, answer COVID-19 questions, sign a COVID-19 consent and have their temperature taken as well.
- We are offering hand sanitizer at entrances and exits.
- We will continue to thoroughly clean all surfaces according to CDC guidelines after every patient.

We will either immediately place you in an exam room or instruct you to go back to your car and we will call or text you when we have a room available. We will try to not utilize our waiting room in order to maintain social distancing.

These new COVID-19 policies supersede previous arrival instructions.

Thank you for your patience and support during these challenging times. We look forward to seeing you at your next appointment.

Sincerely,

GastroIntestinal Healthcare

Your Pre-Procedure Phone Call is Scheduled on _____. (10 to 15 minute call). Please review these instructions prior to the call.

Your COLONOSCOPY is scheduled on _____ 2021.

Your Arrival Time/Check-In is at _____ .

Location: GastroIntestinal Healthcare (2011 Falls Valley Dr., Suite 106, Raleigh, NC 27615)

***Pick up your prescription SUTAB bowel preparation kit from your pharmacy.

***You will also need to purchase over the counter Simethicone tablets (ie. Gas X) separately from your pharmacy.

DISCARD THE INSTRUCTIONS INCLUDED WITH YOUR SUTAB KIT. FOLLOW THE INSTRUCTIONS BELOW:

If you tend to be constipated, you can take 2 Dulcolax tablets (or its generic equivalent, bisacodyl) at 6:00 pm, 2 days prior to your procedure.

ONE WEEK (7 DAYS) PRIOR TO YOUR COLONOSCOPY, STOP taking the following medications:

- Ibuprofen
- Advil
- Motrin

- Arthritis medication
 - Aleve
 - B.C. Powder
 - Excedrin
 - All vitamins and supplements, including iron and fish oil
 - Alka Seltzer
 - Pepto Bismol or equivalent
 - Psyllium products such as Metamucil or Citrucel
- If you are taking aspirin or ****ANY**** blood thinners such as Aggrenox, Agrylin, Brilinta, Coumadin, Effient, Eliquis, Lovenox, Persantine, Plavix, Pradaxa, Pretal, Savaysa, Ticlid or Xarelto, please follow the instructions given to you by our office.
 - Please continue to take all other medications. You may continue your 81mg Aspirin but **DO NOT TAKE** the day of the procedure.
 - Tylenol may be used for pain.

Follow the Low-Fiber Diet below on _____ and _____.

YOU MAY HAVE THE FOLLOWING:

- enriched refined white bread, buns, bagels, English muffins
- PLAIN CEREALS e.g. Cheerios, Cornflakes, Cream of Wheat, Grits, Rice Krispies, Special K
- arrowroot cookies, tea biscuits, soda crackers, plain melba toast
- white rice, refined pasta and noodles
- fruit juices, except prune juice
- applesauce, apricots, banana (1/2), cantaloupe, canned fruit cocktail, grapes, honeydew melon, peaches, watermelon
- vegetable juices
- potatoes (no skin)
- well-cooked and tender vegetables including alfalfa sprouts, beets, green/yellow beans, carrots, celery, cucumber (no seeds), eggplant, lettuce, mushrooms, green/red peppers, squash, zucchini
- well-cooked, tender meat, fish and eggs
- AVOID whole grains (cereals listed above are okay)
- AVOID raw and dried fruits, raisins and berries
- AVOID vegetables from the cruciferous family such as broccoli, cauliflower, Brussels sprouts, cabbage, kale, Swiss chard, etc.
- AVOID beans and lentils
- AVOID all nuts and seeds, as well as foods that may contain seeds (such as yogurt)

ONE DAY BEFORE AND THE DAY OF COLONOSCOPY:_____ Medication Instructions

- For diabetics – insulin dependent: Take half of your usual morning dose of insulin on the day before your procedure. Do not take any insulin on the day of the exam. Please check your blood sugar the morning of your procedure.
- For diabetics – oral agents: Do not take any oral anti-diabetic medication on the day before your procedure or the day of the procedure.
- Take any heart or blood pressure medications the morning of your procedure with a few sips of water.
- If you are on any inhalers please bring them with you the day of your procedure.

ONE DAY BEFORE YOUR COLONOSCOPY:_____

- No solid foods all day
- Avoid anything red or purple in color
- No Milk OR Dairy products are permitted

It is important to stay well-hydrated by drinking plenty of APPROVED liquids throughout the day.

APPROVED LIQUIDS ONE DAY BEFORE YOUR COLONOSCOPY

- Water

- Tea (iced or hot)
- Coffee- no creamer
- Soft drinks (diet or regular) (NO RED or PURPLE)
- Fruit flavored drinks (NO RED OR PURPLE)
- Gatorade, sports drinks (NO RED OR PURPLE)
- Apple juice
- White grape juice
- White cranberry juice
- Fat free broth or bouillion
- Jello (cannot contain fruit, NO RED OR PURPLE)
- Popsicles (cannot contain fruit, NO RED OR PURPLE)

You will need to take tablets called SuTab to cleanse your colon. You must complete the entire bottle of tablets to ensure the most effective cleansing.

ONE DAY BEFORE YOUR COLONOSCOPY: _____

1. At 5:00 p.m. open one bottle of 12 tablets.
 2. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. After you have taken your dose of prep, please take 2 Simethicone tablets.
 3. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
 4. Approximately 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- If you experience preparation-related symptoms (e.g. nausea, bloating, cramping), pause or slow the rate of drinking the additional water until symptoms diminish.
5. Continue drinking approved liquids until bedtime.

THE MORNING OF YOUR COLONOSCOPY: _____

1. open the second bottle of 12 tablets.
 2. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. After you have taken your dose of prep, please take 2 Simethicone tablets.
 3. Approximately one hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
 4. Approximately 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- If you experience preparation-related symptoms (e.g. nausea, bloating, cramping), pause or slow the rate of drinking the additional water until symptoms diminish.

Complete all Sutab tablets and water at least two hours prior to colonoscopy.

Continue drinking approved liquids up to 2 hours before arrival time, and then do not drink anything after _____ am.

Note: We realize getting up early is inconvenient; however, clinical studies have shown that taking a portion of your bowel preparation the morning of your colonoscopy provides the doctor with the best possible view of the colon. A clean colon is essential for detecting and removing polyps and flat lesions, which may cause cancer.

IMPORTANT NOTES FOR THE DAY OF YOUR PROCEDURE:

- DO NOT DRINK ANY LIQUIDS TWO HOURS PRIOR TO YOUR ARRIVAL TIME; you will be receiving anesthesia and your stomach must be empty.
- **Your colonoscopy may be delayed if you have consumed liquids too close to your procedure time.**
- Bring your driver license, insurance card and any co-pay/deductibles owed.
- Wear warm socks and loose comfortable clothing.
- Please leave all valuables at home. GIH cannot be responsible for your valuables or personal items.

- Be prepared to be at our facility for approximately 1 ½ to 2 hours.
- If you are having a procedure that requires sedation, you must make arrangements to have a responsible adult 18 years or older bring you to our office, remain at the facility the entire time and drive you home.
This person must remain at our facility until you are discharged. Your colonoscopy will be delayed or cancelled if you are dropped off
- Patients are not permitted to take a cab or bus home. If you do not have a responsible driver, 18 years or older, with you upon arrival, GastroIntestinal Healthcare reserves the right to delay or reschedule your procedure.
- Do not plan on returning to work or school; driving; signing legal documents or participating in any activity that requires coordination or balance until the following day.
- Please call our office at (919) 870-1311 if you have any cold or upper respiratory symptoms within 3 days of your scheduled procedure.

If you have any questions, please contact our office at (919) 870-1311. We look forward to participating in your health care.