

MGI Michiana Gastroenterology Inc.

Telephone: (574) 234-0049

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www.michianagastro.com

Colonoscopy Instructions with HalfLytely Prep

****Please be aware, there will be 2 separate charges for this procedure. One for the Facility and one for the Doctor****

Patient: _____ Dr. _____

Date: ____/____/____ Arrival Time: _____ am/pm Procedure Time: _____ am/pm

_____ Michiana Endoscopy Center
53830 Generations Drive
South Bend, IN 46635

_____ St. Joseph's Medical Center
Outpatient Registration 2nd Floor

_____ Memorial Hospital
Patient Registration – Main Entrance

Colonoscopy Procedure Checklist – Read Today

- _____ **FOLLOW PRINTED INSTRUCTIONS ON THIS SHEET NOT THE COLON PREP PACKAGING.**
- _____ **Please check with your insurance company to see if outpatient pre-certification is necessary.**
- _____ **Someone to stay with you during the procedure and to drive you home after the procedure. You cannot take a cab home alone.**
- _____ **Bring your insurance card(s), photo identification, and all of your medication bottles to the hospital and/or Endoscopy Center.**
- _____ **Co-Pay if indicated.**
- _____ **If you have not been a patient at the Michiana Endoscopy Center, please complete new patient form and bring with you on scheduled procedure date.**
- _____ **Medicare Waiver must be signed and returned to office prior to procedure date or your appointment may be rescheduled.**
- _____ **Patients who have an implanted cardiac defibrillator / porta cath need to have their procedure at the hospital.**
- _____ **Call the office (574) 234-0049 if you have a condition (heart valve replacement) that would require pre-procedure antibiotics.**

Medications to Avoid Seven (7) Days Prior to Procedure:

- Iron supplements

Medications to Avoid Four (4) Days Prior to Procedure:

- Aspirin or aspirin containing products
- Coumadin and other blood thinners (call your family physician regarding stopping this medicine)
- Call your family physician if you are insulin dependent diabetic regarding dosage prior to procedure.
- If you are on Plavix, you may continue use.

Other Medications on Day of Procedure

1. Insulin dosage as directed by family physician. If you are diabetic, please check your blood sugar *prior to arrival*. No oral blood sugar medication the morning of your exam.
2. Please inform the nurse if you are allergic to any medications, have latex allergies, are diabetic or have had heart surgery.
3. The IV medications used to sedate you for the procedure are Fentanyl Citrate and Versed. Please let the doctor or nurse know if there has been a problem with either medication in the past. The sedation will make you forgetful; it is *strongly* recommended someone be with you after the procedure to talk with the doctor.
4. Daily medications may be taken on the AM of your procedure.

Clear Liquids and Juices Allowed

Water – Apple Juice – White Grape Juice – White Cranberry Juice – Lemonade (no pulp) - Bouillon (Beef, Chicken or Vegetable) – Plain Jell-O – Tea - Coffee – Carbonated Beverages (Sprite, 7Up, Sierra Mist, Ginger Ale) – Gatorade - Popsicles – Italian ice

NO ALCOHOL - RED OR PURPLE COLORS - SOLID FOODS - MILK OR MILK PRODUCTS

NO JUICES WITH PULP INCLUDING TOMATO, ORANGE, GRAPEFRUIT, PINEAPPLE, PRUNE

Day Before Examination

Follow printed instructions on this sheet not the colon prep packaging

1. **Drink only clear liquids for breakfast, lunch and dinner.** Clear liquids throughout the day are encouraged. It is important to drink at least eight (8) glasses of clear liquids throughout the day. Choose from the above list.
2. **Mix the solution:** Add drinking water to top line on bottle (bottled water will taste better than tap). Cap the bottle and shake to dissolve powder. The mixed solution will be clear and colorless. Use within 48 hours. Do not add anything else, such as flavoring, to the solution. **Note:** the only flavoring that should be used is included in the HalfLyte Prep Kit. Refrigerate until you drink the solution.
3. **4:00 PM** take 2 Bisacodyl tablets with water. Do not chew or crush the tablets. Do not take the Bisacodyl tablets within 1 hour of taking an antacid.
4. **8:00 PM** begin drinking the HalfLyte Prep. Drink 1(8 oz) glass every 15 minutes (about 4 glasses should be consumed by 9:00). Drink each glass quickly rather than small amounts continuously. Refrigerate the remaining prep for use day of examination. A watery bowel movement should begin in approximately 1 hour.
5. If you have rectal discomfort from the prep, Tucs, A and D ointment or Desitin ointment is recommended for use around the rectal area.
6. If you awaken during the night with brown or solid stool drink more clear liquids. Tell the nurse at the endoscopy center if you are still having brown or solid stool upon arrival.

Day of Examination (4 Hours Prior to Scheduled Exam)

1. At _____ **am**, drink the remaining 1 liter (about 4 glasses) of solution. Be sure to finish all of the solution.
2. **DRINKING LIQUIDS ARE ENCOURAGED TO PREVENT DEHYDRATION. YOU MAY DRINK LIQUIDS UP TO 2 HOURS BEFORE YOUR EXAMINATION.**
3. **REMINDER:** You must be accompanied by a driver, because you will be sedated for the procedure. Do not plan to return to work or make any important decisions the rest of the day.

Phone Numbers if there are questions:

Michiana Gastroenterology, Inc.

(574) 234-0049

Michiana Endoscopy Center

(574) 271-0893 or 1-866-669-8743 (toll free)

Hours of operation

Monday – Thursday 5:45am – 5:00 pm

Friday 5:45am – 4:00pm

St. Joseph Regional Medical Center

(574) 237-7736

8am – 4pm

Memorial Hospital

(574) 647-6700

8am – 4pm

IN CASE OF AN EMERGENCY, GO TO THE HOSPITAL EMERGENCY ROOM!