

Calvert Internal Medicine Group
Gastroenterology Department
Dr. Y. Renee Bright
Dr. Dolores Rhodes-Height

Dear _____,

You are scheduled to have an EGD with Dr. Bright/Dr. Rhodes-Height on _____ at _____ . Your procedure will be done at Calvert Digestive Disease Associates located at 985 Prince Frederick Blvd Suite 104 in Prince Frederick (same building as Calvert Internal). **Please arrive 60 minutes prior to your appointment time!**

____ If you are not vaccinated for COVID-19, you are required to be tested no sooner than 5 days prior to your procedure. Please have your test done between _____. CIMG GI Dept will contact you to get scheduled for your test about 1 week before the procedure date.

If you are a female and have not had a hysterectomy or have not been completely menopausal for at least 12 months, **you must get a blood pregnancy test drawn between _____ to minimize delays in your procedure.** Please have your lab work done at any Calvert Internal Medicine Group location (Dunkirk, Prince Frederick, Solomons). **Lab work is done on a walk-in basis.**

Because of the sedation, you will NOT be able to drive yourself or the remainder of the day of procedure. Please plan in advance for your driver to stay from check-in until discharge. **If no transportation is available at the time of your procedure, it will be cancelled.** Taxis, Uber, Smart Ride, Lyft, and public transportation are NOT acceptable options.

Please read your prep instructions carefully (on the next page). If applicable, please stop taking gel-capsule vitamins (like fish oil), NSAIDS (ibuprofen, Advil, Aleve, Naproxen), arthritis medications, iron supplements, or blood thinners such as coumadin or Plavix, **please stop taking them 5 days prior to procedure.** Aspirin and Tylenol are acceptable. **Any regularly prescribed medications may be taken until 3 hours before procedure time.**

Please bring: any inhalers, a list of your medications with dosages, insurance cards, and a referral if your insurance requires one. Please leave all jewelry at home (including body piercings). If there are any changes in your medical history between the time of scheduling and procedure, please inform your physician. **If you are a smoker, please refrain from smoking the day of your procedure until your procedure is finished.**

If you have any questions or need to cancel/re-schedule your procedure for any reason, please call 410-414-5309 option 2 between 9am-4pm Monday-Friday. If you need assistance with your prep AFTER HOURS, call the hospital at 410-535-4000 to have your Gastroenterologist paged.

Instructions for your upper endoscopy:

Please read all instructions.

*If you require antibiotics before routine dental work, or a diabetic taking insulin or pills, taking blood thinners or have cardiac stents, consult your physician for additional instructions before beginning this procedure.

***Nothing to eat after midnight. You may have clear liquids up to (3) hours before this test. DO NOT DRINK AFTER _____**

Clear Liquids:

Strained fruit juices without pulp (apple, white grape, lemonade)

Water

Clear broth or

bouillon

Coffee or tea (without milk or creamer), sugar is okay

Gatorade (avoid red and purple)

Soda (Pepsi, Sprite, Diet, etc.)

Kool-aid or other fruit drinks (avoid red/purple)

Plain Jell-o (without fruit or toppings, avoid red/purple)

Ice popsicles (avoid red/purple)

NO SOLID FOOD, MILK, MILK CONTAINING PRODUCTS, RED OR PURPLE, PULP OR ALCOHOLIC BEVERAGES.

*Bring a list of all medications you are taking along with dosages.

*Please bring your insurance card(s) so that the hospital may make a copy.

Also, bring your referral from your primary care provider if your insurance requires one for payment.

*Take your regularly prescribed medication up to three (3) hours before your procedure is scheduled with a small sip of water or you may bring your medications with you to take following the procedure. (Please bring all inhalers with you.)

Calvert Internal Medicine Group:

Gastroenterology Department

Dr. Bright and Dr. Rhodes

985 Prince Frederick Blvd., Suite 105

Prince Frederick, MD 20678

Phone: 410-414-5309 * Fax: 410-414-6179

Effective February 18, 2013:

Due to an increasing amount of cancellations the day before scheduled procedures, there will be a charge of **\$150**, if you do not cancel your procedure without a **48 business hour** notice. (For example, if you are scheduled on a Monday, you will need to cancel by the Thursday prior.) This is to allow our staff to fill the appointment with someone else in time to prep for the test.

If you are having difficulties with preparing for the test (after office hours), please contact the physician by calling 410-535-4000.

Thank you for your understanding,

Calvert Internal Medicine Group

Calvert Internal Medicine Group
Gastroenterology Department
Dr. Y. Renee Bright
Dr. Dolores Rhodes-Height

Dear _____,

You are scheduled to have a flex sigmoidoscopy with Dr. Bright/Dr. Rhodes-Height on _____ at _____ . Your procedure will be done at Calvert Digestive Disease Associates located at 985 Prince Frederick Blvd Suite 104 in Prince Frederick (same building as Calvert Internal). **Please arrive 60 minutes prior to your appointment time!**

____ If you are not vaccinated for COVID-19, you are required to be tested no sooner than 5 days prior to your procedure. Please have your test done between _____. CIMG GI Dept will contact you to get scheduled for your test about 1 week before the procedure date.

If you are a female and have not had a hysterectomy or have not been completely menopausal for at least 12 months, **you must get a blood pregnancy test drawn between _____ to minimize delays in your procedure.** Please have your lab work done at any Calvert Internal Medicine Group location (Dunkirk, Prince Frederick, Solomons). **Lab work is done on a walk-in basis.**

Because of the sedation, you will NOT be able to drive yourself or the remainder of the day of procedure. Please plan in advance for your driver to stay from check-in until discharge. **If no transportation is available at the time of your procedure, it will be cancelled.** Taxis, Uber, Smart Ride, Lyft, and public transportation are NOT acceptable options.

Please read your prep instructions carefully (on the next page). If applicable, please stop taking gel-capsule vitamins (like fish oil), NSAIDS (ibuprofen, Advil, Aleve, Naproxen), arthritis medications, iron supplements, or blood thinners such as coumadin or Plavix, **please stop taking them 5 days prior to procedure.** Aspirin and Tylenol are acceptable. **Any regularly prescribed medications may be taken until 3 hours before procedure time.**

Please bring: any inhalers, a list of your medications with dosages, insurance cards, and a referral if your insurance requires one. Please leave all jewelry at home (including body piercings). If there are any changes in your medical history between the time of scheduling and procedure, please inform your physician. **If you are a smoker, please refrain from smoking the day of your procedure until your procedure is finished.**

If you have any questions or need to cancel/re-schedule your procedure for any reason, please call 410-414-5309 option 2 between 9am-4pm Monday-Friday. If you need assistance with your prep AFTER HOURS, call the hospital at 410-535-4000 to have your Gastroenterologist paged.

*****You will need to purchase a total of (1) bottle of 8.3oz Miralax, 64 oz Gatorade (no red or purple) and (4) laxative tablets (any over the counter brand that is NOT a stool softener) ***** *If you are a medication-dependent diabetic, on blood thinners, have cardiac stents, or on dialysis for renal disease, please reach out for additional instructions regarding your procedure.*

Day before procedure: Drink only “clear liquids” for breakfast, lunch, and dinner as seen below. **No** solid foods, milk or milk-containing products, powdered creamer, liquids colored red or purple, or alcohol.

Clear liquids include:

Strained fruit juices without pulp (apple, white grape, lemonade), water, clear broth or bouillon, coffee, tea (avoiding creamer of any type), Gatorade, soda (pepsi, coke, sprite, etc.), kool-aid or other fruit-flavored drinks, plain jello (without fruit or toppings), ice popsicles.

*****Prep tips if needed--- chill it, sip it slowly, mix it with a clear liquid above, eat a popsicle first to numb the tongue*****

5:00pm--- Take (2) laxative tablets. Follow with (1) full glass of clear liquid.

6:00pm--- Mix the entire bottle of Miralax with a 64oz. bottle of Gatorade. Shake until completely dissolved. Only drink half of the solution (32oz). Refrigerate the rest.

7:00pm--- Take (2) laxative tablets. Follow with at least (1) full glass of clear liquid. You are encouraged to drink fluids throughout the night to avoid dehydration. **It is important to not limit yourself to only water. Your body will need electrolytes/salts from other clear liquids as the laxative takes effect.**

The day of exam at 4:00am--- Drink the remainder of the 32oz. Miralax solution, finish by 5:00am. Make sure you drink it all. You are encouraged to drink liquids until (3) hours before test time. If you notice your stools are still running brown and/or not completely liquid and clear/yellow like urine, please have your Gastroenterologist paged at 410-535-4000.

DO NOT DRINK AFTER _____. If a small amount of liquid is consumed after this cutoff time, your procedure may be cancelled. Please take any essential morning medications by this time!

Foods that are generally allowed on a low-fiber diet include:

- White bread without nuts and seeds
- White rice, plain white pasta, and crackers
- Refined hot cereals, such as Cream of Wheat, or cold cereals with less than 1 gram of fiber per serving
- Pancakes or waffles made from white refined flour
- Most canned or well-cooked vegetables and fruits without skins or seeds
- Fruit and vegetable juice with little or no pulp, fruit-flavored drinks, and flavored waters
- Tender meat, poultry, fish, eggs and tofu
- Milk and foods made from milk — such as yogurt, pudding, ice cream, cheeses and sour cream — if tolerated
- Butter, margarine, oils and salad dressings without seeds

You should avoid:

- Whole-wheat or whole-grain breads, cereals and pasta
- Brown or wild rice and other whole grains, such as oats, kasha, barley and quinoa
- Dried fruits and prune juice
- Raw fruit, including those with seeds, skin or membranes, such as berries
- Raw or undercooked vegetables, including corn
- Dried beans, peas and lentils
- Seeds and nuts and foods containing them, including peanut butter and other nut butters
- Coconut
- Popcorn

* Low fiber diet 5 days prior to the procedure.

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