

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

Dear _____,

You are scheduled to have a colonoscopy with 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 at 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 a driver is not 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 you take 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 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.

Colonoscopy Instructions

*****You will need to pick up (1) container of Gavilyte-C and Zofran from your pharmacist. Purchase Simethicone (Gas-X) and (4) laxative tablets (not a stool softener) over the counter. ***** *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*******

6:00pm- Take 1-2 tablets of Zofran.

7:00pm— Mix the entire contents of **Gavilyte-C** with water (or any clear liquid NOT red / purple) as instructed. Drink ½ of the container (approximately 2 liters) from 7-9pm (refrigerate the rest). You may use flavor additives such as non-red or purple crystal lite or add an approved clear liquid from the above list to enhance flavor if needed. **After, take (4) laxative tablets.** Follow with at least (2) full glasses of clear liquid. You are encouraged to drink fluids throughout the night to avoid dehydration.

9:00pm- take 1 tab of Simethicone.

*****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 the exam:

3:00am- Take 1-2 tablets of Zofran and 1 tablet of Simethicone.

4:00am- Drink the remainder of the **Gavilyte-C** solution finishing by 5am. 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, you will need to have your doctor 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!