

IMPORTANT REMINDER TO ALL PROCEDURE PATIENTS

If you are having an Upper Endoscopy, Colonoscopy, and/or ERCP:

Please arrive for your procedure at the scheduled arrival time. If you are unable to keep your appointment, please call our office as soon as possible to reschedule. We reserve the right to charge for missed appointments or appointments cancelled less than 72 hours in advance.

You will be sedated and will require an adult (18 years or older) to drive you home. Your driver will be required to stay at the facility during your procedure.

The facility at which are scheduled has the right to delay or cancel your procedure in the event that you do not have an adult with you when you arrive for your appointment.

Do not plan to drive, go to work, sign any legal documents or participate in any activities that require concentration during the remainder of the day.

If your procedure is scheduled at:

RALEIGH MEDICAL GROUP/WAKE ENDOSCOPY CENTER take the elevator to the second floor, see enclosed map for directions. Do not use GPS.

REX HEALTHCARE- please use the Main Entrance and go the Patient Registration

DUKE HEALTH RALEIGH HOSPITAL-please use the entrance which reads “Admitting Entrance”

WAKEMED CARY-check in at admission/business office

JOHNSTON AREA MEDICAL CENTER-please use the Main Entrance and go to Patient Registration

If you have any questions, please call:

Raleigh Office: (919) 783-4888 or 1-800-491-7236

Cary Office (Dr. Gumber, and Dr. Reddy): (919) 858-0858

Clayton Office (Dr. Whitt): (919) 783-4888

Dr Hutzenbuhler’s Office: (919)787-7226

WAKE ENDOSCOPY CENTER
OsmoPrep
Preparation for Colonoscopy

PRIOR TO PROCEDURE YOU WILL NEED TO PURCHASE:

OsmoPrep Tablets (prescription enclosed)

2-Dulcolax (Bisacodyl) Tablets (Over the counter; no prescription required)

In preparation for your colonoscopy, you will need to take a laxative called OsmoPrep to clean your colon. OsmoPrep is 32 tablets that are taken in split doses. You should not take this preparation if you have a history of kidney disease or congestive heart failure. Please call your doctor if you have questions.

***Be sure to let the nurse know if you are on Coumadin, Warfarin, or Pradaxa as soon as possible.**

****5 Days prior to you procedure:** Stop oral iron supplements; please avoid sesame seeds and nuts.

*****Diabetic medication adjustment:** **Day before procedure:** take your normal am oral diabetic medication; do not take evening oral diabetic medications. **Day of procedure:** do not take any diabetic medications until after the procedure.

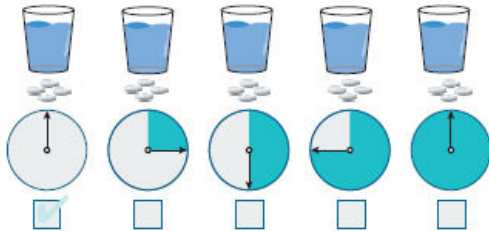
DAY BEFORE PROCEDURE: _____

Begin clear liquid diet. **No solid food** or milk products. **Clear Liquid Diet:** coffee, tea, soft drinks, Jell-O, clear broth, popsicles, clear fruit juice, Gatorade, water, lemonade, Snapple, powdered fruit drinks. Avoid red and purple liquids.

*****Important note:** staying well hydrated during this prep is extremely important. Force fluids all day prior to and after beginning the bowel prep. **Nothing to drink after midnight, except the fluids needed to take the am tablets.**

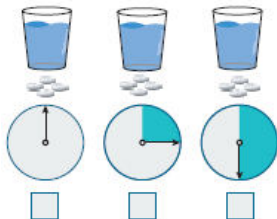
At 2 PM—take both Dulcolax Tablets

At 6 PM---take the 4 OsmoPrep tablets every 15 minutes for a total of 5 doses (20 tablets). You must drink at least 8 oz with each dose in order for the prep to be effective. **Nothing to drink after midnight with the exception of the morning prep listed below.**



- o Do not plan to go out anywhere after you have started taking the prep. The prep will cause diarrhea to cleanse your bowel for the procedure.
- o *You may wish to use diaper rash cream or Vaseline to protect your rectum as the prep makes you have many bowel movements.

DAY OF PROCEDURE: _____ **Starting at** _____ **AM** (at least four hours before your scheduled arrival time). Take 4 OsmoPrep tablets every 15 minutes for a total of 3 doses (12 tablets). You must drink at least 8 oz of fluid for the prep to be effective. Once you have taken all 12 pills, do not have any liquids until after your procedure.



Please take all regularly scheduled morning medications with a small amount of water.

****If you use inhalers, please bring them with you****

****If you use a CPAP or VPAP machine, you are required to bring it with you****

**YOU WILL BE SEDATED FOR THIS PROCEDURE AND WILL REQUIRE AN ADULT TO DRIVE YOU HOME.
YOUR DRIVER WILL BE REQUIRED TO STAY AT THE FACILITY DURING YOUR PROCEDURE.**

Your procedure is scheduled with Dr. _____

Procedure Date _____ Location _____

Arrival Time _____ Procedure Time _____

If you have any questions, please call _____ at (919) 783-4888.

Revised LE/JH 9/2012