

Greg S. Cohen, MD

GI Lab Address

259 East Erie Street, Lavin Family Pavilion  go here for the procedure

16th Floor Reception Area

Chicago, IL 60611 312-695-4452

Outpatient Colonoscopy Instructions – PLENVU

Your procedure is scheduled for _____, _____.

Please arrive at _____ am/pm in order to register prior to the exam.

Plan to spend 3 hours in the GI Lab from start to finish.

Diagnosis: _____

Please read carefully all the instructions **TODAY** and at least one week before your procedure and follow the instructions exactly. Failure to do so may result in the need to reschedule your procedure. If you have questions please call 312-695-4452 Monday – Friday, 8:00 am – 4:00 pm. After hours, we can be reached at 800-449-4929. **If you need to cancel, you must call with at least 3 business days notice in order to avoid a “no show” fee.**

ABOUT THE COLONOSCOPY

This procedure is an endoscopic examination of the colon by a physician. A thin, flexible tube with a video camera at the tip is used to examine the colon. If necessary, a small piece of tissue (biopsy) can be removed for further examination under a microscope. If a polyp is found, it can generally be removed during the procedure. You will be given an intravenous line (I.V.) in the holding area. Immediately before the procedure begins you will receive I.V. medication for sedation. The test will take approximately 30 minutes to complete. You will be returned to the recovery area where you will be monitored for at least one hour after the procedure. Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.

- You **may not** drive, operate machinery, make important decisions, or return to work for the remainder of the day following your procedure. You may resume normal activities the next day unless the doctor states otherwise.
- You **must have** a responsible adult to accompany you home after the procedure. This person must pick you up in the GI Lab. If you have another Doctor’s appointment or any other testing at Northwestern Memorial Hospital after your GI Lab procedure, a responsible adult must escort you out of the GI Lab and to your appointment.
- You **may not** walk, take a taxi, or any public transportation home unless you are accompanied by a responsible adult.
- If our staff cannot confirm that you have made safe plans for discharge after your procedure, your procedure will be cancelled.
- If you are unable to have someone accompany you home after your procedure, as a last resort you can arrange a ride home with **Illinois Medi Car** through Superior Ambulance Company by calling **630-832-2000**. Payment for the transport must be provided prior to or at time of service and can be made over the phone at 630-832-2000. The base rate is \$30 and the per mile rate is \$3. If you have made Illinois Medi Car arrangements for your discharge home, please inform the GI Lab staff on the day of your procedure.

It is your responsibility to check with your insurance company to see if they require authorization prior to performing the procedure, and if required you must forward any insurance forms to our office. For more information on billing procedures see the “Billing and Insurance” page at www.cohengastro.com.

REGARDING MEDICATION

If you are affected by any of the conditions listed below, please follow these instructions carefully.

Diabetes	Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Inform your doctor that you will be on clear liquids the day prior to your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure.
Heart Valve Replacement or History of Endocarditis	Prophylactic antibiotics are no longer recommended for GI procedures according to the guidelines published by the American Heart Association in 2007.
Blood Thinners: Coumadin, Plavix, Pradaxa, Xarelto, Eliquis, Savaysa, Brilanta, Effient, Lovenox	Ask the physician who prescribed your medicine how to take it before and after your procedure. If you cannot contact your physician, call us several days before your exam. If you take Coumadin, you may need a blood test two hours before your exam.
Iron Supplements	It is desirable that iron supplements be held for five days prior to your procedure.

RISKS OF COLONOSCOPY

Although colonoscopy is a safe test, there are inherent risks with all medical procedures. These risks include, but are not limited to: 1) Risk of anesthesia reactions including cardiopulmonary complications. 2) Bleeding. 3) Perforation or puncture of the colon – a rare complication that occurs once in every several thousand procedures. 4) Possibility of an incomplete exam in 1-2% of patients. 5) Possibility of missed or incompletely removed polyps. Although colonoscopy is the best test for detection and removal of polyps, it is not perfect. It is possible for polyps to be missed.

ONE WEEK BEFORE YOUR COLONOSCOPY

For best outcome, avoid eating foods that contain seeds, nuts, hulls, berries, or kernels (such as popcorn, poppy seeds, tomatoes, cucumbers, etc.). However, this instruction is not critical.

TWO DAYS BEFORE YOUR COLONOSCOPY

If you are constipated (i.e. bowel movements every 2-3 days or longer), it is recommended that you drink 10 ounces of Magnesium Citrate laxative two days before the colonoscopy so that the preparation on the day before the colonoscopy is easier and more effective. Magnesium Citrate is available without a prescription at any pharmacy. If you have kidney problems or are on dialysis, do not take Magnesium Citrate.

PLENVU PREPARATION INSTRUCTIONS:

DAY BEFORE YOUR COLONOSCOPY

1. **Today you may eat LOW RESIDUE solid food until 1 pm and then NOTHING BUT CLEAR LIQUIDS AFTER 1pm. Please drink plenty of fluids.**

- Low residue foods include lean meats or ground meats, chicken, turkey, eggs, Egg Beaters, fish, white bread, pita bread, corn flakes, Rice Krispies, white rice, corn or flour tortillas, white potatoes without the skins, saltines, and pretzels.
- **YOU CANNOT EAT:** fruits, vegetables, legumes, seeds, nuts, milk, juices with pulp, oatmeal, cream of wheat, muffins, bran, whole grains, granola, or raisins.
- Clear Liquids include: water, coffee or tea without milk, strained fruit juices without pulp (apple, white grape, cranberry, etc.), carbonated beverages or soda pop, clear broth or bouillon. You may have plain Jello or Popsicles. You may have clear hard candy or gummy bears. If you are diabetic, please follow your usual dietary restrictions with regard to the liquids listed above.

2. **IF YOU ARE SCHEDULED FOR A MORNING COLONOSCOPY**

Around 5 pm, do the first half of the prep:

- a. Dissolve the contents of the dose 1 pouch (mango flavor) into the 16 ounce mixing container in the kit. Allow at least 2-3 minutes to fully dissolve the prep and then drink it slowly within 30 minutes.
- b. Refill the container with at least 16 ounces of clear liquid and drink within about 30 minutes.

Around 10 pm-midnight (the later the better) do the second half of the prep:

- a. Dissolve the contents of BOTH dose 2 pouches (fruit punch flavor) into the 16 ounce mixing container in the kit. Allow at least 2-3 minutes to fully dissolve the prep and then drink it slowly within 30 minutes.
- b. Refill the container with at least 16 ounces of clear liquid and drink within about 30 minutes.

3. **IF YOU ARE SCHEDULED FOR AN AFTERNOON COLONOSCOPY**

Around 5 P.M., do the first half of the prep:

- a. Dissolve the contents of the dose 1 pouch (mango flavor) into the 16 ounce mixing container in the kit. Allow at least 2-3 minutes to fully dissolve the prep and then drink it slowly within 30 minutes.
- b. Refill the container with at least 16 ounces of clear liquid and drink within about 30 minutes.

Approximately 5-6 hours prior to your scheduled arrival time do the second half of the prep:

- a. Dissolve the contents of BOTH dose 2 pouches (fruit punch flavor) into the 16 ounce mixing container in the kit. Allow at least 2-3 minutes to fully dissolve the prep and then drink it slowly within 30 minutes.
- b. Refill the container with at least 16 ounces of clear liquid and drink within about 30 minutes.

4. In order to perform a successful colonoscopy, the colon must be cleaned of fecal material. This is accomplished using this preparation and will stimulate your colon to purge itself, and result in many trips to the bathroom. You will probably start to have a bowel movement within 1 to 2 hours of drinking the laxative. The laxative may cause cramping and rapid elimination of stool.
5. Do not eat or drink anything after Midnight except the colonoscopy prep and your usual medications. You may brush your teeth, and have small sips of clear liquids until 3 hours before your procedure.
6. Tips to help with drinking the prep if you are having difficulty:
 - a. Make the prep ice cold and drink it through a straw to minimize the unpleasant taste.
 - b. Have lemon or lime juice on hand as a “chaser,” as the tartness can help cut the strong sweetness of the prep.

WHAT TO EXPECT ON THE DAY OF YOUR COLONOSCOPY

- You may brush your teeth and have small sips of clear liquids until 3 hours before your procedure.
- You may take your usual medications with small sips of water. If you use inhalers, prescription eye drops or nasal sprays, you may take them as you would normally and then bring them with you.
- Please bring your **completed** MEDICATION LIST with you (see the last page of these instructions).
- If you have a colostomy or ileostomy, please bring an extra set of stoma supplies (flange, pouch, etc.) so that your stoma pouch can be replaced following the procedure.
- Wear comfortable clothing that is easy to remove and **leave jewelry and any other valuables at home.**
- Please limit your visitors to 1 or 2 friends or family members. Please speak with one of the GI Lab staff members if you have a special circumstance or request.
- Parking is available in the Lavin Family Pavilion and can be accessed from either Erie Street or Ontario Street. Remember to bring your parking ticket with you for validation.
- Report to the GI Lab on the 16th Floor of the Lavin Family Pavilion to check in at the registration desk at the arrival time scheduled by your Doctor's office.
- You will be required to show a photo ID, verify insurance information, address, phone number, and e-mail address.
- If you are concerned that you have been waiting too long after you have checked in, please speak to the front desk staff or a GI Lab staff member.
- You will be brought into the GI Lab where a nurse will review your medical history, current medication list, and that you have taken your preparation appropriately. You will be asked to put on a hospital gown. An intravenous line (IV) will be started for your sedation during the procedure. If you are female, you will be offered a free pregnancy test prior to the procedure, per hospital policy. If you have a history of falling or fainting, please tell the nurse before the IV is placed.
- During the procedure, your heart rate, blood pressure and oxygen level will be monitored.
- You will be required to sign a consent form with the doctor prior to your procedure.
- When your procedure is done, you will remain in the recovery room for **at least** 1 hour.
- You may still experience effects from the sedation, such as being tired and forgetful, for a few hours after your procedure.
- The recovery room nurse will review what you should expect to feel for the remainder of the day. If you had a colonoscopy, this includes feeling some gas pain. If you have had an upper endoscopy, you may have a sore throat.
- After the procedure, you will receive preliminary results and follow-up instructions.
- When you leave the GI Lab, please remember to take all of your belongings and your discharge instructions.

GI LABORATORY At-Home Medications List

Dear Patient,

Please complete the Allergies and Medication sections. A staff member will review this list with you if there are any questions. If you have questions about medications NOT prescribed during today's visit, please contact your primary care physician.

ALLERGIES: None (check the box if you do not have any allergies)

Source	Reaction	Source	Reaction
<i>Example: Penicillin</i>	<i>Hives</i>	3.	
1.		4.	
2.		5.	

MEDICATIONS: None (check the box if you do not take any medications, vitamins, herbals, etc)

Physician/Staff Use

DRUG List the medications you are taking, include all over-the-counter medicines, vitamins, herbals, minerals, and those you may have held for today's visit.	STRENGTH List the strength of each tablet, capsule, etc.	DOSE/DOSE FORM How many tablets, units, capsules, are you taking at one time?	FREQUENCY How often do you take the medication? (once a day, twice a day, etc.)	ROUTE How are you taking this medication? (by mouth, injection, patch, etc.)	LAST DOSE TAKEN Indicate the date and time you last took the medication	Physician: Please check if prescribing additions or changes to chronic medications Staff: If checked, refer to Instructions below. If not checked, file list
<i>Ex. Cardizem CD</i>	<i>180 mg</i>	<i>1 capsule</i>	<i>once a day</i>	<i>by mouth</i>	<i>9 pm last night</i>	<input type="checkbox"/>
						<input type="checkbox"/>
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Date: _____

Do not write below this line - Hospital Staff ONLY

INSTRUCTIONS:

Staff: If, during this visit, the patient was prescribed a new medication for a chronic disease/condition or a change was made to the at-home medication regimen for a chronic disease/condition, complete the patient instructions portion below, instruct the patient regarding additions and/or changes, and provide the patient with a photocopy of this document. After completion, check box below, and file.

Medication instructions were reviewed with the patient. The patient received a photocopy of this medication list.

Patient: START/RE-START taking this at-home medication(s):

Condition Medication is prescribed for:	Take this Medication at this Strength:	At this Dose/Dose Form:	How often: (Frequency)	Route:	Start taking this Medication on:	Date, if any, you should stop taking this medication:
					___/___/___	
					___/___/___	

Patient: STOP taking this at-home medication:

STOP taking this Medication at this Strength, Dose/Dose Form, and Frequency: _____

STOP taking this Medication on: _____ / _____ / _____

Additional Comments: _____

