
Patient Name

Physician

Procedure Date/Arrival Time

Procedure Time

Location:

- McLaren Hospital - Pennsylvania**
2727 S. Pennsylvania Ave, Lansing
- McLaren Hospital- Greenlawn**
401 W. Greenlawn Ave, Lansing
- Sparrow Hospital**
1215 E. Michigan Ave, Lansing
- Sparrow Health Center**
2909 E Grand River, Lansing
- Sparrow St Lawrence**
1210 West Saginaw St., Lansing
- Lansing Surgery Center**
1707 Lake Lansing Rd, Lansing
- Hayes Green Beach Hospital**
321 E. Harris St, Charlotte
- Eaton Rapids Specialty Clinic**
1500 S. Main St. Eaton Rapids

As of 02/1/2020 MGI & CCS will implement a rescheduling fee for any rescheduling of a procedure more than 3 days after being booked.

**1st Rescheduled appointment is \$25
2nd Rescheduled appointment is \$50
3rd Rescheduled appointment is \$75**

If you cancel your procedure for any reason within 5 business days of the scheduled procedure, a \$100 fee will be assessed to your account

Results and Follow Up

- Please go home and rest for the remainder of the day. Do not drive or work for the rest of the day.
- Your physician will discuss test results with you and your family member following the procedure.
- You will be given written instructions for diet, activity, and follow up instructions.
- If biopsies were taken, a results letter will be sent through our patient portal. If not a member of Follow My Health, the letter will be mailed to you within 14 days of your procedure.

Important Driving Instructions

You must have an adult 18 years or older remain with you during the procedure and drive you home afterward. Your procedure will be cancelled if you fail to meet these requirements. You may not resume driving or operate any heavy machinery for the remainder of the day.

Billing Procedure

There may be up to four charges associated with your procedure (Physician, Hospital/Facility, Anesthesia, and Lab). Please verify with your insurance carrier your benefit coverage for each.

Please be sure you bring your picture ID and insurance cards with you to the facility the day of the procedure. Failure to do so will result in cancellation of your procedure.

Digestive Health Institute



ORAL ELECTROLYTE SPLIT DOSE PREPARATION

Board Certified
Gastroenterologists

Iftiker Ahmad, M.D.
Oussama Al Sawas, M.D.
Radoslav Coleski, M.D.
Dorian Jones, M.D.
Scott Plaehn, D.O.
Robert Rose, D.O.
Albert Ross, M.D.
Dana Stewart, D.O.
John Walling Jr., D.O.
David Wiedemer, M.D.
Siaka Yusuf, M.D.

Board Certified
Colorectal Surgeons

Daniel C. Coffey, M.D.
Lucas Julien, M.D.
Razvan Opreanu, M.D.

If you have questions, please contact _____ at (517) 332-1200 ext _____

**Video instructions are also available on our website
www.michigangastro.com
www.capitolcolon.com**

Colonoscopy

The purpose of this procedure is to directly visualize the mucosal lining of the colon in order to inspect for disease. The principal risk of colonoscopy is the remote possibility of perforation. Immediately prior to the passage of the instrument, you may be given intravenous Demerol, Versed, or Propofol. If you are allergic to any of these, latex or eggs please be certain you have notified the scheduler. The administering physician will discuss the risks of sedation with you at the facility.

Medication

If you are taking blood thinners, (Aggrenox, Plavix, Pradaxa, Pletal, Effient, Xarelto, Brillinta, Lovenox, Ticlid, Coumadin, Trental, Persantine, Heparin, or Fragmin please be certain you have notified the scheduler.

You must discontinue any diet medication 1 week prior to your procedure

Labs

Please have any ordered bloodwork drawn

_____ days before your test. A lab requisition for your bloodwork has been enclosed.

_____ You do not need bloodwork at this time.

NOTE: Female patients of menstruating years will be required to provide a urine specimen when you arrive to the hospital/facility.

Five Days Prior to Examination

Please refrain from eating foods that contain nuts, seeds or corn. You will also need to stop taking fiber and iron supplements.

Day Before Examination

1. You are required to be on a **CLEAR LIQUID DIET all day long**. This starts at 12:00am or when you wake up in the morning. **No Solid Food**. Drink 8 oz. clear liquids hourly throughout the entire day.

2. **Diabetics:** Use ½ of your usual insulin dose. Do not take your diabetic pills today.

3. Take all other medications as usual, but not within 2 hours of GoLytely/NuLytely.

4. At 12:00 noon take (1) dulcolax tablet with 8oz of water. Do not crush or chew.

5. At 6 PM mix GoLytely/NuLytely with 1 gallon of water. Drink ½ of mixture-8oz. every 10-15 minutes (total of 8 glasses). **You must finish drinking mixture within 1 ½ hours or it will not work!** Continue drinking 8 oz clear liquids throughout the evening.

6. It is not unusual to have nausea or vomiting from this laxative. If this occurs, stop drinking the laxative, suck on hard candy or mints and resume drinking the laxative 1 hour later. If stools have not become clear (ice tea colored) by 10pm, drink one 10oz bottle of Magnesium Citrate (clear color only) which can be purchased without a prescription.

Day of Examination

1. You may only have clear liquids the day of your test (no Ensure this day) to complete your prep.

2. Six hours before procedure time drink remaining ½ of Golytely/Nulytely- 8 oz every 10-15 minutes (total of 8 glasses) until mixture is gone. You must be finished with your prep at least 4 ½ hours prior to your procedure then **NOTHING else by mouth prior to your procedure.** No gum, mints, chewing tobacco or Ensure until after the procedure is completed. Failure to do so will result in the cancellation of your procedure.

3. Please take your heart, blood pressure, seizure, respiratory, anti-rejection or anti-anxiety medications at 6 AM with a small sip of water. You may use your inhalers.

4. **Diabetics:** Please check your blood sugar and take this information with you to the hospital/facility. **Do not** take your insulin or diabetic pills this morning. Bring all of your insulin with you to the procedure.

Clear Liquid Diet

- Coffee, tea, or cola
- Apple, white grape, or white cranberry juice
- Up to 3 cans or bottles of vanilla or Butter pecan Ensure or Glucerna (diabetics) that are labeled "suitable for lactose intolerant".
- Plain jello (no red colors)
- Clear soups and/or broth (strain off all vegetables and/or noodles)
- Popsicles (no red colors)
- Powerade—lemon/lime flavor, Propel any flavor, or artificially sweetened powdered drinks (kool-aid, tang, crystal light – no red or purple colors)
- Sorbet or Sherbet that do not contain milk or chunks of fruit
- **No** milk or milk by products (cheese, yogurt)
- **No** grapefruit, tomato, V-8, or orange juice
- **No** alcohol

Shopping List:

- A prescription for GoLytely or NuLytely has been sent to _____ pharmacy.
- One dulcolax or bisacodyl laxative tablet (not stool softener)
- One bottle Magnesium Citrate (10 oz)
- Hard candy or peppermints to use if laxative causes nausea.