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**Procedure to be at this location:**

Hemet Endoscopy Center  
Informed Consent for Gastroenterology Related Procedures  
1003 E. Florida Avenue, Suite 101, Hemet CA 92543  
(951) 652-2252

**COLONOSCOPY AND/OR RECTAL ULTRASOUND WITH HALF-LYTELY OR GOLYTELY PREP (A.M.)**

Patient Name: \_\_\_\_\_ Procedure Date: \_\_\_\_\_

**YOUR BOWEL PREP IS EXTREMELY IMPORTANT! PLEASE READ INSTRUCTIONS CAREFULLY**

<b>In Advance, Before Procedure</b>	<b>3 Days Prior Date: _____</b>	<b>2 Days Prior Date: _____</b>	<b>Preparation Day Date: _____</b>	<b>Procedure Day Date: _____</b>
<ul style="list-style-type: none"> <li>▶ <b>Purchase:</b> Half-Lytely or Golytely prep kit - Requires a written prescription. 2 Fleet Enemas 4 tablets (not always included).</li> <li>▶ <b>Arrange:</b> For a responsible adult to stay with you during the procedure and drive you home after the procedure.</li> <li>▶ <b>Last Day to Cancel:</b> Call the office if you need to reschedule your appointment or if you have any questions: (951) 652-2252</li> </ul>	<ul style="list-style-type: none"> <li>▶ <b>Confirm:</b> Confirm with an adult that you have arrangements to be driven home after procedure.</li> <li>▶ <b>Stop taking these medications:</b> Coumadin (Warfarin)  _____ _____ _____</li> <li>If you have Co-Pay, we will call you prior to your procedure to inform you. <b>Your Co-Payment is due at the time of service. CASH, CREDIT CARD, DEBIT or MONEY ORDER</b></li> </ul>	<ul style="list-style-type: none"> <li>▶ <b>Hydrate:</b> At least 4 large glasses of water throughout the day!</li> </ul>  <p><b>NO SOLID FOODS AFTER MIDNIGHT AND UNTIL DISCHARGED FROM PROCEDURE!!</b></p> <ul style="list-style-type: none"> <li>▶ <b>Stop taking these medications:</b> Pradaxa (Dabigatran) Xarelto (Rivaroxaban) Eliquis (Apixaban)</li> </ul> <p><b>If we have not called you to tell you your Co-Pay, please call our office (951) 652-2252.</b></p>	<ul style="list-style-type: none"> <li>▶ <b>8:a.m.:</b> Begin clear liquid diet, no milk, no dairy, no orange or red juices.</li> <li>▶ <b>Hydrate:</b> Drink at least 4 large glasses of water throughout the day.</li> </ul>  <ul style="list-style-type: none"> <li>▶ <b>3 p.m.:</b> Take 4 tablets included in prep kit. Swallow with water, do not chew or crush. Add drinking water to the top line on the bottle included with prep kit, shake to dissolve. Do not drink yet!</li> <li>▶ Complete <b>1st Enema</b></li> <li>▶ <b>Wait for bowel movement!</b></li> <li>▶ After bowel movement, drink 8oz glass every 10 minutes, until all solution is gone.</li> <li>▶ No Eating or Drinking once complete.</li> </ul> <p><b>Stop taking these medications:</b> Lovenox (Enoxaparin) Arixtra (Fondaparinux)</p>	<ul style="list-style-type: none"> <li>▶ <b>NO DRINKING or EATING, this includes water!</b></li> <li>▶ Complete <b>2nd Enema.</b></li> <li>▶ You may take your essential morning medications with a <b>FEW SMALL SIPS</b> of water.</li> <li>▶ <b>Bring:</b> Responsible driver, Insurance Card, Photo ID, and Co-Pay fees.</li> <li>▶ <b>Note:</b> The quality of your prep is the one thing you can control and will give the doctor the best view possible without having to repeat the procedure.</li> </ul> <p>Initials: <input style="width: 50px; height: 30px;" type="text"/> Your initials confirm that you have been given this information.</p>

**You will receive a call from our office the evening prior to your appointment. Monday-Friday between 12:00 p.m. - 3:00 p.m. for your procedure check-in time.**



**PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS**

- Co-Payment or any money due prior to your procedure must be paid in cash, credit or money order.
- The entrance to the Hemet Endoscopy Center is around the back of the parking lot, Suite #104.

➤ **Discontinue all blood thinners below:**

Coumadin (Warfarin)	3 days prior to procedure
Plavix (Clopidogrel)	7 days prior to procedure
Lovenox (Enoxaparin)	24 hours prior to procedure
Arixtra (Fondaparinux)	24 hours prior to procedure
Pradaxa (Dabigatran)	2 days prior to procedure
Xarelto (Rivaroxaban)	2 days prior to

➤ **If Diabetic please follow these guidelines:**

If taking Lantus or long acting Insulin, take only a 1/2 dose at midnight before your procedure, and **bring Insulin with you the day of procedure.**

Glimepiride (Amaryl) hold day of procedure  
 Glucotrol (Glipizide) hold day of procedure  
 Actos (Pioglitazone)  
 Invokana (Canagliflozin)  
 Januvia (Sitagliptin)

- Begin Clear Liquid Diet at 8:00 a.m. the day before your procedure.

**Clear** Liquid Diet:

<ul style="list-style-type: none"> <li>➤ WATER!</li> <li>➤ Chicken Broth</li> <li>➤ Beef Broth</li> <li>➤ Vegetable Broth</li> </ul>	<ul style="list-style-type: none"> <li>➤ Tea or Coffee (NO cream or milk)</li> <li>➤ Flavored teas</li> <li>➤ Hard Candy</li> </ul>	<ol style="list-style-type: none"> <li>1. Clear Soft Drinks (Sprite, 7-Up)</li> <li>2. Apple or White Grape Juice</li> <li>3. Popsicles (NO red or purple)</li> <li>4. Gatorade</li> </ol>
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**ABSOLUTELY NO SOLID Food!** No milk or dairy products, no orange juice, no red or purple juices.

**ABSOLUTELY NO EATING OR DRINKING THE DAY OF YOUR PROCEDURE**

- Do not plan on working or driving the rest of the day following your procedure due to sedation given during procedure.

- **Cancellation Policy:** We require a minimum of 4 working days notice of cancellation or there will be a minimum charge of \$200.

Initials:

Your initials confirm that you have been given this information.