

**WESTCHESTER PUTNAM GASTROENTEROLOGY**  
845-278-5223 [www.putnamgastro.com](http://www.putnamgastro.com)

**COLONOSCOPY**

**\*\*\*Please be advised that a minimum of 48 hours' notice must be given prior to the cancelation of any procedure in order to avoid a cancellation fee which is not covered by your insurance company. A time slot for you once you make your appointment and an anesthesia provider is scheduled to come to the office specially to administer your sedation. The notice we request allows appropriate and timely rescheduling of this staff when necessary. Our primary concern is efficient and cost effective care for all of our patients. Thank you for your cooperation in assigning us to meet this goal.**

Colonoscopy is a procedure used for examination of the colon or large intestine. The instrument used is a flexible tube with a lens and light guide system at the distal tip which permits video visualizing of the lining or inner wall of the colon. The hollow channel within the instrument allows for the easy passage of biopsy forceps, polyp removal devices, and other accessories that may be required in order to perform minor interventions during your examination. Medication is given into the vein by the anesthesia provider in order to make you comfortable. Any known drug allergies or prior bad reactions to medication should be reported before your procedure begins.

The procedure lasts approximately one hour (total time) and is chiefly dependent upon technical difficulty and what types of interventions need to be done (such as biopsies or polyp removals), additional time to recover from sedation may add an additional 20-30 minutes.

Many patients have no recollection of the procedure due to sedation. Verbal discharge instructions will be given prior to the administration of this sedation and written instructions which will be given upon leaving the office. **It is imperative that you not engage in any potential hazardous activity for 24 hours, including driving an automobile. YOU MUST HAVE SOMEONE TO DRIVE YOU HOME.** Your physician will discuss the findings of your colonoscopy, preferably in the company of your escort, when you are fully awake.

**RISKS**

NO procedure can guarantee 100% diagnostic accuracy and all involve some risk. Serious complications are rare and consist of tearing, injuring, or perforating (putting a hole) in the wall of colon/bleeding/infection/having a bad reaction to sedation.

More commonly, a sensation of bloating or cramping may be experienced initially after the procedure. This sensation should resolve quickly once any retained air is passed and you should feel well upon leaving the office. After discharge, **please contact immediately if you experience abdominal pain, elevated temperature, or more than a tablespoon of rectal bleeding. Report to the nearest emergency room for evaluation if you are unable to contact us for any reason.** If you have any questions about your procedure, please call the office. Our staff will be happy to assist you.

YOUR COLONOSCOPY PREP INSTRUCTIONS BEGIN ON THE NEXT PAGE  
Thank you for choosing Westchester Putnam Gastroenterology for your colonoscopy.

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**MOVIPREP FOR COLONOSCOPY**

**PLEASE FOLLOW THE OFFICE INSTRUCTIONS GIVEN TO YOU FOR YOUR PREP AND NOT THE INSTRUCTIONS ON THE MOVIPREP BOX**

**MEDICATIONS:**

- **STOP** taking any iron supplements one week prior to your procedure
- **STOP** taking **ONLY** the following medications \_\_\_ days before your procedure:  
**Blood-thinning medications:** Aggrenox, Coumadin, Persantine, Plavix, Pradaxa, Ginkoba
- For procedure scheduled before noon, take your morning medications after the examination is completed.
- For procedures scheduled for the afternoon, you may take your morning medications before 8 AM
- **DO NOT** take diabetic medication the morning of the procedure.
- Asthmatics should bring any inhalers with them to the office.
- Please **DO NOT** smoke the morning of the procedure.

**DAY BEFORE THE PROCEDURE:**

- **DO NOT** EAT ANY SOLID FOOD ALL DAY! Drink only liquids from the list provided.
- **DO NOT** drink ONLY dietetic liquids even if you are diabetic. It is helpful to drink plenty of clear liquids in order to help the laxative clean out your colon more efficiently.

**EVENING PRIOR TO THE PROCEDURE:** BETWEEN 4 P.M. AND 6 P.M. (The earlier in this range is preferred)

- Take TWO Dulcolax Laxative tablets approximately a half hour prior to the first dose of the prep. (THESE WILL NEED TO BE PURCHASED SEPARATELY FROM THE PHARMACY)
  - The MoviPrep contains a total of four pouches – two A pouches and two B pouches. Take one A pouch and one B pouch from the MoviPrep box and empty the contents into the container provided. Add one liter of lukewarm drinking water and mix. Refrigerate the container with the liquid if you wish to drink it cold. You may flavor the mixture (lemonade powder, ice tea powder) based on your taste preference.
  - **Between 4-6 p.m.** (the earlier time in this range is preferable), begin to drink the solution over one hour (one 8 ounce glass every 15 minutes). Then you must follow this with a 16 ounce glass of clear liquid of your choice. You may continue to drink any further clear liquids that you desire for the remainder of the evening.
  - Take the remaining pouch A and pouch B and empty the contents into the container that is now empty again. Add one liter of warm drinking water, mix, and refrigerate. **This second container of solution will be used on the morning of the procedure (see below).**
  - **Contact the physician on call if you have not had a bowel movement by 10PM.**

**MORNING OF THE PROCEDURE:** (FOUR HOURS BEFORE YOUR PROCEDURE TIME)

- Drink the refrigerated solution prepared the evening before and drink one 8 ounce glass every 15 minutes until completed.

- **YOU MUST FINISH DRINKING ALL LIQUIDS THREE FULL HOURS PRIOR TO YOUR SCHEDULED PROCEDURE TIME.**  
☛ **Important Note:** The final outcome of the prep should produce stools that are liquid and either clear like water OR yellowish in color.

YOU **MUST** FINISH DRINKING **ANY** KIND OF LIQUIDS (not even a sip of water is allowed!!!) **THREE** (3) FULL HOURS PRIOR TO YOUR SCHEDULED PROCEDURE TIME. IF THIS IS NOT FOLLOWED, YOUR PROCEDURE MAY BE CANCELLED.

**IMPORTANT REMINDERS FOR THE DAY OF YOUR PROCEDURE:**

- Asthmatics should bring inhalers with them. Do not smoke on the procedure day.

**CLEAR LIQUID LIST**  
**NO RED OR PURPLE DRINKS, POPS, OR JELLO PLEASE !!!!**

CLEAR SODAS (ginger ale, 7UP, cola, seltzer, sprite)

CLEAR JUICES WITHOUT PULP (apple, white grape, white cranberry)

CLEAR SOFT DRINKS (clear sports drink such as Gatorade, kool-Aid, crystal light)

ICE POPS

JELLO

CLEAR BROTHS OR CLEAR BOULLIONS

ICED TEA

HOT TEA OR BLACK COFFEE (no milk or cream)

WATER

HARD CLEAR CANDY