

ATTENTION:

The following medications **MUST** be stopped two (2) weeks prior to your sedated procedure:

Trulicity (Dulaglutide)
Ozempic (Semaglutide)
Bydureon (Exenatide ER)
Victoza (Liraglutide)
Rybelsus (Semaglutide)
Saxenda (Liraglutide)
Wegovy (Semaglutide)
Mounjaro (Tirzepatide)

If the above mentioned medication is not stopped prior to the appointment, the anesthesiologist will cancel your procedure due to possible pulmonary aspiration.

If you have questions regarding the above medications, please call the office at 410-414-5309.

Calvert Internal Medicine Group

Gastroenterology Department;

Dr. Y. Renee Bright

Dr. Dolores Rhodes-Height

Dear _____

You are scheduled to have a colonoscopy with Dr. Bright/Rhodes-Height on _____ at _____ . The procedure is at Calvert Digestive Disease Associates at 985 Prince Frederick Blvd. Suite 104, Prince Frederick, MD 20678. **Please arrive 60 minutes prior to your appointed time.**

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

Because of the sedation, you will NOT be able to drive yourself home or drive the remainder of the day. **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 canceled.** Taxi cabs, Smart Ride, Uber 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 or iron supplements, **please stop taking them 5 days prior to procedure.**

Blood thinners: Brilinta/Ticagrelor, Coumadin/Warfarin and Plavix/Clopidogrel; stop taking 5 days prior to procedure. Eliquis/Apixaban, Pradaxa, and Xarelto; stop taking 2 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 on 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 colonoscopy with Sutab:

You will need to pick up Sutab 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, have cardiac stents, or on dialysis for renal disease, please reach out to your prescribing provider for additional instructions regarding your procedure.

Day before examination:

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

Clear liquids include:

Strained fruit juices without pulp (apple, white grape, lemonade), Water, Clear chicken/beef broth or bouillon, Coffee or tea (without milk or non-dairy creamer), Gatorade, Carbonated and non-carbonated soda (Pepsi, Coke, Sprite, 7-up), Kool-aid or other fruit flavored drinks, Plain Jell-o (without fruits or toppings and not red or purple), or Ice Popsicles.

4:00pm:

-Take 1-2 tablets of Zofran, 1 Simethicone (Gas-X) and 4 laxative tablets.

5:00pm:

-Open (1) bottle of 12 tablets.

-Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes.

-Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

-Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

-Continue to drink clear liquid through out the evening.

Day of colonoscopy:

2:00am:

-Take 1-2 tablets of Zofran and 1 Simethicone (Gas-X).

3:00am:

-Open second bottle of 12 tablets.

-Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount of water over 15-20 minutes.

-Approximately 1 hour after the last tablet is ingested, fill the provided container again with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

-Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.

Continue to drink clear liquids until (3) hours before exam time.

DO NOT DRINK AFTER _____ AM/PM. If a small amount is consumed, your procedure may be canceled.

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.

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