

Results and Follow Up

- Please go home and rest for the remainder of the day. Do not drive work or drive heavy machinery 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 you are not a member of Follow My Health, the letter will be mailed 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.

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.

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.

 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 Heath Center**
2909 E Grand River, Lansing
- Lansing 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

Sutab Split Dose Preparation

- 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 Gastroenterologists

- 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.capitalcolon.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.

Medication

If you are taking blood thinners, Aggrenox, Plavix, Effient, Pradaxa, 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

_____ Day(s) before your test. A requisition has been included.

_____ 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 1/2 of your usual insulin dose. Do not take your diabetic pills today.

3. At 6:00 PM open one (1) bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. You must drink two (2) more 16- ounce containers of water over the next hour, and 8 oz clear liquids hourly for remainder of evening.

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 the start of your test, open the second bottle of 12 tablets. Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. You must drink two (2) more 16- ounce containers of water over the next hour. You must be finished with your prep 4 1/2 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. **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 your insulin with you to the procedure.

4. Please only 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.

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)
- Artificially sweetened powdered drinks (Kool-Aid, tang, crystal light- no red or purple colors)
- Sorbet that does not contain milk or chunks of fruit
- **No** milk or milk byproducts (cheese, yogurt)
- **No** grapefruit, tomato, V-8, or orange juice
- **No** alcohol

Shopping List:

- A prescription for SUTAB has been sent to _____ pharmacy.
- Hard candy or peppermints to use if laxative causes nausea.

Please report to the admitting department at _____ a.m./p.m. on _____

Procedure time: _____ a.m./p.m.

Location: _____

Physician: _____

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