

Appt: _____

- Colonoscopy Colonoscopy / EGD Flexible Sigmoidoscopy

GI Associates Endoscopy Center

411 Westwood Dr Wausau

Your estimated arrival time is _____. If this time changes, our Endoscopy Center will call you with the new time. If you have a question about your arrival time or need to reschedule, please contact our office at **715-847-2558** or **877-442-7762**.

Aspirus Wausau Hospital - Surgery (Hospital B entrance)

333 Pine Ridge Blvd Wausau

Please pre-register by calling **715-847-2175** or **800-477-4496**

Pre-Admission Surgical Services (PASS) will contact you two business days before your procedure to confirm your arrival time. If you have not received this call by 2:00pm the business day prior to your procedure, please call PASS at **715-847-2799** or **877-350-2197**.

Aspirus Stevens Point Campus – Hospital Outpatient

5409 Vern Holmes Dr Stevens Point

The Stevens Point Campus will contact you 1-2 days prior to your procedure to give you an accurate arrival time. If you have not received this call by 2:00pm the business day prior to your procedure, please call Hospital Outpatient at **715-342-1015**.

Aspirus Langlade Hospital

112 East 5th Ave Antigo

Please pre-register by calling **715-623-9220**.

The business day before your procedure, between 1pm and 5pm, please call **715-623-9251** or **715-623-9578** to confirm your arrival time.

Northwoods Surgery Center

611 Veterans Pky Woodruff

Your tentative arrival time is _____. The Surgery Center will contact you prior to your procedure to give you an accurate arrival time. If you have not received this call by the business day prior to your procedure, please contact the Surgery Center at **715-358-8600** between 9am and 2pm.

Ascension St. Mary's Hospital Surgery Services

2251 North Shore Dr Rhinelander

Your arrival time is _____. If you have a question about your arrival time or need to reschedule, contact the GI Associates office at **715-847-2558** or **877-442-7762**.



**These instructions are very important.
If they are not followed closely,
your procedure may have to be postponed.**



1 Week Before Your Procedure

Arrange for a Patient Representative:

You **CANNOT** drive yourself home after your procedure. You must make arrangements to have a patient representative (18 years or older) take you home. You will not be allowed to take a taxi, bus, medi-van service or walk home. You and your representative should allow approximately **2-3 hours total time** at the facility.

Review Your Prep Instructions:

Review the following colonoscopy prep and medication instructions. If you have an Advance Directive, please locate a copy and prepare to bring the copy with you to your procedure.

Review Your Coverages:

You are responsible for contacting your insurance carrier to understand your benefits, verify your pre-certification or pre-authorization requirements and payment obligations.

5 Days Before Your Procedure: _____

You may continue all prescription medications and/or supplements except for those listed OR modified below:

- Aspirin: Decrease to 81 mg baby aspirin
- Iron: Stop taking

2 Days Before Your Procedure: _____

NO RED MEAT. (e.g. NO beef, pork or venison).
Chicken or fish is OK.

Stop eating seeds, popcorn, nuts, corn and whole grains or high fiber cereals.

Stop taking any fiber supplements (e.g. NO fiber pills, powders or wafers).

Drink extra clear liquids (see back page for list)

Addtl Instructions: _____

1 Day Before Your Procedure: _____

You may eat a light breakfast, but **NO RED MEAT** or high fiber foods.

It is very important to drink plenty of water and other clear liquids throughout the day in order to avoid dehydration and to flush the bowel. (Although alcohol is a clear liquid, it can make you dehydrated. You should **NOT** drink alcohol while preparing for your procedure.)

*** * * NO RED OR PURPLE PRODUCTS * * ***

9:00 a.m. Begin **CLEAR LIQUIDS ONLY**
NO SOLID FOOD until after your procedure

If flavor packets are included, tear open flavor pack of your choice and pour contents into the bottle **BEFORE** adding water. Add lukewarm drinking water to top line on bottle. Cap the bottle and shake to dissolve the powder. Do not add anything else, such as additional flavorings, to the solution. Place solution in the refrigerator.

4:00 p.m. Begin drinking one 8-ounce glass of GoLYTELY / NuLYTELY every 10-15 minutes

Take Reglan (metoclopramide) as prescribed.

Finish drinking all the mixture over the next 2-4 hours.
(For example: An 8-ounce glass every 10-15 minutes equals 2-4 hours.)

You may continue to drink clear liquids until the time indicated on the following page.

Take ½ dose of your regular evening diabetic medication(s).
-OR-
Contact your PCP or endocrinologist for advisement.

With the exception of any blood thinners or diabetic medications already addressed, you may take your regular, evening medications.

It is common during the prep to experience some nausea, bloating, and/or abdominal distention. If you chilled the prep prior to drinking it, you could experience chills from consuming so much cold liquid in a short time period. If you develop nausea or vomiting, slow down the rate at which you drink the solution. Please attempt to drink all of the laxative solution even if it takes you longer.

Your Procedure Day: _____

Please refrain from using tobacco products today.

- Do not take any diabetic medication(s) this morning.
- OR -
Contact your PCP or endocrinologist for advisement.
(Your blood sugar level will be checked upon arrival for procedure).

(With the exception of any blood thinners or diabetic medications already addressed, you may take any other necessary prescription medications with small sips of water.)

At _____ (two hours prior to your scheduled **arrival** time), **stop drinking clear liquids.**
Then nothing to drink or eat and no hard candy, cough drops or gum until after your procedure!

The end result should be a yellow-green liquid stool. Make note of the color of your last bowel movement, as the admitting nurse will ask you for this information upon your arrival. If you are not adequately prepped, you may receive an enema upon arrival for your procedure.

Arrival:

Please arrive promptly at your designated arrival time. *(Note: Upon arrival, a urine pregnancy test will be recommended for every woman of child-bearing age.)*

Please bring a detailed list of all medications you are currently taking (including vitamins and over-the-counter medications) with you on the day of your procedure. If you have an Advance Directive, please bring a copy with you.

Please do not bring valuables to your appointment or wear excessive jewelry. Remove any body piercings. Please note, you may be asked to remove any dentures/removable bridges prior to being sedated for your procedure.

Please notify the nurse or your doctor if you plan to leave town or go on vacation soon after your procedure.

PLEASE READ CAREFULLY

Upon your arrival:

Because you will be receiving sedation, **you must have a PATIENT REPRESENTATIVE with you prior to the start of the procedure** and your **PATIENT REPRESENTATIVE must remain in the waiting room** until you are ready to be discharged.

During your procedure:

Once you begin to receive sedation medications, you are impaired and are unable to make even simple decisions for yourself.

If questions arise or if a complication occurs during the procedure, the physician (or nurse) may need to speak with your **PATIENT REPRESENTATIVE** immediately.

After your procedure:

Prior to discharge, you will receive information for post-procedure care, how to contact your physician, if needed, and a summary of your procedure findings.

Since patients who receive sedation may remain memory-impaired for some time after the procedure, your **PATIENT REPRESENTATIVE** will need to witness the discussion with the physician post-procedure so that they are able to provide direction to you once you have arrived at home.

**IF YOU DO NOT HAVE A
PATIENT REPRESENTATIVE WITH YOU,
YOUR PROCEDURE WILL BE POSTPONED**

IMPORTANT NOTE: Due to space limitations, and for the privacy of all patients, only one visitor will be allowed to come in and sit with you after your procedure. If you bring children with you, they will be asked to stay in the waiting room with another adult.

If you have any questions before or after the procedure, please call our office at 715-847-2558 or 877-442-7762.

CLEAR LIQUID DIET

No Red or Purple

Coffee and Tea



No dairy/creamer

Clear Juices

Apple or White Grape



No Pulp

Powdered Drinks



No Pulp

Water/Vitamin Water



Diet/Regular Sodas



Sports Drinks



Popsicles

No milk or added fruit



Jell-O

Gelatin NOT pudding



Clear Broths or Bouillon



Ensure or Boost (without fiber) -You may have a total of three cans BEFORE drinking prep solution

04/2020