Patient Name

Physician

Procedure Date

#### Location:

- □ **McLaren Hospital Pennsylvania** 2727 S. Pennsylvania Ave, Lansing
- McLaren Hospital- Greenlawn
   401 W. Greenlawn Ave, Lansing
- □ Sparrow Hospital1215 E. Michigan Ave, Lansing
- □ **Sparrow Health Center** 2909 E Grand River, Lansing
- □ Sparrow St Lawrence 1210 West Saginaw St., Lansing
- □ Lansing Surgery Center 1707 Lake Lansing Rd, Lansing
- □ Carson City Hospital 406 E Elm St, Carson City
- □ Hayes Green Beach Hospital 321 E. Harris St, Charlotte
- □ Eaton Rapids Specialty Clinic 1500 S. Main St, Eaton Rapids

As of 07/19/2021 MGI & CCS will implement a change to the cancelation policy for procedures.

- No fee will be assessed for 3 business days from the point of scheduling.
- $\sim$  Reschedules that occur outside the 3 day window will be charged a \$50 fee
- $\sim$  Cancellations that occur outside the 3 day window will be charged a \$100 fee
- ~Reschedule and cancellation fees must be paid prior to future scheduling.

#### **Results and Follow Up**

- Please go home and rest for the remainder of the day. Do not drive, work, or operate heavy machinery for the rest of the day.
- Your physician will discuss test results with you and your family member following the procedure at the time of discharge.
- You will be given written instructions for diet, activity, and follow up instructions at time of discharge.
- If biopsies were taken, a results letter will be sent through our patient portal. If not a member of Follow My Health Patient Portal, the letter will be mailed to you within 14 days of your procedure.

## Important Driving Instructions

You must have an adult 18 years or older remain with you during the procedure and drive you home afterward. Your procedure will be cancelled if you fail to meet these requirements.

#### **Billing Procedure**

There may be up to four charges associated with your procedure (Physician, Hospital/Facility, Anesthesia, and Lab). Please verify with your insurance carrier your benefit coverage for each.

\*\*Please be sure you bring your picture ID and insurance cards with you to the facility the day of the procedure. Failure to do so will result in cancellation of your procedure.\*\*

#### Digestive Health Institute



## **Surgery Instructions**Prep with Miralax and Gatorade

<u>Board Certified</u> Colorectal Surgeons

Daniel C. Coffey, M.D. Lucas Julien, M.D. Razvan Opreanu, M.D.

Board Certified
Gastroenterologists

Iftiker Ahmad, M.D.
Oussama Al Sawas, M.D.
Radoslav Coleski, M.D.
Dorian Jones, M.D.
Scott Plaehn, D.O.
Robert Rose, D.O.
Albert Ross, M.D.
Dana Stewart, D.O.
John Walling Jr., D.O.
Siaka Yusuf, M.D.

If you have questions, please				
at				

For more information visit our website

www.michigangastro.com www.capitolcolon.com

#### **Surgery Instructions**

#### Medication

If you are taking blood thinners, Aggrenox, Plavix, Effient, Pradaxa, Lovenox, Ticlid, Coumadin, Trental, Persantine, Heparin, or Fragmin) please be certain you have notified the scheduler.

**NOTE:** Female patients of menstruating years will be required to provide a urine specimen when you arrive to the hospital/facility.

### Medications to stop one (1) week before

ALL over-the-counter medications (EXCEPT TYLENOL products). This can include any of the following (and some that may not be listed):
ASPIRIN

**EXCEDRIN** 

IRON PILLS

VITAMIN E (Alone)

MOTRIN

ADVIL

ALEVE

**IBUPROFEN** 

#### You must discontinue any NON-STEROIDAL/ ANTI-INFLAMMATORY medications such as:

DAYPRO

**VOLTAREN** 

**FELDENE** 

CLINORIL

NAPROSYN

RELAFEN

# HERBALS AND MEDICATIONS TO BE OFF TWO (2) WEEKS PRIOR TO GENERAL ANESTHESIA

1.	DIET PILLS	1.	GINSENG
2.	FENFLURAMINE	2.	FEVERFEW
3.	PHENTERMINE	3.	GINGER
4.	EPHEDRA	4.	GOLDSEAL
5.	PONDIMIN	5.	LICORICE
6.	IONAMIN	6.	VALERIAN
7.	FASTIN	7.	GARLIC
8.	METABOLIFE	8.	KAVA KAVA
9.	REDUX	9.	ST JOHNS WORT
10.	CENTRUM	10.	GINKO BILOBA
	PERFORMANCE		
11.	MERIDIA		

#### **Patient Instructions**

- 1. You will be given two(2) prescriptions, Neomycin 500mg and Metronidazole 500 mg, to be filled prior to starting preparation. Prescriptions are enclosed
- 2. You will need to purchase: four(4) Dulcolax laxative tablets; two(2) 32 oz. bottles of Gatorade; and Miralax 238g bottle

#### **Day Before Procedure**

#### PLEASE DRINK FLUIDS THROUGHOUT THE DAY, ENSURING YOU ARE WELL HYDRATED

### DO NOT TAKE MEDICATIONS WITHIN 2 HOURS OF TAKING THE MIRALAX MIX

- 1. CLEAR LIQUID DIET all day long. (this starts at 12:00am or when you wake up in the morning.) **No solid foods. No alcohol.**
- 2. Mix entire contents of Miralax with 64 oz (2 liters) of Gatorade in a tall pitcher. Mix well and refrigerate for use later today
- 3. At 12:00 PM take four (4) dulcolax tablet and continue taking clear liquids.
- 4. At 3:00 PM begin drinking 1 cup (8 oz) of the of the laxative solution every 15 minutes until the solution is GONE. It is not unusual to have nausea and vomiting from this medication. If this occurs, stop the laxative, suck on mints or hard candy and resume the drinking the laxative 30 minutes later.
- 5. 1 hour after completing bowel preparation, start both prescriptions as prescribed, and again 5 hours later
  \*\*\*NOTHING TO EAT OR SMOKE AFTER MIDNIGHT.\*\*\*

#### **Day of Procedure**

- 1. **Diabetics:** Please check your blood sugar and take this information with you to the hospital/facility. **Use** ½ your usual insulin dose. *Do not take diabetic pills this morning.* Bring all of your insulin with you to the procedure.
- 2. Please only take your heart, blood pressure, seizure, respiratory, anti-rejection or anti-anxiety medications this morning with a <u>small sip of water</u>. You may use your inhalers.

#### **Clear Liquid Diet**

- Coffee(no cream), tea, or cola
- Apple, white grape, or white cranberry juice
- Up to 3 cans or bottles of vanilla or butter pecan Ensure or Glucerna (diabetics) that are labeled "suitable for lactose intolerant".
- Plain jello
- Clear soups and/or broth (strain off all vegetables and/or noodles)
- Popsicles
- Artificially sweetened powdered drinks (Kool-Aid, tang, crystal light)
- Sorbet that does not contain milk or chunks of fruit
- Sugar, honey, syrup and hard candy
- Salt and flavorings
- No milk or milk byproducts (cheese, yogurt)
- **No** grapefruit, tomato, V-8, or orange juice
- No alcohol

#### **Shopping List:**

- □ One (1) bottle of MiraLAX (238-grams)
- ☐ Four (4) dulcolax or bisacodyl laxative tablet (not stool softener)
- ☐ Two 32-oz bottles of Gatorade. *This* will be used to mix with the Miralax.
- ☐ Hard candy or peppermints to use if laxative causes nausea.