



PREPARATION INSTRUCTIONS FOR COLONOSCOPY

Procedure Date:
Arrival Time: **1 hour BEFORE procedure time**
Appointment Time:
Duration: **The procedure will be approximately 2 to 2½ hours from arrival time**
Procedure: **COLONOSCOPY**
Location: **EMORY DECATUR HOSPITAL – 2701 N Decatur Rd**
FOLLOW DIRECTIONS ON LAST PAGE OF PACKET

You will start a **CLEAR LIQUID DIET ALL DAY THE DAY BEFORE** until **MIDNIGHT**. **NO SOLID FOODS AT ALL, AND NO RED OR PURPLE LIQUIDS.** (See back of paper for sample of the clear liquid diet) **DO NOT HAVE ANYTHING TO EAT OR DRINK AFTER MIDNIGHT—NOT EVEN WATER!!!**

PURCHASE AT ANY PHARMACY or GROCERY STORE: (all over the counter-on laxative aisle)

- **DULCOLAX (laxative) TABLETS**
- **Two 238g bottle of Powdered MIRALAX**
- **Two 64oz bottle of GATORADE (the low sugar Gatorade cuts some of the sweetness) or ANY CLEAR LIQUID (no red or purple)**

Start drinking clear liquids whenever you wake up (no solid food) and begin prep as follows:

3:00pm – 1. Take **2 Dulcolax tablets**

4:00pm – 2. Mix one of the **238g bottle of Miralax with the one Gatorade (or clear liquid) and mix the other 238g bottle of Miralax with the other Gatorade** and shake or mix until the Miralax has dissolved. Drink an **8oz glass every 10-15 Minutes** until the solutions are finished. If you experience significant nausea or vomiting slow down and drink the 8oz glass every 20 minutes.

7:00pm – 3. Take **2 more Dulcolax tablets** and continue the clear liquid diet until bedtime or midnight.

MEDICATION INSTRUCTIONS

5 days before STOP: ASPIRIN, MOTRIN, ALEVE, IBUPROFEN, CELEBREX, PLAVIX

3 days before STOP: COUMADIN/WARFARIN

2 days before STOP: PRADAXA, XARELTO, ELIQUIS

You can take Tylenol/Acetaminophen for pain

Diabetics: if you take medication or insulin twice (2) a day the morning before the procedure take only the morning dose, **DO NOT** take the evening dose or the morning of the procedure, but bring your insulin to the procedure. The nurse will check your blood sugar before and after the procedure and may need to give you a dose.

Medication you can take: blood pressure, anti-seizure, and anti-psychotic medication with a sip of water the morning of the procedure. However, other routine medications that are not blood thinners can only be taken until the night before the procedure. You can take Tylenol for pain if needed.

You will be sedated for the colonoscopy and **will need a driver to pick you up**. It is against hospital policy for you to drive yourself, take a taxi or take the bus. Please make sure you have someone who can pick you up. The **ONLY** way you may drive is to do procedure **UNSEDATED**. **If you need to cancel, PLEASE CALL Dr. Kamean's office (NOT THE HOSPITAL- we are not part of the My Chart system) at least 7 business days in advance, failure to do so will result in a \$150 cancellation fee.**



This diet provides foods, which will leave minimal residue in the intestinal tract. This is a **sample diet** for the colonoscopy, it does not mean that these are the only liquids you are allowed to have, but these are recommendations. ***NO NUTS OR SEEDS 3 DAYS***

Start this diet the day **BEFORE** your procedure:

FOOD GROUP

LIQUIDS ALLOWED

FRUIT JUICE:

Apple, Grape, Cranberry, Cranapple
Only white- NO red or purple.

BEVERAGES:

Coffee (No Milk) Tea (Regular or Decaf) Carbonated Beverages, Gatorade, Kool- Aid, Strained Lemonade and Orange Juice- **No red or purple.**

SOUPS:

Clear Broth and Bouillon

DESSERTS/SWEETS:

Popsicles, Fruit Flavored Ices, Gelatin, Clear Hard Candy such as Lollipops or Peppermints- **no red or purple.**

SEASONINGS:

Salt or Lemon Juice for Tea

SAMPLE MENU FOR CLEAR LIQUID

MORNING

EVENING

NIGHT

JUICE
CHICKEN BROTH
LIME GELATIN
GINGER ALE
BLACK COFFEE

APPLE JUICE
BEEF BOUILLON
KOOL-AID
ICE TEA

WHITE GRAPE JUICE
TURKEY BROTH
LEMON GELATIN
HOT TEA

NOTHING TO EAT OR DRINK AFTER MIDNIGHT

EMORY DECATUR HOSPITAL
DIAGNOSTIC & TREATMENT CENTER
TRANSPORTATION STANDARD OF CARE FOR CONSCIOUS SEDATION

- * A DTC employee must speak with your driver prior to the start of your procedure.
- * No ride, no procedure.
- * We prefer your drive to stay in the waiting room. However, in the event your driver must drop you off, we must speak with them on the phone prior to the start of your procedure. Keep in mind Covid rules are continuously changing so if the driver is not allowed to stay in waiting room, they must speak to a DTC employee.
- * Please inform your driver to answer any calls during the hours you are at the hospital. Occasionally, numbers will come up as blocked or spam. Ask your driver to remove all blocks.
- * You will not be allowed to drive yourself home, you will not be allowed to take public transportation, and you will not be able to go alone in a taxi or rideshare such as Uber or Lyft. No exceptions.
- * If you choose to have your procedure without any sedation, the rules above do not apply.

DRIVER CONTACT INFORMATION-TAKE TO HOSPITAL WITH YOU

Driver's Full Name: _____

Relationship to Patient _____

Driver's Phone Number: _____

Patient Signature Required

By signing below, I acknowledge that I have read and understand the instructions.

Patient Signature: _____ Date: _____

Patient Name: _____

Mark with an X for yes:

_____ : DO speak with the driver about results

_____ : DO NOT speak with driver about results



FINANCIAL INFORMATION ABOUT PROCEDURES

When an outpatient procedure is performed there are **three** possible bills that you may receive. There is the physician's fee for Dr. Kamean, the facility's fee for using their equipment and staff, and the pathology fee **if** Dr. Kamean does a biopsy. **The physician and facility fees are certain.** The facility is in charge of their fee and will call you after they verify with your insurance. Note that the facility will collect their fee before the procedure is performed, and **any questions about those charges should be directed towards the facility.** **We have nothing to do with their fees, billing or collections process.**

Dr. Kamean's Fee, depending on your insurance policy, is a calculation from your current Deductible (the amount you pay out of your own pocket before your insurance begins picking up any of the costs of procedure) and your Coinsurance (a co-sharing agreement between you and your insurance company which states that you will cover a set percentage of the covered costs after the deductible has been paid).

Your Deductible: _____ Your Coinsurance: _____ Dr. Kamean's Fee: _____

Date Due for Physician: 10 Days Prior To Procedure

Any deductible or coinsurance collected in the office is for a **standard** colonoscopy or upper endoscopy. Additional fees may be incurred if there is a **biopsy or removal of a polyp**. It is impossible to predict what will be found during the procedure, thus we cannot determine the complete cost to you until the procedure is finished. Therefore, your deductible or coinsurance may increase and will be reflected on your bill. Under the Affordable Care Act, you may be eligible for some important preventive services. If your plan is subject to these new requirements, you may not have to pay a copayment, co-insurance or deductible to receive a screening for your colonoscopy. Be aware that **your plan can require you to pay some of the costs. If the preventive service is not the primary purpose of the visit, Dr. Kamean cannot bill your insurance as routine. If you qualify for these benefits, we'll bill your insurance company for your preventative service.** However, once the claim has been processed by your insurance, they make the final decision and may determine that you are responsible for the charges previously explained. If this is the case, we will bill you for the balance.

There will be a \$75 cancellation fee assessed to your account if we do not receive 5 days notice.



Directions to Endoscopy/ Diagnostic and Treatment Center (DTC)

2701 North Decatur Rd. Decatur, Georgia 30033

Phone #: 404-501-5580

The DTC is located inside Emory Decatur Hospital on the ground floor below the Emergency Room.

- When you arrive on the Emory Decatur hospital campus, park your vehicle on level 3 in the visitor's parking deck across from the Emergency Department. Park near the Pedestrian Bridge entrance.
- Take the Pedestrian Bridge to the Hospital
- When you approach the escalator, turn to your right and follow the sign that says "to elevator M"
- Elevator "M" is on the right-hand side, approximately 30 feet from the escalator and before you enter the ICU.
- Take elevator "M" to the Ground floor
- Once on the ground floor exit the elevator and proceed to The Diagnostic and Treatment Center which is directly in front of you after exiting the elevator.
- Please note the earliest arrival time is 6 am.

****If the doors to the Pedestrian Bridge are locked, please use the intercom on the wall at the Pedestrian Bridge entrance to speak with a Public Safety Dispatch to gain entrance into the hospital.**

****If you need wheelchair assistance, please pull into the Circular Drive entrance located in front of the Parking Deck and call DTC at the number listed above.**

****Valet parking is located at the Professional Office Building, 2675 North Decatur Rd. Decatur, Ga 30033. A shuttle will take you to the hospital. Hours of operation: M-F 8 am – 4 pm & closed on holidays. Cost: \$6 per day. *prices and hours are subject to change**