

Some Reminders

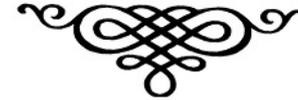
1. You will need someone to drive you home after the procedure.
2. No nail polish on either pointing finger, for the purpose of monitoring oxygen level during procedure.
3. Please remember to bring the following:
 - ◆ Current Insurance Card
 - ◆ Co-Pay
 - ◆ List of Medications
 - ◆ These orders
 - ◆ Current drivers license/ID

It is important that you remain well hydrated after the procedure. You should try to drink at least 32 ounces of clear fluid within 8 hours after the procedure.

YOUR PROCEDURE WILL BE DONE AT THE FOLLOWING FACILITY:

- LOHMAN ENDOSCOPY CENTER**
4381 E. LOHMAN AVE, STE A
LAS CRUCES, NM 88011 575-522-3220
- MEMORIAL MEDICAL CENTER**
2450 S. TELSHOR BLVD
LAS CRUCES, NM 88011 575-522-8641
- MT. VIEW REGIONAL MEDICAL CENTER**
4311 E. LOHMAN AVE.
LAS CRUCES, NM 88011 575-556-7600
- MT. VIEW SURGERY CENTER**
4351 E. LOHMAN AVE, STE 102
LAS CRUCES, NM 88011 575-532-3305

COLONOSCOPY INSTRUCTIONS AM



Thomas V. Nattakom, M.D.
Dr. Kai Noshirwani
Dr. Jean-Pierre Reinhold

Patient Name: _____

Date of Procedure: _____

Arrival Time: _____ Procedure Time: _____

RESCHEDULING PROCEDURES

As a courtesy please notify our office at least 2-3 days prior to your procedure if you need to cancel or reschedule. A fee of \$50 may/will be applied if you do not show for your procedure. Your timely notification will allow us to accommodate another patient. Please call our office if you have any questions (575-522-7697).

THANK YOU!

Colonoscopy and endoscopy are very safe procedures; however, there are minimal risks as with any diagnostic procedure. These risks include perforation, bleeding, infection or side effects from the sedatives.

TWO DAYS BEFORE: AVOID FRUITS, VEGETABLES, AND NUTS

PREPARING FOR THE COLONOSCOPY (day before)

1. On the day before the procedure you may have a regular breakfast.
2. After breakfast have CLEAR LIQUIDS ONLY for lunch and dinner. **You should consume at least 2 liters of clear liquids on the day before the colonoscopy.

CLEAR LIQUIDS INCLUDE:	
Gatorade	Broth/Bouillon
Kool-Aid	Jell-O
7UP/Sprite	Popsicles
Apple Juice or Tea	Coffee (without milk or creamer)
AVOID LIQUIDS/FOODS THAT ARE RED IN COLOR	

LAXATIVE USE INSTRUCTIONS FOR AFTERNOON PROCEDURES

It is important that you follow the instructions carefully and finish all of the preparation. Only a well-prepared colon will enable us to find all potential abnormalities and will make the procedure safer.

PREPARATION/LAXATIVE: 4 LITERS GOLYTELY

ON THE DAY BEFORE THE PROCEDURE start drinking the Golytely at 4 to 8 pm.

**Drink 8 ounces (240 ml) every 10 minutes until you have consumed 2 liters (followed by 16 ounces of fluid, at least)

ON THE DAY OF THE PROCEDURE finish drinking the remaining 2 liters of Goytely between 6am and 8am for appts at 2:30pm or earlier 7 am and 9am for appts at 3pm or later

PREPARATION/ LAXATIVE: MOVI PREP

ON THE DAY BEFORE THE PROCEDURE start drinking the MoviPrep at 5pm. **Drink 8 ounces (240ml) every 15 minutes until you have drank 1 liter (followed by 16 ounces of fluid, at least)

ON THE DAY OF THE PROCEDURE finish drinking the remaining 1 liter of MoviPrep between 6am and 8am for appts at 2:30pm or earlier 7am and 9am for appts at 3pm or later.

IMPORTANT REMINDERS BEFORE THE PROCEDURE

1. You must remain on an empty stomach on the day of the procedure, with the exception of the laxative and clear liquids.
2. You may have clear liquids up to 3 hours before the procedure.
3. You may take the following medications on the day of the procedure:
blood pressure medication
anti-seizure medications
4. If you are insulin or diabetic pills, do not take the medication the night before or on the day of the procedure; bring the insulin/pills with you to you appointment.

BLOOD THINNING MEDICATIONS

1. If you take aspirin daily, you will not stop taking it for any procedure
2. If you take one of the following medications, you will have specific instructions on when to stop taking it or if you should continue taking it:
 - **PLAVIX (CLOPIDROGEL)**
 - **COUMADIN (WARFARIN)**
 - **PRADAXA (DABIGATRAN)**
 - **EFFIENT (PRASUGREL)**
 - **XARELTO (RIVAROXABAN)**
 - **AGGRENOX OR TICLID**

Continue take your _____

You will hold your _____

for _____ days prior to the procedure.