

PATIENT NAME

PHYSICIAN NAME

PROCEDURE DATE @ ARRIVAL TIME

PROCEDURE TIME

Procedure Location

- Hayes Green Beach Hospital 321 E. Harris St, Charlotte
- Lansing Surgery Center 1707 Lake Lansing Rd, Lansing
- McLaren Hospital 3520 Forest Rd, Lansing MI
- Sparrow Hospital 1215 E. Michigan Ave, Lansing

- Sparrow Health Center 2909 E Grand River, Lansing
- Sparrow St. Lawrence 1210 West Saginaw St., Lansing
- Eaton Rapids Specialty Clinic 1500 S. Main St, Eaton Rapids

Labs

Please have any ordered bloodwork drawn _____ days before your procedure. A lab requisition for your bloodwork will be provided, if necessary.

Females of menstruating years will be required to provide a urine specimen when you arrive at the facility.

Medication

Stop all diet medications one week before your procedure. Please notify the scheduler if you are taking the following:

- Blood thinners
- Aggrenox
- Coumadin
- Effient
- Fragmin
- Heparin
- Lovenox
- Persantine
- Plavix
- Pradaxa
- Ticlid
- Trental

Colonoscopy Overview

The purpose of this procedure is to directly visualize the 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 notify the scheduler.**

Cancellation Policy

- No fee will be assessed if the procedure is rescheduled within 3 business days.
- Procedures rescheduled beyond 3 days of the original date will be charged a \$50 fee.
- Cancellations that occur after 3 days will be charged a \$100 fee.
- Reschedule and cancellation fees must be paid prior to rescheduling.

Billing Procedure

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

Shopping List

- One prescription of SUTAB® has been sent to your pharmacy
- Hard candy or peppermints if you become nauseated.

QUESTIONS? Contact _____
(517) 332-1200 ext: _____

Board-Certified Colorectal Surgeons

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

Board-Certified Gastroenterologists

Scott A. Plaehn, DO, FACOI
Albert B. Ross, MD
John F. Walling Jr, DO, FACOI
Siaka I. Yusuf, MD
Dorian T. Jones, MD
Jannel Lee-Allen, MD, MUP
Tadd Hiatt, MD

Learn more about our team at

theDigestiveHealthInstitute.com

Colonoscopy Prep Instructions

SUTAB® Split Dose Prep

5 Days Before Procedure

- Please refrain from eating foods that contain nuts, seeds or corn. Stop taking fiber and iron supplements.

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) labeled "suitable for lactose intolerant".
- Plain Jell-O (no red colors)
- Popsicles (no red colors)
- Artificially sweetened powdered drinks- Kool-Aid, Tang, Crystal Light –no red or purple colors
- Clear soups and/or broth (strain off all vegetables and noodles)
- 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 alcoholic drinks

1 Day Before Procedure

- CLEAR LIQUID DIET all day long. This starts at 12:00 am or when you wake up in the morning. No solid foods.
- Drink an extra 8-oz of clear liquids every hour throughout the entire day.
- Diabetics: Use ½ of your usual insulin dose. Do not take your diabetic pills today.
- At 6 pm, open one bottle of 12 SUTAB® tablets. Fill the provided container with 16 oz of drinking water (up to 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 oz containers of water over the next hour and 8 oz of clear liquids hourly for the remainder of the evening.

Day of Procedure

- You may only have clear liquids the day of your test to complete your prep. No Ensure this day.
- Six hours before the start of your test, open the second bottle of 12 SUTAB® tablets. Fill the provided container with 16 oz of drinking water (up to 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 oz containers of water over the next hour.
- You must finish your prep at least 4 ½ hours prior to your procedure, then nothing by mouth until after the procedure is completed. No water, gum, mints, hard candy, Ensure, chewing tobacco etc. Failure to do so will result in cancellation of your procedure(s).
- *Diabetics:* Please check your blood sugar and take this information with you to the facility. Do not take your insulin or diabetic pills this morning. Bring all of your insulin with you to the procedure.
- 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 inhaler(s).
- **You must have an adult 18 years or older remain with you during the procedure and drive you home afterward.** Your procedure will be canceled if you fail to meet these requirements.
- 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.

Results & Follow-up

- Please go home and rest for the remainder of the day. Do not drive or work or operate machinery.
- 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 and the letter will be mailed to you within 14 days of your procedure.

Watch Video Prep Instructions by scanning the code or visit [theDigestiveHealthInstitute.com](https://www.theDigestiveHealthInstitute.com)



Video Instructions