

# MIDWEST ENDOSCOPY CENTER, LLC

[www.sgihealth.com](http://www.sgihealth.com)

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## PEG 3350 PREPARATION 1 DAY - SPLIT DOSE

Your doctor has ordered a colonoscopy, which is an examination of the entire intestine (colon). This procedure takes about 20-30 minutes. A flexible tube (colonoscope) is passed into the rectum then gently advanced through the large intestine, examining the inner lining.

<b>10 days before procedure</b>	<b>5 days before your procedure</b>	<b>The morning of the day before your procedure</b>	<b>The day before your procedure</b>  <b>Start at:</b> <b>6:00 P.M.</b>  <b>And finish within 2 hours.</b>	<b>After midnight prior to your procedure</b>	<b>Start at:</b>  _____ <b>A.M. P.M.</b>  <b>And finish within 2 hours.</b>	<b>The morning of your procedure</b>
Purchase <b>PEG 3350</b> from your local pharmacy  Avoid any foods with <b>OLESTRA</b> (found in low fat snack foods)  Avoid popcorn, nuts or seeds.	Contact a relative or friend to arrange for transportation from the clinic after your procedure.  <b>BECAUSE YOU WILL BE SEDATED YOU MUST HAVE SOMEONE AVAILABLE TO TAKE YOU HOME. YOU MAY NOT TAKE A TAXI HOME UNLESS YOU HAVE SOMEONE, OTHER THAN THE TAXI DRIVER, TO BE YOUR RESPONSIBLE ADULT.</b>	<b><u>STAY ON CLEAR LIQUID DIET THE ENTIRE DAY</u></b>  See Clear liquid diet instructions Add drinking water to <b>PEG 3350</b> to the fill line (4 liters) Mix thoroughly and chill.	<b><u>STAY ON CLEAR LIQUID DIET THE ENTIRE DAY</u></b>  Begin drinking the chilled <b>PEG 3350</b> Drink 1 (8oz) glass every 15-20 minutes until you have drank half of the gallon. (this takes 1 to 2 hours)	<b>Do Not Eat or Drink anything except for the PEG 3350</b>	Finish the Second Half of the <b>PEG 3350</b>	<b>DO NOT EAT ANYTHING!</b>  Remember to wear comfortable clothing  Women please avoid high heels

**Clear liquids** mean anything that is clear in consistency: color is not as important as consistency. Drink juices such as apple, white grape or white cranberry. Avoid thick and pulpy juices. Bouillon or clear broth is fine. You can have gelatin without fruit. Avoid anything with red or orange artificial coloring. Soda, coffee and tea are fine. **DO NOT** drink milk or dairy products.

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If for any reason you are unable to complete your preparation of PEG 3350, please call our office and the answering service will page the doctor on call for you.

## **Do not eat or drink after midnight** **EXCEPT the second 1/2 of your prep**

### **DAY OF EXAM**

**IF YOU ARE TAKING BLOOD THINNERS SUCH AS COUMADIN OR THE EQUIVALENT, OR DIABETIC MEDICATIONS, PLEASE INFORM THE DOCTOR, AS YOU WILL NEED SPECIAL INSTRUCTIONS.**

**If you are taking medicine for high blood pressure, asthma, or heart disease you will want to take these as usual with a sip of water. All medications must be taken at least 2 hours prior to your procedure. All other medications must be reviewed with the doctor.**

**Should you consume more than just a sip of water with your medications the day of your procedure there will be a possibility of your procedure being cancelled.**

**-If polyps are removed from your colon (or if biopsies are taken) you may be told not to perform strenuous physical activities for up to 2 weeks.**

**If polyps are removed (or if biopsies are taken) you should not travel by airplane for 1 week. You should not travel overseas for 2 weeks.**

Please call the office (630) 527-6450 if you have any questions regarding the instructions.

Procedures scheduled at MIDWEST ENDOSCOPY CENTER, LLC will commence approximately 1 hour after the Arrival Time of your procedure.

Please be aware not all preps have the same effect on everyone. Following the above instructions is not a guarantee that you will be properly prepared for your colonoscopy. There is a possibility that you will need to be rescheduled at a later date with additional instructions if your prep is inadequate.

Your procedure time is not a guarantee; we will make every effort to keep you informed regarding the start time of your procedure.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ is scheduled for a Colonoscopy on:

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Report to: MIDWEST ENDOSCOPY CENTER, LLC  
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630-527-6450

Special Instructions: \_\_\_\_\_

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Inst Given By: \_\_\_\_\_ Date: \_\_\_\_\_