

South Shore Internal Medicine Associates, Inc.

100 Highland Street, Suite 300

Milton, Massachusetts 02186

Tel: (617) 698-8855 **Fax:** (617) 224-1007

Your colonoscopy is scheduled with Dr. Joseph Fiore for:

Date: _____ Arrival time: _____ am/pm

Please report to **100 Highland Street, Milton MA 02186**. You are going to use the Highland Street Entrance to the hospital and go down one floor to the **Endoscopy Department**. Please have a picture ID and your insurance card with you for check-in. Your procedure will last 2-3 hours and as you are sedated for the procedure, you will need a ride home afterwards. For your safety, you *WILL NOT* be allowed to drive yourself home *OR* take any form of public transportation; subway, train, bus, taxi, uber. You also may not walk home. The person to whom you are discharged must take responsibility for your safe arrival home and it is advisable that you do not drive for the remainder of the day.

**Upon receiving this packet, it is recommended that you contact your medical insurance carrier to ensure that your procedure is a covered service under your policy. If a referral is required, please have it faxed to our office at the number found at the top of this paper. If prior authorization is needed, this will be obtained for you by our medical assistant.

I. MEDICATIONS:

You may take all your morning medications on the day of the procedure, **2 hours** prior to the arrival time, with a small sip of water. The exception to this is if you are on any of the following blood thinning medications:

PLAVIX- HOLD 7 DAYS PRIOR

COUMADIN- HOLD 5 DAYS PRIOR

XARELTO, PRADAXA, ELIQUIS, IBUPROFEN- HOLD 2 DAYS PRIOR

**You will need written consent from the prescribing physician that it is ok to hold these medications prior to your appointment. You can have this faxed to the number at the top of the paper. If the prescribing physician is within our practice, consent will be obtained for you.

INSULIN- If you take insulin or oral diabetic medications, you will want to talk to your doctor to see if these need to be altered in any way leading up to your procedure.

II. DIET

For the *ENTIRE* day prior and the day of your colonoscopy, you will need to follow a clear liquid diet. This is very important because if you do not follow this diet strictly, you risk having to postpone your procedure. The following table gives recommendations for what you can have on the liquid diet and also includes items to avoid.

FOOD GROUP:	RECOMMENDED:	AVOID:
Milk & milk products	None	All
Vegetables	None	All
Fruits	Juice without pulps such as: apple juice, white grape juice	Red nectar fruit juice, juice with pulp, fresh fruit, canned fruit, frozen fruit
Bread & grains	None	All
Meat & meat substitutes	None	All
Fats & oils	None	All
Sweets & desserts	Gelatin, Italian ice, popsicles without pulp, clear hard candy	All others and anything RED or PURPLE in color
Beverages	Coffee, tea, clear soft drinks such as Ginger ale or Sprite, Gatorade, water, seltzer waters, Kool-Aid	All others
Soups	Bouillon, consommé fat free broth, bone broth	All others

**Remember, no liquids consumed should be RED or PURPLE in color.

**Sugar and honey are ok to add to tea/coffee, but no milk products.

**It is *VERY* important that you stay hydrated throughout the day prior to your procedure, so drink as many fluids as you can. Just remember to follow the guide above for what is acceptable.

III. PREPARATION METHODS

There are 3 different options available for bowel preparation. They are all equally effective, so take some time to read through them all when you receive this and decide which is best for you. Please keep in mind that if you have heart, renal or kidney failure, SUTAB will not be appropriate for you. The medical receptionist will be calling you 1-2 weeks prior to your appointment to confirm with you, check that your insurance is up to date, and call the prescription into the pharmacy if need be.

OPTION ONE: SUTAB - 24 pills

*This will require a prescription being called into the pharmacy for you.

*SUTAB may be costly if not covered by your insurance, so it's recommended that you call your insurance provider to see if it is covered under your policy.

DOSE ONE: Between 5:00-7:00 p.m. the night before your procedure:

STEP 1: Take the first 12 tablets. Take them slowly over a 30-minute period with 16 ounces of water (up to the fill line) in the container provided.

STEP 2: Approximately one hour after the last tablet is ingested, fill the provided container again with 16 ounces of water and drink the entire container over a 30-minute period.

STEP 3: Approximately 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces of water and drink the entire container over 30 minutes.

**If you experience any preparation related symptoms such as nausea, bloating or cramping, pause or slow the rate of the additional water drinking until symptoms diminish.

DOSE TWO: 5 Hours prior to the arrival time of your procedure:

*Take the remaining 12 tablets following *steps 1-3* above.

*DO NOT skip this dose!

OPTION TWO: GoLYTELY- liquid solution

*This option also requires a prescription being called into the pharmacy for you.

DOSE ONE: At 6:00 PM the night before your procedure:

Start drinking an 8-ounce glass every 10 minutes until you have consumed 3 liters (about 12-13 cups). Rapid drinking of each portion is better than drinking small amounts continuously. The first bowel movement should begin approximately one hour after the start of GoLYTELY administration.

DOSE TWO: 6 hours before your procedure arrival time, start drinking an 8-ounce glass every 10 minutes until you have consumed the 1 liter that is left in the bottle. You will still have loose bowel movements for about 1 to 2 hours after you finish drinking the solution.

OPTION THREE: MiraLAX and Gatorade

*This is the only option that does not require a prescription being called into the pharmacy for you. You can purchase the MiraLAX powder at your local drugstore.

*You will need to purchase two 119-gram bottles of MiraLAX and two quarts of Gatorade. Remember to avoid Gatorade that is *red* or *purple*.

DOSE ONE: At 5:00 PM the evening before your procedure:

Mix one 119-gram bottle of MiraLAX with one quart of Gatorade. Drink one 8-ounce glass every 10 minutes until the quart is consumed.

DOSE TWO: 6 hours prior to your procedure:

Mix the other 119-gram bottle of MiraLAX with the remaining quart of Gatorade and drink one 8-ounce glass every 10 minutes until it is consumed.

*Regardless of which preparation method you use, you **MUST** finish all bowel prep and all fluids at least 2 hours prior to your appointment. This is important because it will allow your stomach to empty completely before you arrive at the hospital.

**If you have any questions or concerns, please call our office at (617) 698-8855. If you need to cancel the procedure, please do so by calling that number within 72 hours of your procedure. If you do not call within 72 hours, you may be charged a \$200 cancellation fee.