

## Split Peg Prep Instructions for Colonoscopy

**DATE:** \_\_\_\_\_ **ARRIVAL TIME:** \_\_\_\_\_ Take Elevator B to **4th Floor Atrium Towers Endoscopy Lab**

**IMPORTANT:** PLEASE READ CAREFULLY. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN YOUR PROCEDURE BEING CANCELED, RESCHEDULED, OR REPEATED.

- Since anesthesia is used during the colonoscopy, it is necessary for a responsible adult (family member or friend-**18 years and over**) to accompany you home.
- **Both you and your responsible adult should be prepared to stay at the hospital at least 3 hours from check-in to discharge. If they cannot stay during your procedure, your procedure will be canceled.**
- Please pick up your prep prescription from the pharmacy in advance or **as directed by the scheduling nurse.** (Please disregard the insert instructions from pharmacy).
- **Purchase a box of Dulcolax (Bisacodyl) 5mg laxative tablets** which are over the counter. (You will only need to take four (4) tablets).

**On occasion, unforeseen circumstances may cause a delay in your procedure start time. We respect your time and appreciate your patience during these circumstances.**

- **Please leave all valuables and jewelry (including earrings) at home--please bring protective cases for eyewear and hearing aids--wear comfortable clothing.**

Medication	What to do
Anticoagulant/blood thinning medication Aggrenox, Brilinta, Effient, Eliquis, Lovenox, Plavix, Pletal, Pradaxa, Ticlid, Xarelto	Follow instructions from the scheduling nurse  <b><u>Stop taking N/A prior to the procedure</u></b>
Coumadin through Ochsner's Coumadin Clinic	Follow instructions from the Coumadin Clinic

- You may continue to take Aspirin until the day before your procedure or as directed by the scheduling nurse.
- **If you are diabetic** see the attached instruction sheet regarding your daily medication. Monitor your blood sugar while doing the bowel preparation. When you begin clear liquid diet, you may drink beverages with sugar as a source of glucose.
- *If you are a female under the age of 60, please be prepared to provide a urine sample on arrival.*

If you have any questions about the cost of the procedure, you should contact your health insurance co. as soon as possible. You can also contact Pre-Service at Ochsner for **co-pay and deductibles at 504-842-0550.**

- ✓ Please bring a picture ID, insurance card, & copayment.

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- ✓ Please make sure you look over the **clear liquid diet** and purchase any necessary items.

### Clear Liquid Diet

Water, tea/**coffee (no milk or creamer)**

Clear soda (coke/sprite, ginger ale, root beer) regular and sugar-free

Jell-O, plain or fruit flavored (no pieces of fruit or toppings)

Clear juices (apple juice, white grape juice) no pulp

Sports drinks (Gatorade, Power Aid)

Clear broth soups (100% fat free beef, chicken, or vegetable)

Snowball, popsicles (no pieces of fruit, toppings or pulp)

- **Avoid dairy products (milk, creamer or smoothie) of any kind (liquid or powder)**
- **Do not drink alcohol, RED colored liquids, or drinks containing pulp**
- **No gum chewing or hard candy on **day of procedure****

The day before procedure **DATE:** \_\_\_\_\_

Upon awakening mix your entire container of prep with lukewarm water and refrigerate.

- Begin clear liquid diet. (Refer to clear liquid diet on page 1 to check which drinks are allowed).
- Drink at least 8 glasses of water during the day to avoid dehydration.
- Drink at least 6 to 8 glasses of clear liquids from time you wake up until you begin your prep and then continue until bedtime to avoid dehydration.
- **NO SOLID FOODS**

**12 pm (NOON)**

**Take four (4) Dulcolax (Bisacodyl) tablets with at least 8 oz. or more of clear liquids.**

**6 pm**

**Drink half of the prep within 1 hour  
Refrigerate remaining half of prep**

- ✓ You may continue clear liquids after this step.

*It is not uncommon to experience some abdominal cramping, nausea and/or vomiting when taking the prep. If you have nausea and/or vomiting while taking the prep, stop drinking for 20 to 30 minutes then resume.*

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The day of the procedure **DATE:** \_\_\_\_\_ at \_\_\_\_\_ **am**

- Drink the 2<sup>nd</sup> half of the prep within 1 hour.
- **You must be finished AM portion 4 hours before procedure.**
- You can continue clear liquids until \_\_\_\_\_ **am.**
  
- **6 am** If you take HEART, BLOOD PRESSURE, SEIZURE, PAIN, LUNG (including inhalers/nebulizers), ANTI-REJECTION (transplant patients) or PSYCHIATRIC MEDICATIONS, please take the morning of procedure with a **sip of water** except for **diabetic (if asked to hold)**.
  - ✓ **If you take your medications at a different time other than in the morning, please take medications at your regular scheduled times as directed by your doctor.**
  - ✓ **If you begin taking any **blood thinning medications**, please contact the scheduler listed below as soon as possible.**

If you have questions regarding the prep or need to reschedule please call

**Endoscopy Scheduling Department (504) 842-4030** between the hours of 7am and 5pm. For problems related to your prep between 5pm and 7am contact Ochsner On-call at (504) 842-3155 or 1-800-231-5257.

Notes: \_\_\_\_\_