

## Post Sub-Total Colectomy Preparation Instructions - For Patients with RENAL PROBLEMS

These instructions are for patients who have had some of their colon removed and are preparing for a sigmoidoscopy or colonoscopy procedure. If you have **kidney problems**, these prep instructions are created with that in mind. They allow prepping of the remaining colon while putting minimal stress on your kidneys. Our telephone number is 963-4040 or toll free 1-877-962-4040 for any questions.

Your procedure is scheduled on \_\_\_\_\_ at \_\_\_\_\_ AM / PM.

Please arrive **1 hour early** to allow our front office to register you properly and to give the assessment nurses time to review your paper work, to give the necessary enemas, and to start an IV access when needed for successful sedation.

### **PLEASE READ ALL INSTRUCTIONS ON THE DAY YOU RECEIVE THEM**

#### **About Sigmoidoscopy/Colonoscopy**

Some bowel preparation (cleansing) is needed to perform your procedure effectively. Any stool remaining in the colon can hide lesions and result in the need to repeat the procedure. You should plan to be at the hospital at least 2-4 hours. It is critical that you follow the instructions as directed.

The physician will discuss your procedure with you when you are in the recovery room. If you had any biopsies taken, you will receive a letter with those results, usually 2-3 weeks after the procedure. If there are serious findings on the biopsy, your physician will contact you.

Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your your waiting time may be prolonged. We give each patient the attention needed for his or her procedure.

If you have questions or must cancel, please call 317-963-4040 or 1-877-962-4040 as soon as possible.

#### What to Bring:

1. The completed enclosed forms.
2. The first and last name and address of all doctors you want to receive a copy of your procedure report.
3. Someone to drive you home. Sedation is usually given during your procedure. **If you have not arranged for someone to drive you home your procedure may be cancelled.** The person who signs you out must be with you on the unit before you can be released. **You will not be able to drive, operate machinery, make important decisions or return to work for the rest of the day.** You may resume normal activities the next day unless the doctor states otherwise.
4. A copy of relevant medical records from your referring physician.
5. Your insurance cards. Many insurance carriers (not Medicare) and managed care organizations require preauthorization or precertification. To obtain coverage for these procedures, we recommend you contact your insurance company. As a courtesy we will make every attempt to obtain the authorization for these procedures, please make sure we have your correct insurance information. If your insurance information has changed or is inaccurate, please contact our authorization coordinators at 317-278-5074 or 317-278-8660.
6. If you need an interpreter provided please contact the Gastroenterology Department at 963-4040 or toll free 1-877-962-4040 .

## Patient Checklist

If you are affected by any of the conditions listed below, please follow these instructions.

<b>Diabetes</b>	Check with your physician regarding your dose of insulin and other diabetic medications needed the day before and the day of your procedure. Inform your doctor that you will be on clear liquids the day prior to your procedure. Typically, we recommend that you do not take your oral hypoglycemic or insulin before your procedure. Bring it with you to take after your procedure. Check your blood sugar frequently while taking the prep solution and the morning of your procedure.
<b>Hip or knee replacement in the past six months, vascular graft in past year, coronary stent in past 6 weeks</b>	You may need antibiotics before your procedure. Please arrive two hours before your scheduled procedure time. Do not schedule your procedure before 8:00am. <b>Please inform the nurse and your physician.</b>
<b>Aspirin</b>	If you are taking aspirin, please check with your referring or primary physician as to if or when you should stop taking the aspirin. If you are taking aspirin due to a doctor's order to prevent stroke or heart attack, we generally recommend you continue to take it.
<b>Coumadin, Plavix, Heparin, Lovenox, or other anticoagulants</b>	<b>Ask the physician who prescribed your medicine how to take it before and after your procedure.</b> If you cannot contact your physician, call us several days before your exam. If you take Coumadin, you may need a blood test two hours before your exam. <i>Please do not assume that you can safely follow the same medication adjustments that have been made for your previous procedures.</i>

**\*\*\*If you require an interpreter please contact the department 2 days before your procedure.**

## What To Wear

Wear comfortable, loose fitting clothing that is easy to step into. Wear flat shoes or tennis shoes. Do not wear jewelry or bring valuables.

## Directions and Parking

The endoscopy unit is located on the fourth floor of the Indiana University Hospital Outpatient Center, connected to Indiana University Hospital at 550 N. University Boulevard, Indianapolis, IN. Take the gold elevator from the main lobby in the outpatient center (under the glass canopy) to the fourth floor. Turn left as you exit the elevator to the GI registration desk and waiting area. Parking is available in the attached self-pay garage located on the north side of the entrance to the outpatient center. Clarian does not pay for patient parking. Garages and parking lots are owned by IUPUI. We apologize for any inconvenience this may cause. Valet parking is available at the entrance of the Outpatient Center for \$5.00 (no tipping).

## **Post Sub-Total Colectomy Preparation Instructions - For Patients With RENAL PROBLEMS**

These instructions are for patients who have had some of their colon removed and are preparing for a sigmoidoscopy or colonoscopy procedure. If you have **kidney problems**, these prep instructions are created with that in mind. They allow prepping of your remaining colon while putting minimal stress on your kidneys.

<b>5 days before your procedure</b>	<b>2 days before your procedure</b>	<b>The day before your procedure</b>	<b>The day of your procedure</b>
Contact prescribing physician for instructions on dosage of blood thinners if you take any.	Complete forms sent from the endoscopy department. List all current medications, find insurance cards, get names and addresses of the physicians you want to receive a copy of your procedure report.	<b>NO SOLID FOOD NO ALCOHOL Clear liquids ALL DAY (See page 4) until midnight</b> then have nothing more per mouth.	<b>NO SOLID FOOD NO ALCOHOL</b>
Stop herbals, vitamins, and oral iron supplements.	Call the endoscopy unit for a language interpreter if needed at 317-274-0980.	<b>6pm:</b> Take 2 Dulcolax tablets by mouth.	<b>You may take your morning medications as late as 3 hours before your scheduled procedure time.</b> Remember to follow the special instructions for diabetic meds or blood thinners-see page 2.
	From your local pharmacy obtain the following bowel prep: <b>Dulcolax Tablets - Be sure to get the laxative and NOT the stool softner.</b> Stop any anti-inflammatory medications (Motrin, Advil, <b>Ibuprofen, for example</b> ). Celebrex and Tylenol are OK to use	Upon your arrival to the GI unit tomorrow enemas will be given to further cleanse your lower GI tract.	When registering at our front desk, please inform the staff that you need enemas to complete your prep so they can inform the assessment nurses.
Arrange a driver for after your procedure.	Confirm that you have a driver to take you home following your procedure.	You may apply a petroleum based product or diaper rash ointment to the rectal area for discomfort from frequent stools if this occurs.	After the procedure you may eat your usual diet unless otherwise instructed.

## **Clear Liquid Diet**

As a rule - if you can see through it, you can drink it.

### **Gatorade is the preferred clear liquid (no red or purple)**

Clear fruit juices, white grape juice and apple juice

Water

Kool-Aide, PowerAde (no red or purple)

Clear soup, broth or bouillon

Popsicles (no red or purple)

Tea or coffee without cream

Hard candies

Soda pop, 7-Up, Sprite, regular or diet Pepsi and Coke, ginger ale, orange soda (no red or purple)

Jell-O (no red or purple)

### **Research Studies:**

Some patients who come to the endoscopy unit are asked to participate in a research study. If you are asked to participate, the study purpose and procedures will be explained to you. You have the right to decline participation. Declining participation will not affect the interest the doctors have in your case. The doctors at the endoscopy center are typically involved in research studies on how to improve endoscopy.

PATIENT NAME \_\_\_\_\_  
APPOINTMENT DATE \_\_\_\_\_  
ARRIVAL TIME \_\_\_\_\_

After Jan. 15 phone numbers will be changing. Phone numbers beginning with 274 will change to 944. Phone numbers that begin with 278 will become 948. For example, 274-0981 will become 944-0981

## REGISTER 4TH FLOOR GI/BRONCH SUITE 4100

YOU WILL RECEIVE A CALL FROM AN AUTOMATED SYSTEM AT LEAST 3 DAYS BEFORE YOUR PROCEDURE TO CONFIRM YOUR APPOINTMENT. PLEASE LISTEN TO THE MESSAGE AND RESPOND ACCORDINGLY.

**PLEASE READ THE ATTACHED INSTRUCTIONS UPON RECEIPT.  
FAILURE TO FOLLOW THE INSTRUCTIONS MAY RESULT IN AN INCOMPLETE TEST OR THE NEED TO RESCHEDULE YOUR PROCEDURE.**

### **\*\*Important\*\***

**If you have an implanted electronic device such as a pacemaker, defibrillator or nerve stimulator, it is required that you provide us with the manufacturer, customer service phone number, and diagnosis related to device. Patients with an implanted defibrillator should contact nurses station (317-274-0981) two days prior to appointment and provide this information.**

INDIANA UNIVERSITY HOSPITAL  
550 N. UNIVERSITY BLVD. UH 4100  
INDIANAPOLIS, IN 46202  
(317) 274-4782 SCHEDULING  
(317) 274-0981 NURSES STATION

THANK YOU FOR YOUR COOPERATION.

### **PROCEDURE CHECKLIST**

- MEDICATION LIST AND HEALTH HISTORY FORMS COMPLETED
- PREP COMPLETED (IF NEEDED)
- DRIVER
- NAMES, ADDRESSES, PHONE AND FAX OF ALL DOCTORS YOU WANT TO RECEIVE A COPY OF REPORT
- COPY OF RELEVANT MEDICAL RECORDS FROM REFERRING PHYSICIAN OR OTHER FACILITIES
- INSURANCE CARDS AND DRIVERS LICENSE/ID
- INFORMATION CARDS FOR IMPLANTED DEVICES SUCH AS PACEMAKER/ICD