

Procedure Information Sheet

Make sure you have this form with you when you schedule your procedure and KEEP it handy as a reference.

Your Exam is SCHEDULED ON: _____

Please **ARRIVE** at: _____

Please have NOTHING TO EAT OR DRINK, including water, after: _____.

REVIEW THIS SHEET AT LEAST 7 - 10 DAYS BEFORE YOUR SCHEDULED PROCEDURE

These are instructions that you **MUST** follow for us to ensure that your endoscopy procedure is completed correctly and that you are given the best exam possible.

1. **If you are on Blood Thinners** you will need to contact your private doctor or the doctor who ordered the test, regarding these medications. In most cases Endoscopy procedures require that you stop blood thinners like Plavix or Ticlid 7-10 days before the procedure, Coumadin for 3 days. However, every case is individual depending on why you are on blood thinners and what exact procedure you will be having. If you are reading this and your physician has not talked with you regarding whether to take or not to take your blood thinners, please call your private doctor **NOW** and discuss with him/her what to do with your blood thinners.
2. **If you are diabetic**, please consult your private doctor on how to modify your diabetes medication or insulin shots.
3. **DO** take all other regular medications you would usually take on the morning of the procedure (*example: take your blood pressure medicine for sure*) with a small amount of water. Any medication you do not have to take in the morning, do not take until after the procedure and you have returned home (*example: vitamins*).
4. **Drink plenty of liquids.** This is very important with all types of preps. **Follow the directions for your prep regarding drinking liquids.**
5. **KEEP YOUR APPOINTMENT.** If you cannot keep your appointment, please notify us within 72 hours of your appointment or you may be charged a \$75 no show/cancellation fee. Call (859) 655-4490 or (800) 448-3575 and select procedure scheduling. You may call our **CANCELLATION LINE** at (859) 655-4580.
6. **BRING A RESPONSIBLE ADULT (18 years old or older) WITH YOU.** This person **MUST STAY** here in the facility during your procedure and be available to drive you home after your recovery period. ***You will not be allowed to drive yourself. You will not be allowed to go home by taxi unless a responsible adult is here to go with you.*** If you do not have a responsible person with you, your procedure will be cancelled.
7. **Report to Tri-State Digestive Disorder Center**, which is located in the **LOWER** level of the building at 425 Centre View Blvd, Crestview Hills, Ky.
8. **Be sure to arrive at the time assigned to you** (the arrival time assigned to you **IS NOT** your procedure time (PLEASE look now at your Scheduled Date and Time of Arrival))

If you are scheduled for a COLONOSCOPY you should also follow these instructions:

9. **If you take Iron supplements** discontinue them 5-7 days before your procedure; you can restart them after your procedure is completed.
10. **If you take Lactulose, Chronulac, Krystalose, Enulose or Sorbitol; STOP these six (6) hours before you start your colonoscopy prep; restart these after your procedure has been completed.**
11. **Do not eat** any products that contain Olestra (*example: WOW potato chips*). Also avoid salads, raw or leafy vegetable and raw fruit for three (3) days prior to your procedure.
12. **The Day Before your Colonoscopy:** You should be on a clear liquid diet, beginning with breakfast. PLEASE AVOID RED colored clear liquids or gelatin. Do not drink alcohol. Dietary supplements such as Ensure or Boost are acceptable, if Diabetic have 3-4 servings of these.
 - Clear broth or bouillon (without noodles or other solids)
 - Coffee or tea (without milk or cream)
 - Soft drinks, Kool-Aid, Gatorade, Tang, Crystal light, lemonade and juices (without pulp)
 - Gelatin and Popsicles (no ice cream or yogurt, no pieces of fruit, no red colors)
13. The day of your procedure **STOP drinking** everything (including water) 1 hour prior to the time of your arrival at the facility **OR** as directed on your Prep Instructions

(PLEASE check the Date and Arrival time and REVIEW your prep sheet NOW)