

# Preparing for your **Colonoscopy** with **SuTab** (am appt)

Patient Name \_\_\_\_\_ Procedure Day and Date \_\_\_\_\_

Physician \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

QUESTIONS? Call \_\_\_\_\_ @ \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Gainesville Endoscopy Suite</b><br>7915 Lake Manassas Dr, Suite 302<br>Gainesville, VA 20155 | <input type="checkbox"/> <b>PW Hospital Special Procedures</b><br>8700 Sudley Road<br>Manassas, VA 20110              | <input type="checkbox"/> <b>Haymarket Hosp Special Procedures</b><br>15225 Heathcote Boulevard<br>Haymarket, VA 20169 |
| <input type="checkbox"/> <b>Warrenton Endoscopy Suite</b><br>170W Shirley Avenue, Suite 205<br>Warrenton, VA 20186       | <input type="checkbox"/> <b>Prince William Surgery Center</b><br>8644 Sudley Road, Second Floor<br>Manassas, VA 20110 | <input type="checkbox"/> <b>Fauquier Hospital Special Procedures</b><br>500 Hospital Drive<br>Warrenton, VA 20186     |

## PREP BEGINS **1 WEEK** BEFORE PROCEDURE:

### PLEASE purchase the FOLLOWING IN ADVANCE:

- ☐ Pick up your prescription from the pharmacy
- ☐ **PEPPERMINT CANDY** (optional). Helps to ease the stomach.
- ☐ Additional bottle of **MIRALAX (PEG3350)** if you have constipation

## 7 DAYS BEFORE PROCEDURE: \_\_\_\_\_

- ☐ If you have **fewer than 3 bowel movements a week** or a **BMI over 35**, start taking 1 capful (17 grams) of Miralax (purchase separately, not part of prep kit as indicated above) every morning.

## 5 DAYS BEFORE PROCEDURE: \_\_\_\_\_

- ☐ Stop eating foods with **seeds, nuts, whole grains, raw vegetables, corn, popcorn, bran or chia seeds**.
- ☐ Stop **iron supplements, vitamin E, Omega-3 fish oil, flax seed oil, and cod liver oil**.
- Stop **herbal medications, phentermine**

## 3 DAYS BEFORE PROCEDURE: \_\_\_\_\_

- ☐ **Stop 325 mg. aspirin and other NSAIDS** (aleve, advil, motrin, ibuprofen, naproxen, excedrin, bufferin, celebrex, mobic etc.) Unless specified.
- ☐ **Tylenol is okay to take.**
- ☐ Confirm your ride from procedure.  
Start eating softer, more liquid diet

## THE DAY BEFORE YOUR PROCEDURE: \_\_\_\_\_ **PLEASE FOLLOW CLOSELY**

### STEP 1- MORNING

- ☐ You may only consume **CLEAR LIQUIDS** all day. No red, purple or orange liquids **DO NOT EAT SOLID FOODS**  
Water, sparkling water, apple juice, broth, tea, coffee (no dairy), soda, jello, popsicles. **Please stay well hydrated**

### STEP 2 – Drink a glass of water at **5:00 PM**. At **5:10 PM take 4 tablets, (one at a time) with water**, At **5:20 PM take 4 tablets, (one at a time) with water** At **5:30 PM take 4 tablets, (one at a time) with water**

- ☐ Finish the entire 16 ounce container.

### STEP 3 – **6:30 PM**

- ☐ Drink 1 (one) 16 ounce container of water within 20 minutes

### STEP 4 – **7:30 PM**

- ☐ Drink 1 (one) 16 ounce container of water within 20 minutes  
**If feeling unwell** when drinking water, **peppermints may be helpful between drinks to settle your stomach**. Slow down or hold drinking for a few minutes if nauseated.  
**CONTINUE ONLY CLEAR LIQUIDS FOR ENTIRE DAY AND NIGHT.**

## STEP 5 SECOND DOSE: DATE \_\_\_\_\_ @ \_\_\_\_\_

- ☐ Drink a glass of water first. Take each tablet (4) every 10 minutes as above, finishing within 30 minutes. Finish the entire 16 ounce container.
- ☐ Drink 2 (two) more 16 ounce containers of a clear liquid within 2 (two) hours.  
**If feeling unwell** when drinking water, peppermints may be helpful between drinks to settle your stomach. Slow down or hold drinking for a few minutes if nauseated.
- ☐ **If you take blood pressure or anxiety medications**, you may take these with a sip of water in the morning.
- ☐ **If diabetic**, oral hypoglycemics may need to be held in the morning. Please check with your doctor about management if you are diabetic.
- ☐ **Do not chew gum, eat or drink anything after completion of the prep, especially within 6 hours of the procedure.**

## **WHAT TO BRING/NOT TO BRING**

- Comfortable clothing
- ID, insurance card, list of medications
- no jewelry or valuables
- no contact lenses
- no gum, candy, smoking, or water prior to the procedure
- do not use lotions or ointments prior to the procedure.

## **TRANSPORTATION**

Please have a driver accompany you to be confirmed at check-in.

\*Without a confirmed driver during check-in the procedure will not be able to be performed.

**\*YOU WILL NOT BE ALLOWED TO DRIVE AFTER ANY SEDATED PROCEDURE.**

\*You must not operate a vehicle or heavy machinery, work or drink alcohol for 12 hours after the procedure.

\*Regular activities, including driving, may resume the next day.

## **CANCELLATION POLICY :**

**YOU MAY BE CHARGED A \$200.00 FEE ASSESSED TO YOUR ACCOUNT IF YOU DO NOT CANCEL AT LEAST THREE (3) BUSINESS DAYS PRIOR TO YOUR PROCEDURE.**

## **BILLING/INSURANCE**

\*All referrals (if needed) should be provided at least one week before your scheduled procedure.

\*Please notify us at least one week in advance of any insurance changes.

\*Please note that you may receive separate bills from Pathology, Anesthesiology, Hospital facility, in addition to physician professional fees.

**ANESTHESIA IS BILLED BY A THIRD PARTY – GREATER WASHINGTON ANESTHESIA ASSOCIATES. If you have any questions regarding your bill, please call 571-416-9107**

## **AT THE ENDOSCOPY UNIT**

You will be escorted to a pre-procedure bay where you will change into a procedure gown. An IV will be placed. Your accompanying person/driver may wait with you until the procedure starts. During the procedure, they may wait in the waiting area or in the parking lot until the procedure is completed.

After your procedure when you are awake and alert, your physician will review the findings.

When you are ready to depart, you will be escorted out in a wheelchair.

Unexpected delays may occur during the procedure day due to medical needs of other patients. We will do our best to maintain scheduled times, but please be prepared for delays.

## **COLONOSCOPY CATEGORIES**

**SCREENING COLONOSCOPY:** Age 45 without any symptoms. If there is family history of parents or siblings with colon cancer, a screening is recommended 10 years prior to the age of the family member when diagnosed. No history of colon polyps or colon cancer, no gastrointestinal symptoms or no family history of colon polyps or colon cancer.

**SURVEILLANCE COLONOSCOPY:** Patient is without symptoms but may have a personal history of GI disease such as ulcerative colitis or Crohn's Disease, colon polyps and/or cancer. Patients in this category are requested to undergo colonoscopy at shortened intervals. **Diagnostic testing copays and coinsurances may apply.**

**DIAGNOSTIC COLONOSCOPY:** Patient has current gastrointestinal symptoms, GI disease, iron deficiency anemia and/or any other abnormal tests. **Diagnostic testing copays and coinsurances may apply.**

**GASTROENTEROLOGY ASSOCIATES, PC**

**[www.doctorgi.com](http://www.doctorgi.com)**

**Manassas 703-368-6819**

**Gainesville 571-248-0653**

**Warrenton 540-347-2470**