

INSTRUCTIONS FOR COLONOSCOPY

Key Points for your colonoscopy prepping. For more information please read the whole package:

Medications for the preparation:

- 4 Tablets of Dulcolax
- 1 Gallon of NuLYTELY or similar products. Less liquid colonoscopy preps are available, most often does not get coverage from insurance company. If you are interested, please ask your procedure coordinator.

Please inform your procedure coordinator if you are on the following:

- Blood thinner (aspirin, aleve, motrin, plavix, coumadin...)
- Have any heart conditions
- Take any medications in the morning

Day before your colonoscopy:

- NO FOOD. Stay on a clear liquid diet. No Solid Food! Stay closed to the bathroom
- NO RED or PURPLE products.
- At 1:00 pm take 2 tablets of Dulcolax
- At 3:00 pm take 2 additional tablets of Dulcolax
- Start drinking the solutions. Drink 8 ounces of solution every 10-15 minutes. Sip it like tea. Drinking it too fast will result in vomiting.
- Immediately right after the second dosages of Dulcolax, begin drinking the 1st half of the solution as directed above until you finish half.
- At 9:00 pm start drinking the 2nd half as directed above until you finish the whole entire bottle.
- DO NOT eat or drink after midnight.
- No Alcohol

Day of your Colonoscopy:



Vipin Gupta, MD
 Mayuri Gupta, MD
 Linoj Panicker, DO
 Claire Jeanty, APRN
 Donna Rodriguez, PA-C
 Rebecca Green, PA-C
 Danile Mijares, PA-C

Board Certified in Gastroenterology and Hepatology

- Nothing to eat or drink unless it was approved by the doctor. If you have any questions about your medications, please ask your procedure coordinator.

5340 N Federal Hwy, Suite 110
 Lighthouse Point, FL 33064
 Phone: 954-428-2480
 Fax: 954-428-2904

1500 N University Drive Ste 100
 Coral Springs, Florida 33071
 Phone: 954-428-2480
 Fax: 954-757-4003

INSTRUCTIONS FOR COLONOSCOPY

Patient Name: _____ Procedure Facility: _____

Procedure Date: _____ Estimate Arrival Time: _____

_____ North Broward Medical Center
 (954) 941-8300
 _____ Surgery Center at Coral Springs
 (954) 509-1367
 _____ Coral Springs Medical Center
 (954) 344-3000

_____ Northwest Medical Center
 (954) 974-0400
 _____ Boca Outpatient Surgical Center
 (561) 362-4400
 _____ Broward General Medical Center
 (954) 355-4400

Follow up Appointment: Date: _____ Time: _____

_____ Coral Springs office _____ Lighthouse Point Office

Preparation: You will be undergoing a colonoscopy. A colonoscopy is a test to look at the lining of your large intestine/colon using a flexible tube to check for abnormal areas, including cancer. You will be given IV (intravenous) anesthesia for this procedure.

Five to Seven Days before your Colonoscopy

- **DO NOT** take any aspirin, products containing aspirin, non-steroidal anti-inflammatories/NSAIDS (e.g. Aleve, Motrin, ibuprofen, naproxen), COX-2 Inhibitors (e.g. Celebrex), Pentoxifylline (Trental), Nabumetone (Relafen)
- **DO NOT** take iron supplements, vitamins or herbal supplements
- **DO NOT** take blood thinners, such as clopidogril (Plavix), dipyridamole (Aggrenox, Persantine), or warfarin (Coumadin). If you cannot stop taking these medications, please discuss this with your provider.

Note: Acetaminophen products (e.g. Tylenol) are safe to use before your procedure.

Arrange for transportation as you will not be allowed to drive after the procedure.

Day before your Colonoscopy

- The entire day before your colonoscopy, no solid foods and stay close to a bathroom facility.
- You must follow a clear liquid diet (e.g. water, plain coffee, tea, gelatin, apple juice, white grape juice, chicken broth, beef broth, Gatorade.)
- You must **AVOID** any red or purple products
- Take 2 tablets of Dulcolax at 1:00pm and another 2 tablets at 3:00pm then begin drinking the first half of solution starting at 3:00pm and the other half 9:00pm. Drink 8 ounces of solution throughout 10-15 minutes until you finish the entire bottle.
- You may use a small amount of lemon juice or small amount of Crystal Light to flavor the solution if needed. You may suck on lemon slices as well.
- Refrigerate or chill the solution to make it easier to swallow. Sometimes drinking the solution through a straw is helpful.
- Do **NOT** eat or drink after midnight (minimum of 8 hours before your procedure)
- You will know you have done a good job completing your prep solution once your stools are clear and watery. The stool should not be muddy or thick.
- You may experience some bloating, cramping, nausea, diarrhea, and/or vomiting. This is usually temporary and the symptoms will gradually improve. You may feel weak, especially if you have not taken enough fluid with the prep solution and can be remedied by increasing your fluid intake.
- Wet aloe wipes and a zinc oxide based ointment may relieve any soreness related to stool evacuation.
- No alcohol

Day of your Colonoscopy

- Do **NOT** eat or drink anything. If you must take your medication, you may take it with a few small sips of water.
- You may brush your teeth.
- If you are **DIABETIC**, do not take your medication the morning of the procedure. If you must take your medication, take only half of your regular dose. Continue to check your blood sugars as you normally do.
- Please arrive at the facility on time.
- You should not wear jewelry to the procedure.
- You will not be allowed to drive home. You may have a relative or friend drive you home. You may also go home in a taxi or by bus and must be accompanied at all times even upon arrival home.



Vipin Gupta, MD
Mayuri Gupta, MD
Linoj Panicker, DO
Claire Jeanty, APRN
Donna Rodriguez, PA-C
Rebecca Green, PA-C
Danile Mijares, PA-C

Board Certified in Gastroenterology and Hepatology

Please ensure you have a follow up appointment to discuss the test results with our provider. Feel free to call our office with any questions or concerns. Good Luck!

A minimum of 48 hours notice is required for cancellations for procedures and office appointments.

Colonoscopy

Overview:

The average lifetime risk of getting colorectal cancer is approximately 1 in 22 men and 1 in 24 women. Colorectal cancers are the second leading cause of cancer death in the United States. Many of these deaths can be prevented by getting early, regular screenings.

A colonoscopy is a screening test used to detect and prevent colon and colorectal cancers. Colonoscopies are also tools that can help determine the cause of gastrointestinal conditions, such as: chronic diarrhea or constipation and rectal or abdominal bleeding.

It's recommended that people with average cancer risk start getting this test at age 45 or 50, and every 10 years afterward, through age 75.

Your family history and race may affect your risk of getting colon or colorectal cancer. Certain conditions may also increase your risk, such as:

- history of polyps in the colon
- Crohn's disease
- inflammatory bowel disease
- ulcerative colitis

Talk to a doctor about your specific risk factors while determining when and how often you should have a colonoscopy.

Nothing in life is without some level of risk, including this procedure. However, colonoscopies are done every day and are considered safe. While serious complications and even death may occur as a result of colonoscopy, your chances of getting colon or colorectal cancer far outweigh these possibilities.

Despite what you may have heard, preparing for and having a colonoscopy aren't especially painful. Your doctor will give you specific instructions on how to get ready for the test.

Bowel prep is essential. It's used to ensure that your colon is completely free of waste, providing your doctor with a clear view during the colonoscopy.



Vipin Gupta, MD
Mayuri Gupta, MD
Linoj Panicker, DO
Claire Jeanty, APRN
Donna Rodriguez, PA-C
Rebecca Green, PA-C
Danile Mijares, PA-C

Board Certified in Gastroenterology and Hepatology

Colonoscopies are done either under twilight sedation or general anesthesia. As with any surgery, your vital signs will be monitored throughout. A doctor will insert a thin flexible tube with a video camera at its tip into your rectum.

If any abnormalities or precancerous polyps are seen during the test, your doctor will most likely remove them. You may also have tissue samples removed and sent for biopsy.

Colonoscopy risks

According to the American Society for Gastrointestinal Endoscopy, serious complications occur in around 2.8 percent of every 1,000 procedures when done in people of average risk.

If a doctor removes a polyp during the test, your chances of complications may increase slightly. While exceedingly rare, deaths have been reported following colonoscopies, primarily in people who had intestinal perforations occur during the test.

Choosing the outpatient facility where you have the procedure may impact your risk. One study showed a marked difference in complications, and quality of care, among facilities.

Risks associated with colonoscopy include:

Perforated intestine

Intestinal perforations are tiny tears in the rectum wall or colon. They can be made accidentally during the procedure by an instrument. These punctures are slightly more likely to occur if a polyp is removed.

Perforations can often be treated with watchful waiting, bed rest, and antibiotics. Large tears are medical emergencies that require surgical repair.

Bleeding

If a tissue sample is taken or a polyp removed, you may notice some bleeding from your rectum or blood in your stool a day or two after the test. This is typically nothing to be worried about. However, if your bleeding is heavy, or doesn't stop, let your doctor know.

Post-polypectomy electrocoagulation syndrome

This rare complication can cause severe abdominal pain, rapid heart rate, and fever after a colonoscopy. It's caused by an injury to the bowel wall which results in a burn. These rarely require surgical repair and can usually be treated with bed rest and medication.

Adverse reaction to anesthetic

All surgical procedures carry some risk of negative reactions to anesthesia. These include allergic reactions and respiratory distress.

Infection

Bacterial infections, such as E. coli and Klebsiella, have been known to occur after colonoscopy. These may be more likely to happen at medical centers that have inadequate infection control measures put in place.

Colonoscopy risks for older adults

Because colon cancer grows slowly, colonoscopies aren't always recommended for people of average risk or who are older than 75, provided they had the test at least once during the last decade. Older adults are more likely than younger patients to experience complications or death after this procedure.

The bowel prep used can sometimes be of concern for seniors because it can lead to dehydration or electrolyte imbalance. People with left ventricular dysfunction or congestive heart failure may react poorly to prep solutions containing polyethylene glycol. These may increase intravascular water volume causing complications such as edema.

Prep drinks containing sodium phosphate might also cause kidney complications in some older people.

It's vital that older people completely understand their colonoscopy prep instructions and are willing to drink the full amount of prep liquid required. Not doing so could result in lower completion rates during the test.

Based on underlying health conditions and health history in older adults, there can also be an increased risk for heart- or lung-related events in the weeks following a colonoscopy.

Problems after colonoscopy

You'll most likely be tired after the procedure. Since anesthesia is used, you may be required to have someone else take you home. It's important to watch what you eat after the procedure so as not to irritate your colon and to avoid dehydration.

Postprocedure problems may include:

- feeling bloated or gassy if air is introduced into your colon during the procedure and it starts to leave your system
- a slight amount of blood coming from your rectum or in your first bowel movement
- temporary light cramping or abdominal pain
- nausea as a result of the anesthesia
- rectal irritation from the bowel prep or the procedure

When to call a doctor

Any symptom that causes concern is a good reason to call a doctor.

These include:

- severe or prolonged abdominal pain
- fever
- chills
- severe or prolonged bleeding
- rapid heart rate

Alternatives to a traditional colonoscopy

Colonoscopy is considered the gold standard of screening tests for colon and rectal cancers. However, there are other types of tests that might be appropriate for you. These tests typically require colonoscopy as a follow-up if abnormalities are uncovered. They include:

- **Fecal immunochemical test.** This at-home test checks for blood in the stool and must be taken annually.
- **Fecal occult blood test.** This test adds a blood test component to the fecal immunochemical test and also must be repeated annually.
- **Stool DNA.** This at-home test analyzes stool for blood and for DNA that might be associated with colon cancer.
- **Double-contrast barium enema.** This in-office X-ray also requires prior bowel cleansing prep. It can be effective at identifying large polyps but may not detect smaller ones.
- **CT colonography.** This in-office test also uses bowel cleansing prep but does not require anesthesia.

List of Aspirin or Aspirin Related Drugs

4-Way Cold Tablets	Arthropan Liquid	CataFlam Tablets	Duoprin-S Syrup	Ibuprin Tablets
Adprin - B Tablets	Arthrotec	Cephalgesis	Duradyne Tablets	Ibuprohm Tablets and
A.S.A. Enseals	Ascodeen	Cheracol	Easprin	Caplets
A.S.A. Tablets	Ascriptin, All products	Children Aspirin	Ecotrin Tablets	Indochron E-R
Aches-N Pain Tablets	Asperbuf Tablets	Children's Advil	Emagrin Tablets	Capsules
Advil	Aspergum [chewing	Suspension	Empirin Tablets	Indocin
Alcohol	gum]	Children's Motrin	Emprazil	Capsules/Suspension/
Aleve Tablets	Aspirin	Suspension	Endodan Tablets	Suppositories
Alka-Seltzer Products	Asprimox Tablets	Clinoril Tablets	Epromate Tablets	Indocin-SR Capsules
Amigesic capsules	Axdone	Congesprin	Equagesic Tablets	Indomethacin Capsules
Anacin Tablets and	Axotal Tablets	Cope Tablets	Equazine M Tablets	Indomethacin
Capsules	Bayer, All products	Coricidin	Etodolac	Suspension
Anaprox, Anaprox DS	BC Tablets and Powder	Coumadin	Excedrin Tablets and	Isollyl Improved
Tablets	Brufen	Darvon Compound	Capsules	Tablets & Capsules
Anodynos Tablets	Buf-Tabs	Pulvules	Feldene Capsules	Ketrolac Tablets
Ansaid Tablets	Buff-A Comp No. 3	Darvon with A.S.A.	Fenoprofen Tablets	Ketoprofen Capsules
APC	Tablets with codeine	Pulvules	Fiorgen PF Tablets	Lanorinal Tablets
Argesic Tablets	Buff-A Comp Tablets	Darvon Compound-65	Fiorinal Tablets	Lodine Capsules
Artha-G Tablets	and Capsules	Darvon-N with A.S.A.	Fluriprofen Tablets	/Tablets
Arthralgen Tablets	Buffaprin Tablets	Dasin Capsules	Gelpirin Tablets	LodineXL
Arthritis Bayer Timed	Bufferin, All products	Daypro Tablets	Gensan Tablets	Lortab
Release Aspirin	Buffets II Tablets	DiFlumisal	Goody's Headache	Magan Tablets
Arthritis Pain Formula	Buffex Tablets	Disalcid Capsules	Powder	Magnaprin Arthritis
Tablets	Buffinol Tablets	Doan's Pills	Halfprin Tablets	Strength Captabs
Arthritis Strength	Cam Arthritis Pain	Dolobid Tablets	Haltran Tablets	
Buffering Tablets	Relieve	Dristan	Ibu-Tab Tablets	



Vipin Gupta, MD
Mayuri Gupta, MD
Linoj Panicker, DO
Claire Jeanty, APRN
Donna Rodriguez, PA-C
Rebecca Green, PA-C
Danile Mijares, PA-C

Board Certified in Gastroenterology and Hepatology

Magsal Tablets	Presalin Tablets	Verin
Mamal Capsules	Relafen Tablets	Voltaren Tablets
Marthritic Tablets	Robaxisal Tablets	Zactin
Maximum Bayer	Rufen Tablets	Zorprin Tablets
Aspirin	S-A-C	
Measurin Tablets	Saleto Tablets	
MecloFenamate	Capsules,	
Capsules	Saleto-200 Tablets	
Meclomen Capsules	Saleto-400,600,800	
Medipren Tablets and	Tablets	
Caplets	SalFlex Tablets	
Menadol Tablets	Salocol Tablets	
Meprogesic Tablets	Salsalate Tablets	
Micrainin Tablets	Salsitabs Tablets	
Midol 200 Tablets	Sine-Aid	
Midol, All products	Sine-Off	
Mobidin Tablets	SK-65 Compound	
Mobigesic Tablets	Capsules	
Momentum Tablets	Soma	
Motrin Tablets	Soma CMD	
Nalfon	St. Joseph Adult	
Capsules/Tablets	Chewable Aspirin	
Nalfon Pulvules	St. Joseph Cold Tablets	
Naprosyn	for Children	
Tablets/Suspension	St. Joseph Aspirin for	
Naproxen Tablets	Children	
Neocylate Tablets	Sulindac Tablets	
Norgesic & Norgesic	Supac	
Forte Tablets	Synalgos Capsules	
Norwich Extra-	Synalgos-DC Capsules	
Strength Tablets	Talwin Compound	
Nuprin Tablets and	Tablets	
Caplets	Tolectin 200,600	
Orphengesic	Tablets	
Orudis Capsules	Tolectin DS Capsules	
Oruvail Capsules	Tolmetin	
Pabalate	Tablets/Capsules	
Pabalate-SF Tablets	Toradol	
PAC Tablets	Injection/Tablets	
Pamprin-IB Tablets	Trendar Tablets	
Pepto-Bismol Tablets	Tricosal Tablets	
and Suspension	Tri-Pain Tablets	
Percodan and Percodan	Trigesic	
Demi Tablets	Trigesic Tablets	
Phenaphen	Trilisate Tablets and	
Piroxicam Capsules	Liquid	
Ponstel Capsules	Vanquish Caplets	

CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed.



Food Group

Foods Allowed

Foods to Avoid

Milk & beverages	Tea (decaffeinated or regular), carbonated beverages, fruit flavored drinks	Milk, milk drinks
Meats & meat substitutes	None	All
Vegetables	None	All
Fruits & fruit juices	Strained fruit juices: apple, white grape, orange	Fruit juices with unstrained fruit
Grains & starches	None	All
Soups	Clear broth, consommé	All others
Desserts	Clear flavored gelatin, popsicles, (no red flavors)	All others
Fats	None	All
Miscellaneous	Sugar, honey, syrup, clear hard candy, salt	All others



Vipin Gupta, MD
Mayuri Gupta, MD
Linoj Panicker, DO
Claire Jeanty, APRN
Donna Rodriguez, PA-C
Rebecca Green, PA-C
Danile Mijares, PA-C
Board Certified in Gastroenterology and Hepatology

BREAKFAST

4 oz. White grape juice
6 oz. broth
Jell-O
Tea

LUNCH

4 oz. Apple
juice
6 oz. broth
Jell-O
Tea

DINNER

4 oz. Orange juice (strained)
6 oz. broth
Jell-O
Tea



Vipin Gupta, MD
Mayuri Gupta, MD
Linoj Panicker, DO
Claire Jeanty, APRN
Donna Rodriguez, PA-C
Rebecca Green, PA-C
Danile Mijares, PA-C
Board Certified in Gastroenterology and Hepatology

North Broward

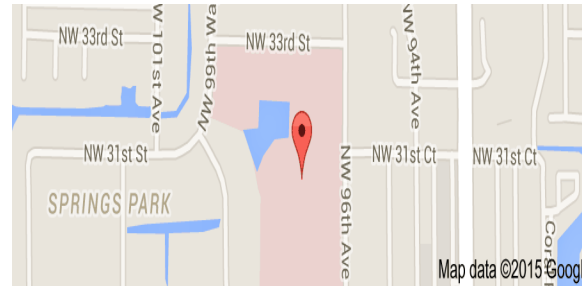
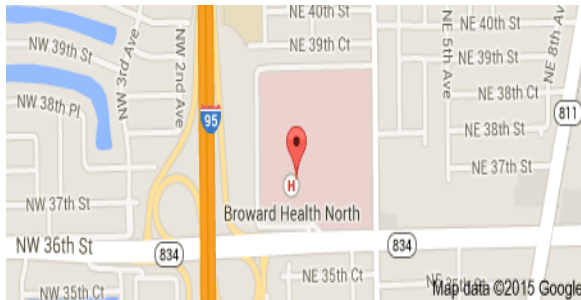
201 East Sample Rd
Pompano Beach, FL
(954) 941-8300

Coral Springs Medical Center

3000 NW 96th Ave
Coral Springs, FL 33065
(954) 344-3000

Broward General Medical Center

1600 S Andrews Ave
Fort Lauderdale, FL 33316
(954) 355-4400





Vipin Gupta, MD
Mayuri Gupta, MD
Linoj Panicker, DO
Claire Jeanty, APRN
Donna Rodriguez, PA-C
Rebecca Green, PA-C
Danile Mijares, PA-C
Board Certified in Gastroenterology and Hepatology

Surgery Center at Coral Springs

967 North University Drive
Coral Springs, FL 33071
(954) 509-1367

Northwest Medical Center

2801 N State Rd 7
Margate, FL 33063
(954) 974-0400

Boca Outpatient Surgical Center

501 Glades Road
Boca Raton, FL 33432
(561) 367-6090

