

# DIGESTIVE DISEASE CONSULTANTS, LTD

*Diplomats – American Board of Internal Medicine & Gastroenterology*

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Dear \_\_\_\_\_,

You are scheduled for a colonoscopy on \_\_\_\_\_ at \_\_\_\_\_, arriving at \_\_\_\_\_  
with Dr. \_\_\_\_\_ to the following location:

\_\_\_\_ Digestive Disease Endoscopy Center  
1302 Franklin Ave Suite 1000  
Normal, IL 61761  
#309-268-3332

\_\_\_\_ Advocate Bromenn Medical Center  
Same Day Services  
1304 Franklin Ave  
Normal, IL 61761  
#309-268-5166

Pre-Testing Appointment:  
(If applicable)

\_\_\_\_\_  
Check in at the front desk  
@ Advocate Bromenn Med Cntr

\_\_\_\_ Clinton/Dr. John Warner Hospital  
422 W. White Street  
Clinton, IL 61727  
#217-935-9571

\_\_\_\_ Advocate Eureka Hospital  
101 S. Major Street  
Eureka, IL 61530  
#309-304-2000

Thank you for making this important medical decision to schedule a colonoscopy. This is an outpatient procedure and this letter is being sent to you to outline the preparation you must go through to complete the colonoscopy.

Enclosed with this letter is a detailed description of the bowel laxative that you must take in order to perform bowel cleansing prior to the procedure. It is very important that you follow these instructions closely, so that a thorough examination can be performed.

***If you are taking any blood thinners, please contact our office to discuss with our nursing staff. They will need the prescribing physician contact information to determine medication instructions. You will be informed by our nursing staff when to stop taking your blood thinners.***

***If you are aware of any problems with your kidneys, or if you have been told you have abnormal kidney blood tests, you need to contact our office for alternative bowel preparation. Alert your physician of any drug allergies.***

Please be advised that any colon polyps that are removed, or any tissue biopsies obtained, during the examination are sent to a pathologist for analysis.

You can obtain a copy of our **Privacy Notice** on our website or stop by our office to pick up a copy.

If you have any other questions or concerns, please feel free to call our office at (309) 454-5900.

We understand that an unforeseen emergency could arise in which you may need to cancel /reschedule your procedure. We ask that you call the office at least 24 hours in advance to cancel/reschedule. This allows us to office the appointment time to other patients who may have an immediate need for our care. We thank you for your cooperation and understanding.

**Please contact your insurance company and notify them of your upcoming procedure.**

**\*\*\*\*\*Attention Medicare patients\*\*\*\*\***

**Please read and sign the enclosed Advanced Beneficiary Waiver and return it to our office.**

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## Plenvu Preparation

(Disregard instructions that come in the prep kit)

If constipation is a problem, drink a 10-ounce bottle of Magnesium Citrate 2 days before the procedure.

**\*\* 3 Days prior to procedure follow low residue diet. Please see attached. \*\***

**On \_\_\_\_\_ (Day before your exam) –**

**Eat a LIGHT breakfast (coffee, eggs, white bread, juice, or low-fiber cereal such as Rice Krispies). After your LIGHT breakfast you MUST start a clear liquid diet (NO SOLID FOOD).**

**Approved Clear liquids (no dairy products or liquids containing red or purple coloring):**

|   |   |
|---|---|
| Strained fruit juices without pulp (apple, white grape) | Popsicles (NO red or purple)                    |
| Water, Lemonade, 100% Cranberry juice                   | Gatorade (NO red or purple)                     |
| Reg. or decaf tea or black coffee (no dairy products)   | Carbonated sodas and/or clear sodas             |
| Any clear broth and/or bullion                          | Lemon or Lime Jell-O (NO fruit)                 |
| NO Alcohol, NO milk or milk products                    | Hard candies (peppermints, jolly ranchers etc.) |

**Plenvu may be refrigerated up to 6 hours after mixing, be put on ice, and/or use a straw to drink solution.**

**At 4:00PM on \_\_\_\_\_ (Day before your exam) begin drinking dose 1 of Plenvu as listed below. This will cause you to have diarrhea. Continue your clear liquid diet. If no bowel movement after 3 hours of starting prep, please call 309-454-5900 to speak with the on-call physician.**

**On \_\_\_\_\_ (day of your procedure)**

**At \_\_\_\_\_ begin drinking dose 2 of Plenvu as instructed below.**

**Continue your clear liquid diet to assure your colon will be properly cleansed. Your colon is properly prepped when stools are free of brown matter, clear/minimal in color. You should be able to see the bottom of the toilet at this point. If stools are not clear after the morning dose of prep, call the facility where your procedure is scheduled as this may affect what time you need to arrive.**

### **Dose 1:**

Use the mixing container to mix the contents of the Dose 1 pouch with at least 16 oz of water by shaking or using a spoon until completely dissolved. This may take up to 2-3 minutes. Take your time-slowly finish the dose within 30 minutes.

Refill the container with at least 16 oz of water and drink this within 30 minutes. Continue drinking clear liquids throughout the evening.

### **Dose 2:**

Use the mixing container to mix the contents of Dose 2 (pouch A and pouch B) and mix same as Dose 1. Take your time and slowly finish the dose within 30 minutes.

Refill the container with at least 16 oz of water and drink this within 30 minutes.

**STOP DRINKING ALL FLUIDS 3 HOURS PRIOR TO YOUR PROCEDURE TIME**

We strongly encourage you not to smoke within 24 hours of your procedure. This includes cigarettes, pipes, cigars, e-cigarettes and other substances. Smoking can cause complications during or after the procedure.

Do not consume alcohol within 24 hours of your procedure.

\*Failure to comply with the above instructions may result in the cancellation/reschedule of your procedure.

\*Alert your physician of any drug allergies!

\*To report changes in or additional symptoms since your last contact with the office please call (309) 454-5900.

Revised 8/16/19

Start 3 days prior to your procedure date, \_\_\_\_\_.

## **Low Residue Diet**

### **Grain Products:**

- enriched refined white bread, buns, bagels, English muffins
- plain cereals e.g. Cheerios, Cornflakes, Cream of Wheat, Rice Krispies, Special K
- arrowroot cookies, tea biscuits, soda crackers, plain melba toast
- white rice, refined pasta and noodles
- avoid whole grains

### **Fruits:**

- fruit juices except prune juice
- applesauce, apricots, banana (1/2), cantaloupe, canned fruit cocktail, grapes, honeydew melon, peaches, watermelon
- avoid raw and dried fruits, raisins and berries.

### **Vegetables:**

- vegetable juices
- potatoes (no skin)
- well-cooked and tender vegetables including alfalfa sprouts, beets, green/yellow beans, carrots, celery, cucumber, eggplant, lettuce, mushrooms, green/red peppers, squash, zucchini
- avoid vegetables from the cruciferous family such as broccoli, cauliflower, brussels sprouts, cabbage, kale, Swiss chard etc.

### **Meat and Protein Choice:**

- well-cooked, tender meat, fish and eggs
- avoid beans and lentils

### **Nuts and Seeds:**

- Avoid all nuts and seeds, as well as foods that may contain seeds (such as yogurt)

### **Dairy:**

- as directed by your healthcare providers

# DIGESTIVE DISEASE CONSULTANTS, LTD

## **COLONOSCOPY**

### **WHAT IS COLONOSCOPY?**

A flexible, lighted tube that is about the thickness of a finger is inserted through the rectum into the large intestine (colon) and allows the physician to carefully examine the lining of the colon. Abnormalities, which are too small to be seen on x-ray, can be identified, as well as, confirming abnormalities suspected on x-ray. A tiny sample of tissue (biopsy) can be taken for examination in the laboratory, if indicated. Biopsies are taken for many reasons and do not necessarily imply cancer.

### **WHY IS COLONOSCOPY NECESSARY?**

Colonoscopy is a valuable tool for the diagnosis and treatment of many diseases of the large intestine. Abnormalities suspected by x-ray can be confirmed and studied in detail. Even when x-rays are negative, the cause of symptoms such as rectal bleeding or change in bowel habits may be found by colonoscopy. It is useful for the diagnosis and follow up of patients with the inflammatory bowel disease.

The colonoscopy's greatest impact may be in its contribution to the control of colon cancer by polyp removal. Before colonoscopy became available, major abdominal surgery was the only way to remove colon polyps to determine if they were benign or malignant. Now most polyps can be removed easily and safely without surgery.

Periodic colonoscopy is a valuable tool for follow up of patients with previous polyps, colon cancer or a family history of colon cancer.

Colonoscopy is a safe and extremely worthwhile procedure, which is very well tolerated. The decision to perform this procedure was based upon assessment of your problem.

### **WHAT HAPPENS AFTER COLONOSCOPY?**

You will remain in the endoscopy center until most of the effects of the sedation have worn off. You may feel bloated after the procedure because of the air that was introduced while examining the colon. Passing flatus (gas) will provide relief and is encouraged.

You will be able to resume your normal diet after the colonoscopy unless you are instructed otherwise (for instance if polyps were removed).

### **ARE THERE ANY COMPLICATIONS FROM COLONOSCOPY?**

Colonoscopy is safe and is associated with very low risk when performed by a physician who has been specially trained and is experienced in the endoscopic procedure.

One possible complication is perforation, a tear in the lining of the colon. This complication usually requires surgery to repair.

Bleeding may occur from the site of a biopsy or polyp removal. This is usually minor and stops on its own or it can be controlled by cauterization through the colonoscope. Rarely, transfusions or surgery are required.

Colonoscopy is extremely worthwhile and safe and is invaluable in the diagnosis and proper management of disorders of the colon. The decision to perform this procedure was based upon assessment of your particular problem.

**Your procedure requires the usage of sedation, you will not be allowed to drive home following the procedure. You will need to arrange for a responsible adult to drive you home and stay with you for 24 hrs following the procedure. (Does not include taxis/buses.) Even though you may not feel tired, your judgment and reflexes may not be normal. Please do not drive for 24 hrs following your procedure or return to work the day of your procedure.**

**Important Medication Information:**

Day of your procedure: **Take all your usual morning medications** (exceptions- insulin/blood thinners/aspirin see below.) It is very important to take blood pressure, seizure, PPI/anti-reflux, heart and breathing medications, with a couple sips of water on the morning of your procedure.

**Aspirin:** Stop morning of procedure

**Iron supplements:** Stop 3 days prior to the procedure.

**Vitamin E/Fish oils:** Stop 5 days prior to the procedure.

**Insulin:** *A nurse will contact you with dosing instructions. If you do not receive a phone call, please call our office at 309-454-5900.*

**Oral antidiabetic medications:** Do not take the morning dose the day of your procedure.

**Monitor your blood sugar and notify your physician as needed.**

**Blood Thinners:** *A nurse will contact you with dosing instructions. If you do not receive a phone call, please call our office at 309-454-5900.*

**Important Medical Device Information**

**Pacemaker**-if you have a pacemaker, provide copy of card or last device report prior to procedure

**Defibrillator**-if you have a defibrillator, provide copy of card or last device report prior to procedure

**Neurostimulator**-if you have a neurostimulator, bring shut off device to procedure appointment

We strongly encourage you to not smoke within 24 hours of your procedure. This includes cigarettes, pipes, cigars, e-cigarettes and other substances. Smoking can cause complications during or after the procedure. Do not consume alcohol within 24 hours of your procedure. **\*\*Failure to comply with the above instructions may result in the cancellation/reschedule of your procedure.**

Alert your physician of any drug allergies!

To report changes in or additional symptoms since your last contact with the office please call  
309-454-5900.

**\*\*\*\*\*Please see attached preparation instruction sheet\*\*\*\*\***

1302 Franklin Ave, Suite 4800 ☞ Normal, Illinois 61761 ☞ (309) 454-5900

Fax (309) 454-2820 ☞ [digestiveconsultant.com](http://digestiveconsultant.com)