

Procedure Performed At:
Emmaus Surgical Center
57 Route 46 Suite 104 Hackettstown, NJ 07840
Phone: (908) 813-9600

DATE: _____ TIME: _____ ARRIVAL: _____

Before you begin: Purchase 238 g of Miralax, 2 bottles of Gatorade 28 oz (not red), 4 tablets of Dulcolax and 1 tablet of Gasex

One week prior to the procedure: Stop iron containing supplements, pain medications like Ibuprofen, Motrin, Advil, Naproxen (NSAIDs), Aspirin, Plavix and fish oil supplements.

If you are on Coumadin, Eliquis, Xarelto, Pradaxa or other similar medications, confirm with the office when to stop them.

If you are on Ozempic, Wegovy, Mounjaro or similar medications, do not take them the week before.

Three days before the procedure: Begin a low fiber diet, avoid eating nuts, seeds, popcorn, peas, tomatoes- these will clog the scope and interfere with the procedure.

Day before the procedure: Begin a clear liquid diet (you should be able to see through the glass filled with the liquid) ex. Water, black coffee or tea, clear soup or bouillon, sports drinks (not red), apple juice, plain Jello, Italian ices, popsicles without added fruit or milk, ensure clear.

If you are a diabetic, take half of your diabetes medications.

At 5 PM: Take 2 tablets of Dulcolax. Mix the Miralax in the 2 bottles of Gatorade, stir until it is completely dissolved and drink 8 oz every 10 minutes till finished. Take the Gasex pill after the first 4 glasses. If you develop cramping, nausea or bloating stop drinking for 30 minutes. You may then resume drinking the solution. It will take 1-2 hours before you start moving your bowels and the diarrhea may last several hours. 30 minutes after drinking the Gatorade/Miralax solution, take 2 tablets of Dulcolax with water. Continue drinking clear liquids till 6 hours before the procedure.

If you have any questions or concerns, please call us at 908-684-3000

*Please arrange for someone to accompany you. You are given sedating medication and will not be allowed to go back on your own

**Failure to take the prep as directed will result in incomplete cleansing and will result in cancelling the procedure and repeating the procedure.

***Follow-up in the office 2 weeks after the procedure. Results are not given over the phone.

THE FOLLOWING MEDICATIONS NEED TO BE STOPPED PRIOR TO YOUR PROCEDURE

DIABETES / WEIGHT CONTROL MEDS

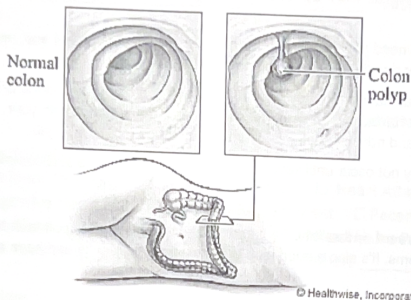
GLP-1 AGONISTS:

EXANATIDE (2 X DAILY)	BYETTA	HOLD 1 DAY PRIOR
EXANATIDE ER	BYDURION	HOLD 1 DAY PRIOR
LIXENATIDE (DAILY)	ADLYXIN	HOLD 1 DAY PRIOR
LIRAGLUTIDE (DAILY)	VIKTOZA, SAXENDA	HOLD 1 DAY PRIOR
SEMAGLUTIDE (DAILY)	RYBELSUS	HOLD 1 DAY PRIOR
DULAGLUTIDE (WEEKLY)	TRULICITY	HOLD 1 WEEK PRIOR
SEMAGLUTIDE (WEEKLY)	OZEMPIC, WEGOVY	HOLD 1 WEEK PRIOR

SGLT-2 AGENTS:

DAPAGLIFOZIN	FARXIGA	HOLD 4 DAYS PRIOR
BEXAGLIFOZIN	BREZAVVY	HOLD 4 DAYS PRIOR
CANAGLIFOZIN	INVOKANA	HOLD 4 DAYS PRIOR
EMPAGLIFOZIN	JARDIANCE	HOLD 4 DAYS PRIOR
ERTUGLIFOZIN	STEGLATRO	HOLD 4 DAYS PRIOR

Learning About Colonoscopy



What is a colonoscopy?

A colonoscopy is a test (also called a procedure) that lets a doctor look inside your large intestine. The doctor uses a thin, lighted tube called a colonoscope. The doctor uses it to look for small growths called polyps, colon or rectal cancer (colorectal cancer), or other problems like bleeding.

During the procedure, the doctor can take samples of tissue. The samples can then be checked for cancer or other conditions. The doctor can also take out polyps.

How is a colonoscopy done?

This procedure is done in a doctor's office or a clinic or hospital. You will get medicine to help you relax and not feel pain. Some people find that they don't remember having the test because of the medicine.

The doctor gently moves the colonoscope, or scope, through the colon. The scope is also a small video camera. It lets the doctor see the colon and take pictures.

How do you prepare for the procedure?

You need to clean out your colon before the procedure so the doctor can see your colon. This depends on which "colon prep" your doctor recommends.

To clean out your colon, you'll do a "colon prep" before the test. This means you stop eating solid foods and drink only clear liquids. You can have water, tea, coffee, clear juices, clear broths, flavored ice pops, and gelatin (such as Jell-O). Do not drink anything red or purple.

The day or night before the procedure, you drink a large amount of a special liquid. This causes loose, frequent stools. You will go to the bathroom a lot. Your doctor may have you drink part of the liquid the evening before and the rest on the day of the test. It's very important to drink all of the liquid. If you have problems drinking it, call your doctor.

Arrange to have someone take you home after the test.

What can you expect after a colonoscopy?

Your doctor will tell you when you can eat and do your usual activities.

Drink a lot of fluid after the test to replace the fluids you may have lost during the colon prep. But don't drink alcohol.

Your doctor will talk to you about when you'll need your next colonoscopy. The results of your test and your risk for colorectal cancer will help your doctor decide how often you need to be checked.

After the test, you may be bloated or have gas pains. You may need to pass gas. If a biopsy was done or a polyp was removed, you may have streaks of blood in your stool (feces) for a few days. Check with your doctor to see when it is safe to take aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) again.

Problems such as heavy rectal bleeding may not occur until several weeks after the test. This isn't common. But it can happen after polyps are removed.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

Where can you learn more?

Go to <https://www.healthwise.net/PatientEd>

Enter **Z368** in the search box to learn more about "**Learning About Colonoscopy**".

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Medical History

Allergies: _____ Latex Allergy ☐ Yes ☐ No
 Height: _____ Weight: _____
 Primary Care Doctor: _____

Please CHECK all that apply

Cardiac/Circulatory:

- ☐ High Blood Pressure ☐ High Cholesterol ☐ Heart Attack ☐ Heart Disease ☐ Murmur
☐ Congestive Heart Failure ☐ Valve Replacement ☐ Pacemaker/Defibrillator ☐ Stents
☐ Blood Clots ☐ Anemia/Blood Disorder ☐ Mitral Valve Prolapse ☐ Irregular Heartbeat/A-Fib
☐ Stress tests or Cardiac Catheterizations Other: _____

Endocrine:

- ☐ Diabetes: Oral _____ Insulin _____ ☐ Thyroid Disease

Gastrointestinal/Nutritional:

- ☐ Change in bowel habits ☐ Hiatal Hernia ☐ Reflux/GERD ☐ GI Bleed ☐ GI Ulcer
☐ Abdominal Pain ☐ Unintentional Weight Loss/Gain ☐ Diverticulosis/itis ☐ Hepatitis/Liver Disease

Genitourinary:

- ☐ Enlarged Prostate ☐ Renal Failure/Disease ☐ Kidney Stones ☐ Bladder Issues ☐ Stents
☐ Other: _____

Musculoskeletal:

- ☐ Arthritis ☐ Osteoporosis ☐ Osteopenia ☐ Chronic Pain ☐ Spinal/Disc Disease
☐ Other: _____

Neurological Health:

- ☐ Seizures/Epilepsy ☐ Paralysis ☐ Psychiatric Illness ☐ Neuropathy ☐ Headaches/Migraines
☐ Fainting/Dizzy Spells ☐ Anxiety/Depression ☐ Stroke/Mini Stroke ☐ Raynaud's ☐ Fibromyalgia
☐ Other: _____

Respiratory:

- ☐ Asthma ☐ Pneumonia ☐ Sleep Apnea ☐ C-PAP ☐ Chronic Cough ☐ Pulmonary Embolism
☐ COPD ☐ Emphysema ☐ Tuberculosis ☐ Shortness of Breath: Cause: _____

Cancer: Type: _____

Other: _____

Treated for Lyme Disease: ☐ Yes ☐ No

Treated for Drug Resistant Organism (MRSA, C-Diff): ☐ Yes ☐ No

Emmaus Surgical Center57 Route 46, Suite 104
Hackensack, NJ 07840
Tel: 908-813-9600

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Insurance:

DOB: 01/00/1900

MRN:

DOS: 01/00/1900

Dr.

Patient Medication ListAllergies: ☐ No Known Allergies (NKA)

RN Instructions: Place Initial in appropriate boxes. Sign at bottom.

List all Medications, including: Over The Counter, Dietary Supplements & Herbal Medications.

Medication:

- ☐
- No Medications
-
- ☐
- See attached list

Dose

Route

How Often?

Last Dose?

Purpose

Comments

Have you taken any cortisone or steroids in the past six months? ☐ Yes ☐ No

Blood Thinner/ ASA Last dose _____

Resume all above medications? ☐ Yes ☐ No☐ Please refer to prescribing physician

New Medications to take following this visit:

Medication:

- ☐
- No Medications

Dose

Route

How Often?

Purpose

Was a copy of the medication reconciliation given to the patient? ☐ Yes ☐ No

RN Signature: _____

Patient/Guardian Signature: _____

Date: _____

Reviewed by: _____

M.D.

R16

Previous Surgeries/Procedures:

Prior Colonoscopy: ☐ YES ☐ NO

Last one: _____

How many total: _____

Medical Implants/Replacements (Type and Location): _____

Any complications with wound healing following a procedure? _____

Life threatening reaction to anesthesia for you or any relatives: _____

Social History:

Alcohol Use: ☐ None ☐ Occasional ☐ Social ☐ Moderate ☐ Heavy

Tobacco Use: ☐ No: ☐ Yes Packs/Day _____ Years _____ ☐ Quit Years _____

Recreational Drug Use: ☐ No ☐ Yes Type: _____

Recent illness or exposure to communicable disease (Flu, Measles, Mumps, etc.): ☐ No ☐ Yes

Travel Outside the country in the last 6 months: ☐ No ☐ Yes (any illness related to travel)

History of any abuse: _____

Religious or cultural needs: _____

Concerns regarding the procedure: _____

Person that will take you home: _____ Their Relationship to you _____

Will be in the waiting area: _____ Phone number that they can be reached at: _____

Medical information can be shared with Family Member/person being discharged to _____yes _____no

Patient Signature: _____

Date _____

Nurse Reviewing: _____

Date _____