



GASTRO
HEALTH

COLONOSCOPY INSTRUCTIONS

◆ 419-227-0341 ◆

** CANCELLATIONS UNDER 48 HOURS OR
NO SHOWS may result in a FEE or INABILITY TO
RESCHEDULE (please refer to our Financial Policy)

PLEASE READ THESE INSTRUCTIONS CAREFULLY, AS SOON AS YOU RECEIVE THEM!!

DATE: _____ ARRIVAL TIME: _____ PROCEDURE TIME: _____
 _____ St Rita's Mercy _____ Lima Memorial Hospital _____ Bluffton Comm. Hospital _____ Mercer Comm. Hospital _____ Van Wert County Hospital
 730 W. Market St. 2nd Flr _____ 1001 Bellefontaine Ave. _____ 139 Garau St. _____ 800 W. Main St. _____ 1250 S. Washington St. (Enter Door #1)
 Lima, OH 45801 _____ Lima, OH 45804 _____ Bluffton, OH 45817 _____ Coldwater, OH 45828 _____ Van Wert, OH 45891

Additional Instructions:

General Instructions

Please let us know if you have an ***Implantable Defibrillator***
(a device that will shock the heart if it stops beating)

DO NOT eat corn or popcorn 1 (one) week before your procedure.

DIABETIC PATIENTS please follow these guidelines:

Oral antidiabetic medications – do not take the day before or day of
your procedure

Insulin –day before exam take ½ a dose in the morning or afternoon,
NO evening doses of insulin the day before exam

Sliding Scale Insulin – check blood sugar and follow the scale

You will need to **have a designated driver, WHO REMAINS IN THE
FACILITY AT ALL TIMES on the day of your procedure**, (not a taxi)
as you will be sedated and too sleepy to drive yourself home.

Consider preparing/purchasing items from the clear liquid list ahead of time
(ex. preparing Jell-O).

You will need to **PURCHASE THE FOLLOWING PRESCRIPTION**
from a drug store:

1 SUTAB Bowel Prep Kit

Day Before Examination:

- **Drink ONLY “Clear Liquids” the entire day before the colonoscopy**
- **From the time you wake up until you go to bed.**
- **Drink at least 2 quarts of “Clear Liquids”. (See the back)**
- **No Solid Foods, Milk or Milk products are allowed.**

DOSE 1:

1. At ___ 7:00 pm___ the evening before the colonoscopy, open the bottle of 12 tablets. Fill the provided container with 16 oz of water. Swallow each tablet with a sip of water and drink entire amount over 15 to 20 minutes.
2. Approximately 1 hour after last tablet is taken, fill the container and drink entire amount over 30 minutes.
3. Approximately 30 minutes after the second container of water, fill container with water and drink entirely over 30 minutes.

DOSE 2:

1. At _____ (8 hours before your colonoscopy) start Dose 2
REPEAT STEPS 1 THRU 3 FROM DOSE #1

**** YOU MUST STOP DRINKING ANY CLEAR LIQUIDS 4 HOURS
BEFORE YOUR PROCEDURE****

Day of Examination:

1. No chewing gum or tobacco products (smoking, chewing snuff, etc.)
**NO SMOKING OR INGESTION OF MARIJUANA OR ALCOHOL OF
ANY KIND WITHING 24 HOURS OF YOU PROCEDURE.**
2. If you use an inhaler, please bring it with you.
3. **4 hours before you leave for your procedure:** If you take heart, blood pressure,
and/or seizure medication (if normally taken in the morning) please take with
a small sip of water.

Clear Liquid Diet:

- Strained fruit juices, without pulp
(apple, white grape, white cranberry)
- Water
- Clear broth (chicken or beef)
- Gatorade (**NO RED**)
- Black Coffee
- Ice Popsicles
- Clear carbonated and non-carbonated
Soft drinks (7-Up, Sprite, etc.)
- Kool-Aid & fruit flavored drinks
- Plain Jell-O (**NO RED** and without
added fruits or toppings)
- Tea