

## EZ 2 GO PREP Instructions

For additional information and colon cleansings tips visit our website [www.thegi-group.com/prep-instructions](http://www.thegi-group.com/prep-instructions)

**WARNING:** TO ENSURE YOU HAVE AN ADEQUATE PREP THESE INSTRUCTIONS HAVE BEEN DESIGNED IN A SPECIFIC MANNER. PLEASE FOLLOW THEM EXACTLY AND MAKE NO ADJUSTMENTS ON YOUR OWN. EVEN IF YOUR STOOL SEEMS CLEAR CONTINUE FOLLOWING ALL DIRECTIONS. IN THE EVENT YOU EXPERIENCE ANY ISSUES WHILE PREPPING, PLEASE CONTACT OUR OFFICE IMMEDIATELY.

### SPECIAL INSTRUCTIONS:

- If you take a prescription blood thinner such as Plavix, Pradaxa, Clopidogrel, Coumadin, Warfarin, Effient, Eliquis or Lovenox ask your prescribing physician for specific instructions. If you are advised to continue this blood thinning medication, please call our office immediately
- Diabetics may continue oral medications prior to the procedure but must hold them the day of the procedure (until after the exam is completed) unless directed otherwise
- Insulin-Dependent diabetics should contact their internist or endocrinologist as insulin doses may need to be adjusted

### ITEMS YOU WILL NEED FOR YOUR PREP (see specific examples on pg. 2):

- The EZ 2 GO PREP KIT: **Bisacodyl Tablets** (4 tablets, brown pouch), **Magnesium Citrate** (powder, red pouch) **Simethicone Tablet** (1 tablet, yellow pouch), **Polyethylene Glycol** (powder, white bottle with purple cap)
- 2-32oz (64oz total) of an electrolyte based clear liquid (no red or purple, orange is OK)
- Miralax or generic polyethylene glycol (119 Grams) if you have constipation which is available over-the-counter in most pharmacies
- Baby Wipes for cleansing

### 7 DAYS BEFORE YOUR COLONOSCOPY:

- If you have constipation start taking 1 capful (17 grams) of MIRALAX daily including the day before your procedure
- Continue aspirin, if you take it, unless otherwise instructed by your physician
- Stop NSAIDS such as Advil, Motrin, Celebrex, Aleve, or Ibuprofen. Tylenol is ok to take
- Stop Vitamin E, fish oil, Omega 3 and Iron (including multivitamins with iron), all other vitamins are ok to take

### 5 DAYS BEFORE YOUR COLONOSCOPY:

- **BEGIN A LOW FIBER/LOW RESIDUE DIET**
  - OK TO EAT: Peeled and well-cooked vegetables (ex: potatoes without skin or cooked carrots), fruits without skin or seeds (ex: bananas or peeled apples), white bread, white rice, lean meats (ex: chicken or fish), dairy
  - AVOID (to the best of your ability): Raw vegetables (ex: uncooked carrots or broccoli), lettuce, corn, fruits with seeds or peel (ex: raspberries or apple peel), nuts, seeds, popcorn, oats, whole grains/breads with seeds.
  - FIBER SUPPLEMENTS: Avoid bran, flax seed, or chia seeds. Powder based supplements such as Metamucil, Benefiber, or Citrucel ok to continue taking.

### DAY BEFORE YOUR COLONOSCOPY

- You may eat 2-3 eggs and 2-4 strips of bacon/turkey bacon finishing by **9 AM**
- Mix the large bottle of Polyethylene Glycol (white bottle with purple cap) with 64 oz. of a clear electrolyte based beverage (Gatorade, Smart Water, or Crystal Lite) and refrigerate
- You may have 1-2 small yogurts (without fruit) before **12 PM/Noon (no substitutions)**
- Begin drinking acceptable clear liquids at **12 PM/Noon, you may not eat anything after this point**

**Acceptable Clear Liquids (NO RED OR PURPLE COLORING):**

Gatorade, Pedialyte, Powerade  
Smart Water or Water  
Chicken, Beef or Vegetable Broth or Bouillon  
Coffee or Tea  
Carbonated Soft Drinks  
Kool-Aid or other Fruit Flavored Drinks  
Fruit Juices Without Pulp (apple, white grape, clear cranberry)  
Jell-O, Popsicles, Hard Candy  
Clear Boost or Ensure

**Not Acceptable:**

Alcohol  
Red or Purple items of any kind  
Milk or non-dairy creamers  
Noodles or Vegetables in Soup  
Juice with Pulp (No orange juice)

- Be sure to have at least 8-10 glasses of clear liquids throughout the day to avoid dehydration
- **At 2 PM** take 2 Bisacodyl Tablets (brown pouch) which can be taken at work
- **At 5 PM** begin drinking the first 32 oz of the Polyethylene Glycol that was previously mixed with the clear liquid. Every 15-20 minutes drink 8 oz of this solution finishing the entire 32oz by **6 PM**
  - If you feel nauseous, you can take longer breaks between each glass
  - Drinking through a straw and adding ice may also help with nausea
- **At 8 PM** mix the Magnesium Citrate (red pouch) with 10 oz. of flavored clear liquid at room temperature. Mix thoroughly, add ice and drink immediately
- **At 9 PM** take the remaining 2 Bisacodyl Tablets (brown pouch) and Simethicone Tablet (yellow pouch) with water

**THE DAY OF YOUR COLONOSCOPY**

- **5 HOURS before your scheduled procedure time**, drink the remaining 32 oz of the previously mixed and refrigerated Polyethylene Glycol/clear liquid solution. Drink 8 oz of this solution every 15 minutes until the solution is consumed
- You may drink 8-10oz of black coffee or tea (no sugar, milk or cream) and water up to **4 HOURS PRIOR TO YOUR PROCEDURE TIME, nothing should be consumed after this point**
- If you take blood pressure, heart or thyroid medications you may take them in the morning with a few sips of water

**You are now ready for your procedure if you followed all of the instructions and your stool is a clear or yellow liquid and no longer formed.**

## Colonoscopy Operative Request / Consent

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1. I, \_\_\_\_\_ hereby request, consent to, and authorize **Dr. Wolke, Dr. Plotner, Dr. Axelrad, Dr. Noguera, Dr. Valle, Dr. Lakhani, and Dr Patel** (the “Practitioner”) and such surgical assistants as may be selected by him/her to perform the following procedure(s):

**Colonoscopy with possible biopsy, polypectomy.**

Risk of bleeding, perforation drug allergy, over sedation, aspiration, and need for surgery have been explained to me. The Practitioner has advised me there is a small possibility of missing lesions.

2. It has been clearly explained to me that during the course of this operation, some other conditions which had not been expected may present themselves. I recognize that if such conditions are discovered it will be necessary to do more than that which is specified in paragraph #1 above. I, therefore, authorize and request that the above named Practitioner and his/her surgical assistants perform such surgical procedures which, in their best professional judgment, will be effective in their attempt to heal and/or diagnose. This includes, but is not limited to, pathology and radiology. I further authorize the Anesthesiologist or nurse anesthetist selected by the Anesthesiologist to administer whatever anesthesia they feel is indicated; and authorize the use of blood transfusions when attending personnel feel such is required.
3. I fully understand that this operation, like any operation, is accompanied by some degree of risk and that no cure is guaranteed.
4. The nature of my (or the patient’s) condition, the nature of the procedure(s) listed under paragraph #1 above, the risks involved and whatever other choices are available to me (or the patient), if any, have been explained by a representative of The Gastroenterology Group, P.C. a member of Advanced Digestive Care, LLC and I have been given the opportunity to ask any questions that I may have regarding that explanation and my questions have been answered satisfactorily.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Next of Kin or Guardian

\_\_\_\_\_  
Date

PHYSICIAN’S STATEMENT:

*I have personally explained, in non-technical terms, the proposed procedure to the patient, and/or relative/guardian, the major risks or consequences of this procedure, and any alternatives.*

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date