

ATTENTION:

The following medications **MUST** be stopped
two (2) weeks prior to your sedated procedure:

Trulicity (Dulaglutide)
Ozempic (Semaglutide)
Bydureon (Exenatide ER)
Victoza (Liraglutide)
Rybelsus (Semaglutide)
Saxenda (Liraglutide)
Wegovy (Semaglutide)
Mounjaro (Tirzepatide)

If the above mentioned medication is not stopped prior to the appointment,
the anesthesiologist will cancel your procedure due to possible pulmonary
aspiration.

If you have questions regarding the above medications,
please call the office at 410-414-5309.

Calvert Internal Medicine Group

Gastroenterology Department;

Dr. Y. Renee Bright

Dr. Dolores Rhodes-Height

Dear _____,

You are scheduled to have a colonoscopy with Dr. Bright/Rhodes-Height on _____ at _____ . The procedure is at Calvert Digestive Disease Associates at 985 Prince Frederick Blvd. Suite 104, Prince Frederick, MD 20678. **Please arrive 60 minutes prior to your appointed time.**

If you are female and have NOT had a total hysterectomy or have not been completely menopausal for at least 12 months, **please get a blood pregnancy test drawn between _____ to minimize delays in your procedure.** Please have the blood drawn at any Calvert Internal Medicine Group location (Dunkirk, Prince Frederick, and/or Solomons) on a walk-in basis.

Because of the sedation, you will NOT be able to drive yourself home or drive the remainder of the day. **Please plan in advance for your driver to stay from check-in until discharge. If no transportation is available at the time of your procedure, it will be canceled.** Taxi cabs, Smart Ride, Uber and public transportation are not acceptable options.

Please read your prep instructions carefully (on the next page). If applicable, please stop taking gel-capsule vitamins (like fish oil), NSAIDs (ibuprofen, Advil, Aleve, Naproxen), arthritis medications or iron supplements, **please stop taking them 5 days prior to procedure.**

Blood thinners: Brilinta/Ticagrelor, Coumadin/Warfarin and Plavix/Clopidogrel; stop taking 5 days prior to procedure. Eliquis/Apixaban, Pradaxa, and Xarelto; stop taking 2 days prior to procedure. Aspirin and Tylenol are acceptable. **Any regularly prescribed medications may be taken until 3 hours before procedure time.**

Please bring: any inhalers, a list of your medications with dosages, insurance cards, and a referral if your insurance requires one. Please leave all jewelry at home (including body piercings). If there are any changes in your medical history between the time of scheduling and procedure, please inform your physician. **If you are a smoker, please refrain from smoking the day of your procedure until your procedure is finished.**

If you have any questions or need to cancel/ re-schedule your procedure for any reason, please call 410-414-5309 option 2, between 9am-4pm on Monday- Friday. If you need assistance with your prep AFTER HOURS, call the hospital at 410-535-4000 to have your Gastroenterologist paged.

Colonoscopy Instructions

*****Scripts for Suprep Bowel Prep Kit and Zofran have been faxed to your pharmacy. Purchase (4) laxative tablets (any over the counter brand that is NOT a stool softener) and Simethicone (Gas-X) ***** *If you are a medication-dependent diabetic, have cardiac stents, or on dialysis for renal disease, please reach out to your prescribing provider for additional instructions regarding your procedure.*

Day before procedure: Drink only “clear liquids” for breakfast, lunch, and dinner as seen below. **No** solid foods, milk or milk-containing products, powdered creamer, liquids colored red or purple, or alcohol.

Clear liquids include:

Strained fruit juices without pulp (apple, white grape, lemonade), water, clear broth or bouillon, coffee, tea (avoiding creamer of any type), Gatorade, soda (pepsi, coke, sprite, etc.), kool-aid or other fruit-flavored drinks, plain jello (without fruit or toppings), ice popsicles.

*****Prep tips if needed---** chill it, sip it slowly, mix it with a clear liquid above, eat a popsicle first to numb the tongue*******

5:00pm—Take 1-2 tablets of Zofran.

6:00pm— Mix the entire contents of one bottle of Suprep into the mixing container provided. Fill the rest of the container with water up to the 16oz. fill line as indicated on the container. Sip the entire amount between 30-45 minutes. Take your time! After, take (4) laxative tablets. Follow with at least (2) full glasses of clear liquid. You are encouraged to drink fluids throughout the night to avoid dehydration. Take 1 tab of Simethicone.

It is important to not limit yourself to only water. Your body will need electrolytes/salts from other clear liquids as the laxative takes effect.

The day of exam:

3:00am—Take 1-2 tablets of Zofran and 1 tab of Simethicone.

4:00am--- Mix the entire contents of one bottle of Suprep into the mixing container provided. Fill the rest of the container with water up to the 16oz. fill line as indicated on the container. Sip the entire amount between 30-45 minutes. Take your time! After, take (4) laxative tablets. Follow with at least (2) full glasses of clear liquid. You are encouraged to drink fluids throughout the night to avoid dehydration.

If your stools are still running brown and/or not completely liquid and clear/yellow like urine, please have your Gastroenterologist paged at 410-535-4000.

DO NOT DRINK AFTER _____. If a small amount of liquid is consumed after this cutoff time, your procedure may be cancelled. Please take any essential morning medications by this time!

Foods that are generally allowed on a low-fiber diet include:

- White bread without nuts and seeds
- White rice, plain white pasta, and crackers
- Refined hot cereals, such as Cream of Wheat, or cold cereals with less than 1 gram of fiber per serving
- Pancakes or waffles made from white refined flour
- Most canned or well-cooked vegetables and fruits without skins or seeds
- Fruit and vegetable juice with little or no pulp, fruit-flavored drinks, and flavored waters
- Tender meat, poultry, fish, eggs and tofu
- Milk and foods made from milk — such as yogurt, pudding, ice cream, cheeses and sour cream — if tolerated
- Butter, margarine, oils and salad dressings without seeds

You should avoid:

- Whole-wheat or whole-grain breads, cereals and pasta
- Brown or wild rice and other whole grains, such as oats, kasha, barley and quinoa
- Dried fruits and prune juice
- Raw fruit, including those with seeds, skin or membranes, such as berries
- Raw or undercooked vegetables, including corn
- Dried beans, peas and lentils
- Seeds and nuts and foods containing them, including peanut butter and other nut butters
- Coconut
- Popcorn

* Low fiber diet 5 days prior to the procedure.

Calvert Internal Medicine Group;

Gastroenterology Department

Dr. Bright and Dr. Rhodes

985 Prince Frederick Blvd., Suite 105

Prince Frederick, MD 20678

Phone: 410-414-5309 * Fax: 410-414-6179

Effective February 18, 2013:

Due to an increasing amount of cancellations the day before scheduled procedures, there will be a charge of **\$150**, if you do not cancel your procedure without a **48 business hour** notice. (For example, if you are scheduled on a Monday, you will need to cancel by the Thursday prior.) This is to allow our staff to fill the appointment with someone else in time to prep for the test.

If you are having difficulties with preparing for the test (after office hours), please contact the physician by calling 410-535-4000.

Thank you for your understanding,

Calvert Internal Medicine Group