



Witham Gastroenterology Dr. William Kessler & Dr. Mehul Patel

If you have questions or concerns regarding the scheduled procedure or the instructions provided, please contact our office at (765)485-8830 option #4.

You have been scheduled for a colonoscopy or colonoscopy w/ EGD on _____. Your arrival time will be at _____ Witham Memorial Hospital (2605 N. Lebanon St. Lebanon, IN 46052). Go to main registration desk. **Please read the below instructions related to your upcoming procedure:**

Colonoscopy:

- 7 days prior- stop all iron, fish oil, herbal supplements and vitamin E
- 5 days prior- Refrain from eating seeds, nuts, popcorn, raw vegetables, fruit with skin or seeds, dried fruits, whole wheat, whole grains, brown or wild rice.
- Bowel prep will be sent to your pharmacy prior to your procedure (if it is a prescription-most are). Carefully read the highlighted prep instructions as this is the prep that was sent to your pharmacy.
- You **will need a responsible driver to take you home** after the procedure

Remove certain items: You'll need to remove dentures, eye glasses, hearing aids, or facial/oral piercings for the procedure.

BOWEL PREP INSTRUCTIONS:

****At the beginning of your prep take Simethicone (Gas X) 250mg once and then repeat once at the end of your prep. This is over the counter, any brand is fine.**

Subtab: Start a clear liquid diet the morning prior to the colonoscopy and have clear liquids only that day. The evening before please open 1 bottle of 12 tabs; fill the provided container with 16 ounces of water. Swallow each tab with a sip of water and drink the entire amount of water over 15-20 minutes. Approximately 1 hour after the last tablet was taken fill the provided container with 16 ounces of water and drink the entire amount over 30 minutes. The morning of the colonoscopy repeat these steps (must be completed 3 hrs. before registering).

Suprep: Start a clear liquid diet the morning prior to the colonoscopy and have clear liquids only that day. The evening before please pour 1 (6oz) bottle of Suprep into the mixing container. Add cool drinking water to the 16 ounce line on the container and mix. Drink all the liquid in the container. You must drink 2 more 16 ounce containers of water over the next hour. The morning of the colonoscopy repeat these steps with the other 6 ounce bottle. You must finish drinking the final glass of water at least 3 hours prior to registration.

Golytely: Start a clear liquid diet the morning prior to the colonoscopy and have clear liquids only that day. The evening before the colonoscopy add water to the top line of the enclosed container and drink ½ of the prep solution. Every 10-15 minutes drink 1 glass (8oz) of the solution until you have consumed ½ of the solution. Put aside the remaining solution, you may store in refrigerator or at room temperature. The morning of the colonoscopy before your procedure time drink the remaining ½ of solution. Drink 1 glass every 10-15 min until complete. Finish 3 hrs. prior to registration.

You must drink entire prep solution as directed to clean your bowel adequately. If you are passing clear liquid you must still take the entire dose the day before your procedure.

All preps are "split." **Start prep at 6pm the night before the test, second dose start 5-6 hours prior to procedure.. DO NOT EAT OR DRINK ONCE PREP IS COMPLETE.

No food/drink at the hospital before the test. Prep should be completed 3 hrs prior to registration.

If prep causes you to vomit, rest and try again in 30 mins and drink slower. Drinking through a straw may also help.

ADDITIONAL MEDICATION HOLDS:

- ❖ Per anesthesia recommendations **do not take** ARB or ACE inhibitors (for blood pressure) the **morning of the procedure(s)**. _____. Bring medication(s) with you to the hospital.
- ❖ Blood thinning agents will need to be held; our office will advise further instructions on when to stop these medications once neuro/cardiac clearance is obtained from your prescribing provider. _____. If you take Aspirin 81mg you do NOT need to stop it.
- ❖ GLP1(Ozempic, Mounjaro, Trulicity, etc) need to be held 1 week prior to procedure _____. Discuss diabetic medication(s) adjustments with prescribing physician. Be sure to check your blood sugar while prepping for your scope(s).
- ❖ NSAIDs (anti-inflammatory meds) also need held 1 week prior. Ibuprofen, Naproxen, Mobic, etc. _____
- ❖ Please notify the office if you have a blood disorder or require any medical invention prior to a procedure.

5 days before an endoscopy, you should **eat low-fiber foods (low residual diet)** that are easy to digest. This includes:

- White bread, white rice, pasta, and flour tortillas
- Eggs
- Rice cereal
- Well-cooked or canned vegetables
- Canned fruits without seeds
- Lean meat, fish, seafood, ground beef, well-cooked chicken, turkey, ham, or pork

You should **avoid** high-fiber foods such as: whole-grain breads, cereals, granola, nuts, oatmeal, corn, seeded foods, pepper, beans, vegetables, fruits, and juice with pulp.

Starting the morning BEFORE your procedure: DO NOT EAT ANY FOOD, FOLLOW CLEAR LIQUID DIET ONLY.

- **DO NOT EAT ANY FOOD UNTIL AFTER YOUR PROCEDURE**
- **NO ALCOHOL.**
 - As a rule, if you can see through it you can drink it.
 - Gatorade is the preferred liquid.

The following foods are OK to have when you are on a clear liquid diet:

(nothing purple, red or orange)

- Water; ice chips
- Fruit juices without pulp, such as filtered apple juice, white grape/cranberry juice, and pulp-free lemonade
- Fruit punch or fruit drinks with no pulp or pieces
- Hot or cold coffee or tea (don't add milk or creamers of any type)
- Clear sodas (lemon-lime soda, ginger ale)
- Sports drinks (Gatorade)
- Clear soup (low-sodium and fat-free broth or bouillon)
- Plain or flavored gelatin (don't add fruit or toppings)
- Frozen juice bars made from clear juices (no pulp or fruit pieces)

Don't have these foods:

- Fruit juices with pulp or nectar, such as prune juice
- Milk, yogurt, and pudding
- Cream-based soups
- Any food or drink not on the approved list above

If you have any implanted **medical devices** that have a **remote**, please bring it to your appointment.

Additional instructions: _____