

\_\_\_\_\_

*Patient Name*

\_\_\_\_\_

*Physician*

\_\_\_\_\_

*Procedure Date/Arrival Time*

\_\_\_\_\_

*Procedure Time*

*Location:*

**Sparrow Hospital**  
1215 E. Michigan Ave, Lansing

**As of 07/19/2021 MGI & CCS will implement a change to the cancellation policy for procedures.**

- ~ **No fee will be assessed for 3 business days from the point of scheduling.**
- ~ **Reschedules that occur outside the 3 day window will be charged a \$50 fee**
- ~ **Cancellations that occur outside the 3 day window will be charged a \$100 fee**
- ~ **Reschedule and cancellation fees must be paid prior to future scheduling.**

### 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.\*\*



## **RECTAL ENDOSCOPIC ULTRASOUND 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.
- 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 \_\_\_\_\_**

**For more information visit our website**

[www.michigangastro.com](http://www.michigangastro.com)  
[www.capitolcolon.com](http://www.capitolcolon.com)

## Rectal EUS

Endoscopic Ultrasound is a specialized technique using sound waves to evaluate the walls of your colon and rectum. It can also be used to study the internal organs and lymph nodes that lie next to the intestinal tract. Information obtained during this test may be used to diagnose and stage tumors. With accurate staging, appropriate treatment can be given.

The principle risks of EUS are the remote possibility of infection, perforation and bleeding. Most complications are self-limiting and are treated supportively. In some cases, intravenous antibiotics may be administered to reduce the risk of infection. Occasionally surgery is necessary to treat a complication. Rarely, death from a complication has been reported.

EUS requires intravenous sedation. The administering physician will discuss the risks of sedation with you at the facility.

## Medication

If you are taking blood thinners, Aggrenox, Effient, Pradaxa, Plavix, Lovenox, Ticlid, Coumadin, Xarelto, Brilinta, Effient, 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

In certain cases blood work may be needed.

\_\_\_\_\_ You were given a requisition for your blood work. Please have drawn at any **Sparrow** affiliated laboratory at least 2 days before your procedure.

\_\_\_\_\_ You do not need blood work 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 discontinue all fiber and iron supplements.

## Day Before Examination

1. Clear liquid diet. **NO SOLID FOOD.** Drink extra clear liquids hourly throughout the 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 NuLyteLy.

4. At 6 PM mix NuLyteLy with 1 gallon of water. Drink ½ of the NuLyteLy mixture. Do this by drinking 8 oz of the solution every 15 minutes for a total of 8 glasses. If you experience nausea or vomiting from this laxative, stop drinking the laxative, suck on hard candy or mints and continue drinking the laxative 1 hour later. Please continue drinking 8 oz clear liquids for remainder of the evening.

5. If by 10pm, your stool is not turning clear or if there is no bowel movement at all, please drink 1 bottle of Magnesium Citrate.

## 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 half of NulyteLy, at the rate of 8 oz every 15 minutes until mixture is gone. Mixture must be finished within 1 ½ hours then **NOTHING else by mouth prior to your procedure.** You must be finished with your prep at least 4 ½ hours prior to your procedure then NOTHING BY MOUTH. (No water, gum, mints, hard candy, Ensure, chewing tobacco, etc) until after the procedure is completed. Failure to do so will result in cancellation of your procedure(s).

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 soda pop
- Apple, white grape, or white cranberry juice
- Up to 3 cans or bottles of vanilla or butterpecan Ensure or Glucerna (diabetics) that are labeled "suitable for lactose intolerant".
- Plain jello (no red colors)
- Broth
- Popsicles (no red colors)
- Artificially sweetened powdered drinks (kool-aid, tang, crystal light, sport drinks – no red or purple colors)
- **No** milk or milk byproducts (cheese, yogurt)
- **No** grapefruit, tomato, V-8, or orange juice
- **No** alcohol

## Shopping List:

- A prescription for NuLyteLy has been sent to \_\_\_\_\_ pharmacy.
- One 10–oz bottle of Magnesium Citrate (over the counter)