

DRS: TAMIMI, COLLIER, BIGORNIA, GLAZIER, MIRCHANDANI,
MENADIER

The Endoscopy Center of Ocean County
477 Lakehurst Road

The Endoscopy Center of Toms River
473 Lakehurst Road

Toms River, New Jersey 08755
Phone 732-349-4422 Fax 732-349-8126

GENERAL COLONOSCOPY INSTRUCTIONS

It is very important for you to **read and follow these instructions**. Failure to do so may result in cancellation of your procedure. Please keep them in a place where you can find them to **review again, ALONG WITH THE COLONOSCOPY PREPARATION INSTRUCTIONS, one week prior to your test date.**

- ✓ Report to the Endoscopy Center at _____ am pm____. No sooner please. This is an **approximate** time. You will be notified if there is a change in time due to cancellations, emergencies and the doctor's schedule. If you cannot be flexible, your procedure may be cancelled.
- ✓ Someone **must drive you home following your procedure. No driving is permitted until the day following your procedure.** Unaccompanied discharge home via public transportation or taxi is discouraged, and permitted only if you have discussed it ahead of time with your physician, who must approve it.
- ✓ You will be here for approximately 2 hours.
- ✓ **REMEMBER: Nothing at all by mouth for 4 hours prior to your procedure.**
 - If your procedure is scheduled in the early morning (8:00am-10:30am,) you must **have nothing by mouth after 4 a.m. on the day of your procedure.**
 - If your procedure is scheduled for 11:00am. or later, you may **have clear liquids only BEFORE 7:00am, then nothing at all by mouth.**
 - **SEVEN DAYS PRIOR TO YOUR PROCEDURE FOLLOW A LOW RESIDUE DEIT; NO marijuana usage the day PRIOR and DAY OF PROCEDURE; NO tobacco use the day of your procedure.**

MEDICATION INSTRUCTIONS:

- ✓ Please bring the completed [Patient Medication List](#), even if you do not take any medications. You **should list every medication you take on a regular basis**, including Over the Counter drugs and herbals.
- ✓ If you normally take ASPIRIN, BABY ASPIRIN, ECOTRIN, or products that may thin your blood e.g.: (Motrin, Aleve, Advil, Herbal Supplements, and Vitamin E), or **BLOOD THINNERS (COUMADIN, XARELTO, PLAVIX, etc.), make sure that you have advised the physician. You will be given SPECIFIC INDIVIDUAL INSTRUCTIONS REGARDING THESE MEDICATIONS.** If you are not sure what to do, please call the office.
- ✓ GLP-1 Stop taking one week prior for weekly doses, and one day prior of daily doses
- ✓ **If you take IRON, please hold it for 1 week prior to procedure.**
- ✓ **TYLENOL is permitted.**
- ✓ Take all other medications until day of test.
- ✓ **It is extremely important** that you **TAKE only blood pressure, heart, lung and seizure medications** on the morning of the procedure with a sip of water.
- ✓ **If you are diabetic**, please test your blood sugar at home before coming in. Postpone diabetic medications until after procedure that day or as directed by doctor.
- ✓ Over the counter topical ointment/cream may be used for rectal discomfort.

ADDITIONAL INSTRUCTIONS

PLEASE: FOR YOUR SAFETY:

- ✓ If you have **dentures**, you will need to remove them at the time of the procedure. (We provide a denture cup.) Please don't use denture adhesive that day.
- ✓ **NO Contact Lenses.** (Remove them at home)
- ✓ **No jewelry.** (Wedding bands are OK)
- ✓ **No makeup.**
- ✓ **If you have respiratory problems, sleep apnea and use a CPAP machine, and/or use inhalers, please bring them with you.**
- ✓ **Females of childbearing age:** Be advised, a Urine dip stick pregnancy test will be performed on admission. If positive your procedure will be cancelled.
- ✓ **Any changes in your insurance MUST be submitted at least 1 week prior to your procedure**
- ✓ If you need to cancel or reschedule your appointment, **you must give at least 72 hours notice. If you cancel with less than 72 hours notice, you will be charged a \$100.00 cancellation fee, which is not covered by insurance.**