Welcome to our practice! We are delighted to have you here. To ensure that your procedure goes smoothly, **PLEASE READ THE FOLLOWING INFORMATION IN ITS ENTIRETY,**

**WHEN YOU RECEIVE YOUR PACKET.**

**Procedure Locations-** Procedures **ARE NOT** performed in our office

* **Alabama Digestive Health & Endoscopy Center (ADHEC)**

Address: 2018 Brookwood Medical Center Dr., Birmingham, AL 35209

* **Grandview Endoscopy Center (Physician's Plaza I)**

Address: 3686 Grandview Parkway #610., Birmingham, AL, 35243

* **Grandview Medical Center**

3690 Grandview Parkway, 4th Floor “Outpatient Surgical Services”, Birmingham, Al. 35243

* **Outpatient Services East (OSE)**

**\*FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME\***

Address:52 Medical Park Dr E #401, Birmingham, AL 35235

* **Prattville Baptist Medical Center (Outpatient Registration)**

**\*FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME\***

Address: 124 S. Memorial Dr., Prattville, AL 36067

* **Shelby Ambulatory Surgery Center (Located in the Physician’s Center)**

Address: 1010 1st Street North #140., Alabaster, AL 35007

* **St. Vincent’s Blount**

**\*FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME\***

Address: 150 Gilbreath Dr., Oneonta, AL 35121

* **St. Vincent's St. Clair**

**\*FACILITY WILL CALL YOU THE DAY BEFORE WITH THE ARRIVAL TIME\***

Address: 7063 Veterans Parkway, Pell City, AL 35125

**Procedure Checklist:**

* Arrange for a driver to stay the duration of your procedure (approximately 2-4 hours)
* Bring your driver’s license and insurance card.
* Bring a current list of your medications.
* Do not bring valuables and please remove all jewelry before arriving at the procedure center.
* Please do not wear lotion or perfume.
* Wear comfortable, loose-fitting clothing to your procedure.

**IMPORTANT INFORMATION**

-Please contact our office if you take a **blood thinner** and have not been instructed when to hold this medication.

- On the morning of your procedure, you may take your **heart, seizure, blood pressure, and reflux medications** with a **sip of water**.

- **Do not** use any of the following products 6 hours prior to your arrival: **cigarette, dip, or vape**.

- If you currently take or start taking any **GLP-1** medications, orally or by injection, for weight loss or diabetes and have not been instructed when to stop taking them, please contact our office.

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| --- | --- | --- | --- | --- | --- |
| **DAILY MEDICATIONS** | **Adlyxin** (Lixisenatide) | **Byetta**  (Exenatide) **\*\*\*Jardiance\*\*\***  (Empagliflozin) | **Rybelsus**  (Semaglutide) | **Saxenda**  (Liraglutide) | **Victoza**  (Liraglutide) |
| **WEEKLY MEDICATIONS** | **Bydureon**  (Exenatide) | **Mounjaro or Zepbound**  (Tirzepatide) | **Ozempic**  (Semaglutide) | **Trulicity**  (Dulaglutide) | **Wegovy**  (Semaglutide) |

**\*\*\* For patients that take Jardiance daily, hold the medication 3 days prior to the procedure.**

* For patients that take GLP-1 medications **DAILY**, hold the medication the **DAY** of the procedure.
* For patients that take GLP-1 medications **WEEKLY**, hold the medication **1 WEEK** prior to the procedure.

**\*\*For all patients on a GLP-1, undergoing either an EGD, Colonoscopy, or Flexible Sigmoidoscopy, you must be on a clear liquid diet only the entire day before the procedure.\*\***

**- If you have diabetes**: Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Typically, we recommend that you do not take your oral hypoglycemic or insulin the morning of your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure.

**If you have any questions, please call your provider's office.**

**Timeline for Colonoscopy**

**Shopping List:**

* **Please go ahead and purchase your Prep / have your prep prescription filled. Even if this appointment is several months ahead.**
* Plan a trip to the grocery store to stock up on the low-fiber, low-residue foods listed in this packet as well as the ALLOWED clear liquids (see below)
* Due to frequent trips to the bathroom, moist toilet paper wipes and Vaseline, Desitin or Calmoseptine may help soothe a sore bottom
* Drinking straws may help with the prep intake (they help bypass the taste buds on the front of the tongue)
* Anti-gas tablets (Gas-X, etc.) may help with the bloating

**Clear Liquids Allowed:**

* Gatorade or PowerAde (no red or purple)
* Clear fruit juices (white grape juice or apple juice)
* Water
* Kool-Aid (no red or purple)
* Clear soup (broth or bouillon)
* Popsicles (no red or purple)
* Tea or coffee (no cream or milk)
* Jello-O (no red or purple)
* 7-Up, Sprite, Pepsi/Coke-Diet or Regular, Ginger Ale
* Boose Breeze or Ensure Clear (dairy-free)

**5 Days Prior to Your Procedure**

* Stop taking any iron, fiber, herbal supplements, or multivitamins
* Stop taking aspirin that is not prescribed by a doctor for a specific medical reason.

**3 Days Prior to Your Procedure**

Start the Low Residue Diet below. Following this diet will help your doctor see as much of your colon as possible. Residue on the colon may make it difficult to detect possibly cancerous polyps and lesions.

**Low Residue Diet with foods to AVOID**

* Corn of ANY kind
* Raw or dried fruits and vegetables, especially anything containing seeds, skins, stalks, or pulp:
* salads, broccoli, brussels sprouts, cauliflower, cabbage, onions, asparagus, raw carrots, tomatoes, okra, cucumbers, squash, etc.
* berries, oranges, grapefruit, kiwi, apple skins, prunes, figs, dates, raisins

Fruit juice with pulp (including prune juice)

* Peas and beans (black-eyed peas, black, lima, pinto, butter, navy, northern beans, etc.)
* Seeds: sunflower seeds, sesame seeds (including on hamburger buns)
* Nuts: peanuts, walnuts, pecans, almonds, pistachios, etc.
* Bread products containing whole grains and/or bran:
  + multi-grain bread, whole wheat bread or crackers
  + any breads or crackers containing nuts, seeds, or fruit
  + granola, high fiber cereals, oatmeal, cereal with seeds, nuts, dried fruit, or coconut
* Tough, fibrous meats

**Low Residue Diet with RECOMMENDED Foods:**

* Strained juices (no pulp), coffee, tea, carbonated beverages, milk
* Ripe bananas
* Tender **cooked** and canned vegetables without skins or seeds: carrots, asparagus tips (no stalks), green beans, spinach
* Well-cooked tender meats such as beef, lamb, ham, pork, fish, chicken
* Smooth (not chunky) peanut butter
* White breads (avoid multi-grain or anything with seeds) including rolls, biscuits, muffins, crackers, waffles
* White rice, pasta, potatoes (without skin)
* Low fiber cereals (Rice Krispies, Corn Flakes, etc.)
* Bouillon, broth, cream soups, soups made with approved vegetables
* Eggs, yogurt, cheese, cottage cheese
* Sorbet, popsicles, ice cream

**Day Before Your Procedure:**

**IF YOU ARE ON GLP-1 MEDICATION FOR DIABETES OR WEIGHT LOSS, YOU ARE CLEAR LIQUIDS ONLY.**

**Day Before Your Procedure:**

* Eat a Low Fiber Breakfast**. Finish eating by 9am.**
  + **Easy to Prepare Option (choose only one option below):**
    - 2 eggs (fried, over easy, scrambled, or boiled)
    - 2 white bread slices (not high fiber) **OR** 1 plain bagel with butter **OR** cream cheese
  + **Healthy Option (choose only one option below):**
    - 2/3 cup plain yogurt (no berries, seeds, or nuts)
    - 1 banana.
  + **Restaurant Option (choose only one option below):**
    - 1 egg McMuffin (do NOT eat the Canadian Bacon)
    - 1 plain bagel with butter **OR** cream cheese

**\*\*After breakfast, proceed to following your Prep Instructions on the next page\*\***

**SuFlave Prep Instructions**

**The Day Before Your Procedure:**

* **At 6:00pm,** open **one (1) flavor packet** and pour the contents into one (1) bottle. Fill the provided bottle with **LUKEWARM** water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well. **For the best taste, refrigerate the solution for an hour before drinking.**
* **Follow with TWO (2) 8-ounce drinks of clear liquid over the next 5 hours.**

**After Midnight the Day of Your Procedure:**

* **NOTHING** to eat or drink other than the prep solution.
* **5 HOURS BEFORE YOUR PROCEDURE ARRIVAL TIME**, open **one (1) flavor packet** and pour the contents into one (1) bottle. Fill the provided bottle with **LUKEWARM** water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well.
* **FOLLOW with at least TWO (2) 8-ounce drinks of clear liquid taken at your own pace but completed at least 3 HOURS BEFORE YOUR PROCEDURE ARRIVAL TIME**