



DIGESTIVE DISEASES CENTER OF SOUTH TEXAS, P.L.L.C.

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DIPLOMATES, AMERICAN BOARD OF INTERNAL MEDICINE AND GASTROENTEROLOGY

OUTPATIENT COLONOSCOPY INSTRUCTIONS RENAL PREP

Laxative Prep Instruction

The day before your exam you may have a regular breakfast. You will then need to be on a **CLEAR LIQUID DIET** for lunch and the remainder of the day. Examples of Clear Liquids include: Fat-Free Broth, Bouillon, Liquid portions of soup, Coffee, Tea, Pulp-Free juices, Sodas, Popsicles, etc. One or two ounces of milk to flavor your coffee are OK to use. Please **AVOID** anything with **BRIGHT** artificial colorings such as **RED, BLUE, or GREEN** dye (this will turn your colon that color!) **AVOID JELL-O** as this will harden your stools. It is important to drink adequate fluids throughout the day. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT.**

At 3 PM begin taking 4 Bisacodyl tablets and Kristalose 20 mg with one glass of Apple Juice. Be careful not to chew or crush the tablets. **At 7 PM** take 4 Bisacodyl Tablets and Kristalose 20 mg with one glass of Apple Juice. Be careful not to chew or crush the tablets.

Medications

1. Stop taking Coumadin and iron 7 days before the procedure, if possible. Please consult with your primary care physician to make sure it is OK to stop coumadin. We will check your blood tests the day before the procedure to make sure that your blood is not too thin.
2. Please let us know if you are taking any of the following: Aspirin, Plavix, Bufferin, Motrin, Ibuprofen, Advil, Naprosyn, Aleve, Nuprin and Alka-Seltzer.

If you have Diabetes:

1. Do not take oral diabetic medication (pills) the day of your exam.
2. If Insulin is used at bedtime, take half of your usual dose.
3. If Insulin is used twice a day, take half of your morning dose on the day of the exam. You should otherwise take all of your medication as usual the day of the exam.

Please make arrangements for someone to drive you home after the exam. Due to the medication administered to sedate you, you will be unable to drive or take on any responsible tasks for the remainder of the day. The exam WILL NOT BE DONE IF YOU COME BY YOURSELF, VIA BUS, OR TAXI CAB.

Patient Name: _____ Date of Exam: _____

Time of Exam: _____ Arrival Time: _____ Facility: _____

You should be ready for discharge approximately 30 minutes after the exam.

There is a possibility that your insurance company may not cover these procedures, we suggest that you contact your carrier prior to the exam to verify coverage. All unpaid charges will be the responsibility of the patient.

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