

**PINEHURST MEDICAL CLINIC ENDOSCOPY CENTER**  
**PHONE: 910-235-3177**

**Appointment Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_

**Location:** 15 Regional Dr Pinehurst NC **Physician:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**GALLON SPLIT DOSE PREP:**

Please read the following instructions carefully.

**Special Medication Instructions**

If you take any blood thinners such as **Coumadin, Plavix, Effient, Eliquis, Xarelto, Brilinta, Aggrenox, Arixtra, Sayvaysa or Pradaxa** and you did not see one of our GI providers in clinic, please contact our office immediately. You will need special instructions concerning these medications.

**Diabetic Patients: DO NOT TAKE** oral diabetic medications or short acting insulin the day before your procedure. If you normally take long acting insulin in the evening, check your blood sugar. If your blood sugar is above 100, take ½ your normal dose of long acting insulin. **DO NOT TAKE** any diabetic medications the morning of your procedure. Please contact our office and ask to speak with a nurse if you have questions concerning your diabetic medications during this period of time.

**One Week Prior to Your Colonoscopy**

Stop taking **Iron tablets**. This does not include multivitamins.  
No foods with **Olestra** listed as an ingredient (WOW Chips, etc.)

**Three Days Prior to Your Colonoscopy**

You will need to **avoid** fruits and vegetables with seeds and skins such as tomatoes and grapes, roughage foods such as leafy green vegetables or salads, and all beans, corn, and nuts. You **may** eat MEAT, WHITE BREAD, PASTA, RICE, and POTATOES.

**GALLON PREP SPLIT DOSING INSTRUCTIONS**

This prep will be divided into two doses. You will drink half of the container the evening before the colonoscopy and drink the remaining half on the day of the colonoscopy. Please read the following instructions carefully.

**One Day Before your Colonoscopy**

**Drink only clear liquids for breakfast, lunch, and dinner. No solid foods allowed. Avoid dairy products or anything red or purple.**

**Clear liquid list**

Water or seltzer, tea or black coffee **NO** milk or non-dairy creamer. You may have sugar or sugar substitute.

Soft Drinks -Regular or diet sodas (orange, ginger ale, cola, Sprite, 7-Up, etc)

Sports drinks or clear-colored fruit drinks without pulp - Gatorade, Crystal Light, apple juice, etc.

Broths - chicken, beef, or vegetable (without any solid food such as meat, noodles, rice, or vegetables)

Desserts - Jell-O (lemon, lime, orange; no fruit or toppings), popsicles, Italian ice

Prepare Gallon Prep by picking one flavor pack. Tear open and pour in jug. Fill the jug with lukewarm water up to the "Fill Line" indicated on the jug. Shake well and place jug in the refrigerator.

### **FIRST DOSE:**

**Beginning at 6:00** pm drink 1 (8 oz) glass every 10 minutes until the bottle is half empty (this is usually 8 glasses). The total amount will be 2 liters. Refrigerate the remaining amount. Make sure you drink additional liquids to ensure proper hydration. Bowel movements usually begin 1-4 hours after the first glass of prep.

### **SECOND DOSE:**

**At least five hours** before your procedure drink the remaining solution - drink 1 (8 oz) glass every 10 minutes until the bottle is empty (this is usually 8 glasses). Make sure you drink additional liquids to ensure proper hydration. You may continue drinking clear liquids **up to 3 hours before** your procedure. Then nothing by mouth.

You May Take the Following Medications with a small sip of water before your procedure:  
Blood Pressure, Heart, Asthma, Breathing, Seizure, Anti-Depressants, and Thyroid Medications

### **ADDITIONAL INSTRUCTIONS:**

1. Bring a list of your medications with the dosages to your procedure appointment.
2. Please bring a photo ID and your insurance card(s).
3. Wear comfortable clothes that are easy to get into and out of. You may want to wear or bring socks.
4. Your driver may want to bring a drink and/or snack. We do not have vending machines in the waiting room.
5. Do not wear fingernail polish.
6. Do not wear necklaces, chains, bracelets, or earrings. You may wear your wedding band and a watch.
7. Please remove nose and/or tongue piercings prior to your procedure.

### **YOU MUST HAVE A RESPONSIBLE DRIVER ACCOMPANY YOU!**

The Driver must stay in the waiting area. Patients cannot be dropped off and picked up later.  
Procedures will be delayed until the designated driver is in the waiting room.

### **What To Expect Prior To Your Appointment**

#### **CONFIRMATION OF APPOINTMENT:**

1. You will receive an automated telephone reminder two weeks prior to the scheduled date of your procedure. During this phone call you will be able to confirm your appointment. If you do not get this call you must call us at (910) 235-3177 to confirm your appointment.
2. You must confirm your appointment no later than 7 days prior to your procedure date. If you do not, your procedure will be cancelled.
3. If you confirm your appointment and then fail to arrive for your procedure and you have not given us at least 72 hour notice you will be charged \$100.00 for not keeping your procedure appointment.
4. Please review these instructions carefully and write down any questions you may have. It is very important that you begin to follow these instructions at least 10 days prior to your appointment to ensure that you understand it and are able to follow the directions. We may be reached at (910) 235-3177 if you have additional questions.

#### **THE BUSINESS DAY BEFORE YOUR PROCEDURE:**

You will receive a phone call from one of our nurses to remind you of your arrival time.

**NOTE:** This is an elective procedure. Patients must be aware that delayed complications may occur after the procedure especially if polyps are removed or biopsies are taken. The risk of complications is very low however the doctors recommend that you avoid travel for 14 days after your procedure.