

803-905-6944 Ext 107

Sumter Gastroenterology

"Your Partners in Digestive Health"
641 W. Wesmark Blvd
Sumter, SC 29150
PH (803)905-6944 Fax (803)469-3944

UPPER ENDOSCOPY INSTRUCTION SHEET PALMETTO HEALTH TUOMEY

Procedure Date: Please report 30 minutes earlier:



"Your Partners in Digestive Health"
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Sumter, SC 29150
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COLONOSCOPY INSTRUCTIONS – MIRALAX AND DULCOLAX

PALMETTO HEALTH TUOMEY

Procedure Date: Please report 30 minutes earlier:					
Please give the hospital 5 days to contact you. If you have not been contacted in that time, call them at 803-774-9897.					
*Report to Palmetto Health Tuomey through the Calhoun Street entrance: "Day Surgery/Endoscopy".					
*Hospital Rules: Someone must go with you to the hospital and remain there until your procedure is complete and you are ready to go home. Your procedure will be <u>cancelled</u> and rescheduled if you show up without a driver. If you have had a stent placed within the last year please let us know. Do not stop taking Plavix if you have had a stent placed in the last 12 months.					
You will need to <u>discontinue</u> taking PLAVIX, COUMADIN, AND EFFIENT 3 days prior to your procedure. PRADAXA must be stopped 2 days prior. IRON must be stopped 5 to 7 days prior to the procedure. BRILINTA must be stopped 5 days prior to procedure.					
One (1) week before colonoscopy, begin a low fiber diet; avoid corn, popcorn, raw fruits and vegetables, seeds, nuts and beans.					
YOU MAY TAKE ALL OTHER MEDICATION THE DAY OF YOUR PREP.					
DO NOT TAKE ANY MEDICATION THE MORNING OF THE PROCEDURE.					
The day before your procedure you will go on a clear, liquid diet the entire day. Examples include:					
Water Sprite/Ginger Ale Jello Popsicles Clear Broths					
Apple Juice White grape juice Tea Coffee(no creamer) Gatorade					
AVOID ANYTHING RED OR PURPLE AND ALL DAIRY PRODUCTS					
At 1:00 PM the day before the procedure: Take two (2) Dulcolax laxative tablets, found over the counter.					
Anytime between 4:00PM and 6:00PM the night before the procedure: Mix the entire bottle of Miralax in 3 quarts of clear liquid such as water, lemonade, Gatorade, etc. Start drinking an 8 ox. Glass of the Miralax solution every 10-15 minutes consuming two (2) Quarts the night before the procedure.					
The morning of the procedure atam, approximately 2-3 hours prior to the procedure, drink only the remaining quart of the prep. DO NOT TAKE ANY MEDICATION THE MORNING OF THE PROCEDURE. PLEASE BRING ALL MEDS WITH YOU TO THE HOSPITAL.					

Please contact Endoscopy at the Hospital to reschedule your procedure at 803-774-9897.

If you have any questions before your procedure, please call our office at 803-905-6944.



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COLONOSCOPY INSTRUCTIONS - SUPREP

Procedure Dat	e:	_ Please report	30 minutes earlier:		
*Report to Pal	metto Health Tuomey thro	ugh the Calhoun	Street entrance: "Day Surgery/En	ndoscopy".	
home. Your p	procedure will be cancelled	and reschedule		ocedure is complete and you are ready r. If you have had a stent placed within a last 12 months.	
				ior to your procedure. PRADAXA mu RILINTA must be stopped 5 days pri	
One (1) week	before colonoscopy, begi	n a low fiber die	et; avoid corn, popcorn, raw fru	its and vegetables, seeds, nuts and be	eans.
	YOU MAY 7	AKE ALL OTH	IER MEDICATION THE DAY C	F YOUR PREP.	
	DO NOT TAK	E ANY MEDIC	ATION THE MORNING OF TH	E PROCEDURE.	
The day before	e your procedure you will	go on a clear, li c	quid diet the entire day. Example	s include:	
Water	Sprite/Ginger Ale	Jello	Popsicles	Clear Broths	
Apple Juice	White grape j	uice Tea	Coffee(no creamer)	Gatorade	
		AVOID A	NYTHING RED OR PURPLE		
container foun glass, wait 15	d in the kit. Add cool dri	iking water, Spri emaining half.	ite, or Ginger Ale and fill to the fi Within the hour of completing th	bottle of the Suprep liquid into the m ll line at the top of the cup. Drink hal is glass you must drink at least two(2)	lf the
cup. Drink ha	mixing container found in If the glass, wait 15 minu nore glasses of any clear	the kit. Add co- tes, and drink t liquid to make	ol drinking water, Sprite or Ginge the remaining half. Within the h	s before. Pour one (1) bottle of the Stor Ale and fill to the fill line at the top our of completing this glass you must be NOT TAKE ANY MEDICATION CHOSPITAL.	of the drink
Please contact	t Endoscopy at the Hospita	l to reschedule y	our procedure at 803-774-9897.		
If you have an	v auestions hefore vour pr	ocedure, please (call our office at 803-905-6944		



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Kent Cunningham, M.D.

Floyd Angus, M.D.

Scott McDuffie, M.D.

April T. Rogers, PA-C

Greg Byrd, NP-C

Chasity Shadoan, NP-C

Colonoscopy Instruction Sheet

Clenpia

<u> </u>					
Procedure Date: Please report 30 minutes earlier:					
Please give the hospital 5 business days to contact you. If you haven't heard from at that time, call them at 803-774-9897.					
*Report to Tuomey Hospital through the Calhoun Street entrance: "Day Surgery/ Endoscopy,"					
*Hospital Rules: Someone must go with you to the hospital and remain there until your procedure is complete and you are ready to go home. Your procedure will be <u>cancelled</u> and rescheduled if you show up without a driver. If you have had a stent placed in the last 12 months.					
You will need to <u>discontinue</u> taking <u>PLAVIX</u> , <u>COUMADIN</u> , and <u>EFFIENT 3 days prior</u> to your procedure. <u>PRADAXA must be stopped 2 days prior</u> . IRON must be stopped five to seven days <u>prior</u> to the procedure. <u>Brilinta must be stopped 5 days prior to procedure</u> .					
Please call Tuomey to pre-admit approximately two business days prior to your procedure at: 774-9708 or 774-8820. Please leave a message with registration and they will confirm the appointment if they are unavailable.					
1 week before colonoscopy, begin a low fiber diet; avoid Corn, Popcorn, Raw Fruits & Vegetables, Seeds, Nuts and Beans					
YOU MAY TAKE ALL OTHER MEDICATION THE DAY OF YOUR PREP.					
DO NOT TAKE ANY MEDICATION THE MORNING OF THE PROCEDURE.					
The day before your procedure you will go on <u>a clear, liquid diet</u> the entire day. AVOID ANYTHING RED OR PURPLE and All Dairy Products . Examples include:					
Water Sprite/ Ginger Ale Jell-O Popsicles Clear broths Apple Juice White grape juice Tea Coffee (no creamer) Gatorade					
Anytime between 4:00 and 6:00pm the night before the procedure: Drink 1 bottle of Clenpiq completely. Follow with at least 5 cups of clear liquid, using the enclosed 8oz. cup.					
The morning of the procedure at am, approximately 2-3 hours prior to the procedure, Drink the second bottle of Celnpiq completely .Follow with 3 glasses of clear liquid using the enclosed 8 oz. cup.					

Do not take any medication the morning of the procedure. Please bring a list of medication with you to the appointment.



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COLONOSCOPY INSTRUCTIONS – **SUPREP**WESMARK AMUBULATORY SURGERY CENTER

Procedure Date:		_ Please report	30 minutes earlier:		
*Please report to W	Vesmark Ambulatory	Surgery Center, 4	120 W Wesmark Blvd to schedu	e procedure.	
			emain there until your procedureshow up without a driver.	e is complete and you are ready to	go home.
If you have had a last 12 months.	stent placed within th	e last year please	e let us know. Do not stop takin	g Plavix if you have had a stent plac	ced in the
				ior to your procedure. PRADAXA RILINTA must be stopped 5 days	
ONE(1) week befo	re colonoscopy, begin	a low fiber diet;	avoid corn, popcorn, raw fruits	and vegetables, seeds, nuts and bear	18.
	YOU MAY	TAKE ALL OTH	IER MEDICATION THE DAY	OF YOUR PREP.	
	DO NOT TAK	E ANY MEDIC	ATION THE MORNING OF T	HE PROCEDURE.	
The day before you	ır procedure you will	go <u>on a clear, lic</u>	uid diet the entire day. Example	es include:	
Water S	Sprite/Ginger Ale	Jello	Popsicles	Clear Broths	
Apple Juice	White grape j	uice Tea	Coffee(no creamer)	Gatorade	
	AVOID A	NYTHING RED	OR PURPLE AND ALL DAIR	Y PRODUCTS	
the kit. Add cool di 15 minutes, and d	rinking water, Sprite,	or Ginger Ale an	d fill to the red 16 oz. line at the	rep liquid into the mixing container top of the cup. Drink HALF the g u must drink at least two more 16 c	lass, wait
liquid into the mix cup. Drink half th	ing container found in	the kit. Add cooutes and drink t	ol drinking water, Sprite or Ging the remaining half. Within the	teps as before. Pour one bottle of the er Ale and fill to the fill line at the hour of completing this glass you make the state of the	top of the
DO NOT TAKE A	ANY MEDICATION	THE MORNIN	G OF THE PROCEDURE. PLE	ASE BRING ALL MEDS WITH	YOU TO

Please contact Wesmark Surgery Center if you need to reschedule your procedure at 803-905-5590.

Please contact the office if you have any questions before your procedure at 803-905-6944.



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COLONOSCOPY INSTRUCTIONS – MIRALAX AND DULCOLAX WESMARK AMUBULATORY SURGERY CENTER

Procedure Date: Please report 30 minutes earlier:				
Please report to Wesmark Ambulatory Surgery Center, 420 W Wesmark Blvd to schedule procedure.				
* Rules: Someone must go with you to the Center and remain there until your procedure is complete and you are ready to go home. Your procedure will be <u>cancelled</u> and rescheduled if you show up without a driver. If you have had a stent placed within the last year please let us know. Do not stop taking Plavix if you have had a stent placed in the last 12 months.				
You will need to <u>discontinue</u> taking PLAVIX, COUMADIN, and EFFIENT 3 days prior to your procedure. PRADAXA must be stopped 2 days prior. IRON must be stopped 5 to 7 days prior to the procedure. BRILINTA must be stopped 5 days prior to procedure.				
ONE(1) week before colonoscopy, begin a low fiber diet; avoid corn, popcorn, raw fruits and vegetables, seeds, nuts and beans.				
YOU MAY TAKE ALL OTHER MEDICATION THE DAY OF YOUR PREP.				
DO NOT TAKE ANY MEDICATION THE MORNING OF THE PROCEDURE.				
The day before your procedure you will go on a clear, liquid diet the entire day. Examples include:				
Water Sprite/Ginger Ale Jello Popsicles Clear Broths				
Apple Juice White grape juice Tea Coffee(no creamer) Gatorade				
AVOID ANYTHING RED OR PURPLE AND ALL DAIRY PRODUCTS				
You will need the following items necessary to complete the prep for your procedure. Both medications are found over the counter in the laxative and fiber aisle of any pharmacy and do not require a prescription. One (1) 8.3oz bottle of Miralax and two (2) Dulcolax laxative tablets.				
1:00 PM the day before the procedure: Take two (2) Dulcolax laxative tablets.				
Anytime between 4:00 and 6:00pm the night before the procedure, Mix the entire bottle of Miralax in 3 quarts of clear liquid such as water, lemonade, Gatorade, etc. Start drinking an 8oz glass of the Miralax solution every 10-15 minutes consuming Two (2) Quarts the night before the procedure.				
The morning of the procedure atam, approximately 2-3 hours prior to procedure, drink only the remaining quart of the prep. DO NOT TAKE ANY MEDICATION THE MORNING OF THE PROCEDURE. PLEASE BRING ALL MEDS WITH YOU TO THE CENTER.				

Please contact Wesmark Surgery Center if you need to reschedule your procedure at 803-905-5590.

Please contact the office if you have any questions before your procedure at 803-905-6944.



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COLONOSCOPY INSTRUCTIONS – <u>PREPOPIK</u> WESMARK AMUBULATORY SURGERY CENTER

Procedure Date:		_ Please report	30 minutes earlier:		
Please report to	Wesmark Ambulatory S	urgery Center, 42	20 W Wesmark Blvd to schedule p	procedure.	
Your procedure	will be cancelled and res	cheduled if you		is complete and you are ready to go he have had a stent placed within the last nonths.	
				or to your procedure. PRADAXA must ILINTA must be stopped 5 days price	
	YOU MAY T	AKE ALL OTH	IER MEDICATION THE DAY O	F YOUR PREP.	
	DO NOT TAK	E ANY MEDIC	ATION THE MORNING OF TH	E PROCEDURE.	
The day before y	your procedure you will	go <u>on a clear, lic</u>	quid diet the entire day. Example	s include:	
Water	Sprite/Ginger Ale	Jello	Popsicles	Clear Broths	
Apple Juice	White grape j	uice Tea	Coffee(no creamer)	Gatorade	
	AVOID A	NYTHING RED	OR PURPLE AND ALL DAIRY	PRODUCTS	
line. Pour the co				d in the box with cold water up to the l. Drink the entire cup of prep. Follow	
up to the 5 oz. 1	the procedure at ine, Pour the contents of low with 3 glasses of clean	the remaining p		edure, fill the cup provided with cold ventil completely dissolved. Drink the e	
Do not take any	medication the morning	of the procedure	. Please bring all your meds with	you to the appointment.	
Please contact V	Vesmark Surgery Center	if you need to re	eschedule your procedure at 803-9	05-5590.	

Please contact the office if you have any questions before your procedure at 803-905-6944.