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**Gastroenterology**

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301-262-8188  
Fax 301-464-8233

**COLONOSCOPY INSTRUCTION PACKET**

\_\_\_\_\_ has a **Colonoscopy** scheduled:

**Date:** \_\_\_\_\_

**Arrival Time:** \_\_\_\_\_

**Location:** **Greenbelt Endoscopy Center**  
9821 Greenbelt Road, Suite 103  
Lanham, MD 20706  
Telephone: 301-552-1801  
Fax: 301-552-2695  
**Web:** [www.greenbeltendoscopy.com](http://www.greenbeltendoscopy.com)

**Assigned Prep:**

- \_\_\_\_ Prep A- Prepopik
- \_\_\_\_ Prep B- Colyte
- \_\_\_\_ Prep C- Movi-Prep
- \_\_\_\_ Prep D- Suprep

See page 3 for prep instructions.  
**Only go by the instructions in this packet.**

Enclosed is the information for your upcoming procedure with Dr. Siegel at Greenbelt Endoscopy Center.

**Please read all of these instructions several days prior to your procedure.**

Your packet should contain:

- ❖ Instructions for your procedure
- ❖ Bowel Preparations Instructions
- ❖ Other preparations (If applicable)
- ❖ Understanding your procedure
- ❖ Information about the Anesthesia
- ❖ Pre-op instructions (If applicable)

**You will need to arrange transportation with a family member or friends.** Per the facility instructions public transportation or a taxi service is no acceptable.

If you are taking **Coumadin** it will need to be discontinued 5 days prior to your procedure.

**Please be aware that some insurance plans may not cover all of the medical claims associated with your procedure. You may receive multiple bills from the providers performing your procedure including Dr. Siegel or Dr. Sachdev, Greenbelt Endoscopy Center, the anesthesiologist and any other provider involved with your procedure. Please contact your insurance company to verify what your out of pocket expenses are going to be. You may also contact the Billing department at the Greenbelt Endoscopy Center at 240-553-0301.**

If there are any questions please contact our office at 301-262-8188 x211.

Thank you.

## INSTRUCTIONS FOR COLONOSCOPY

### ❖ A FEW DAYS PRIOR TO YOUR PROCEDURE

- At least 2 days prior to your colonoscopy make sure you have received your preparation from your pharmacy. If you are using Colyte or Half Lytely, once you mix the solution please keep it refrigerated.
- Inform your physician if you have an internal cardiac defibrillator or active Tuberculosis. Special arrangements may be required prior to the procedure.
- Stop taking Coumadin at least 5 days prior to your procedure. Contact your physician for verification.

### ❖ THE DAY BEFORE THE PROCEDURE

- **You may have a normal breakfast, but starting at noon until 12 midnight, you may only have clear liquid. Clear liquids include water, ginger ale, apple juice, Gatorade, lemonade, and clear broth such as chicken broth without the noodles and tea without milk. You may also have clear Jell-O (avoid green, red, or purple)**
- The instructions for bowel preps are on page 3.
- You should inform your physician of any severe vomiting, severe abdominal distension or no bowel movement after completing the preparation.
- Most bowel prep medications work within 30 minutes but may take as long as 3 hours. Remain close to a restroom as multiple bowel movements may occur.
- If applicable, take blood pressure, asthma, seizure, and heart medication. Check your blood sugar level before taking insulin and diabetic medication. Call the office with any questions.
- A staff member from the Greenbelt Endoscopy Center will contact you to go over information regarding the procedure.
- **You may have nothing to eat or drink after midnight.**

### ❖ ON THE DAY OF THE PROCEDURE

- In the early morning, **take nothing by mouth except your usual morning medications (except diabetic medication or insulin) with only a few sips of water.**
- **Report to the Greenbelt Endoscopy Center at the time given when scheduled.**
- Bring a current list of your medications, insurance card, your photo ID and co-payment to the center.
- Be sure to have someone drive you home. They do not have to wait at the facility; we will call them 30 minutes prior to the time of discharge.

### ❖ ONCE YOU ARRIVE AT GREENBELT ENDOSCOPY CENTER

- Report to the reception desk for registration. The patient will be taken to the admissions area.
- Once the patient arrives in the admission area a nurse will perform the pre-op assessment and complete the necessary documents.
- The nurse will insert an IV for fluid infusion and access for the sedation, which will be administered in the procedure room.
- Patients will then be transferred from the admissions area to the procedure room.
- After the procedure is performed, you will be transferred to the recovery room.
- Dr. Siegel would like to talk to the family member accompanying the patient immediately after the procedure.
- You will continue to be monitored by a nurse for 30 minutes.
- Dr. Siegel and the recovery room nurses will give post procedure instruction to the patient. A copy will be given to the patient to take home.
- You will receive a phone call from the Greenbelt Endoscopy center the day following your procedure for any questions or concerns.

**NOTE: Total estimated time is about 2 ½ to 3 hours for all procedures.**

## **BOWEL PREPARATION**

**\*NO SOLID FOOD AFTER LUNCH OR 1 P.M. CLEAR LIQUIDS ARE FINE UNTIL MIDNIGHT\***

**A. Prepopik (Prescription) - The Prepopik carton contains 2 packets of Prepopik powder and 1 dosing cup for mixing.**

Beginning at 8 p.m. mix and drink the first dose.

- 1) Fill the dosing cup provided with cold water up to the lower (5- ounce) line on the cup
- 2) Pour in the contents of ONE (1) packets and stir for 2-3 minutes until dissolved
- 3) Drink the entire contents
- 4) Follow with FIVE (5) 8-ounce drinks within the next 5 hours.

Begin taking the 2<sup>nd</sup> dose **6 HOURS AFTER (2 a.m.)** 1<sup>st</sup> dose repeating steps 1-3 then following with THREE (3) 8-ounce of clear liquid before your procedure.

**B. Colyte (Prescription)- Entirely a gallon liquid**

Prepare colon prep solution according to package instruction with a flavor pack or 1-2 tubes of Crystal Light lemonade mix.

Beginning at 8:00 p.m.

- 1) Drink 1 to 2 glasses (8 - 16 oz) every 20 to 30 minutes until you have consumed the entire gallon.
- 2) Continue to drink clear liquid as it will help with the cleansing.

**C. MoviPrep (Prescription)- 2 liters of liquid the MoviPrep carton contains 4 pouches and a disposable container for mixing.**

Beginning at 8:00 p.m., mix and drink first dose.

- 1) Empty 1 Pouch A and 1 Pouch B into the disposable container. Add lukewarm drinking water to the top line of the container. Mix to dissolve.  
(If preferred, mix solution ahead of time refrigerate prior to drinking. The reconstituted solution should be used within 24 hours.)
- 2) The MoviPrep container is divided by 4 marks. Every 15 minutes, drink the solution down to the next mark (approximately 8oz.), until the full liter is consumed. Drink 16 oz. of the clear liquid of your choice. This is a necessary step to ensure adequate hydration and an effective prep.

Begin taking the 2<sup>nd</sup> dose **6 HOURS AFTER (2:00 a.m.)** 1<sup>st</sup> dose repeating steps 1-2

**D. Suprep (Prescription)- 32 ounces of liquid. The Suprep Kit contains two 16 ounce cups for mixing the solution with water and two 6 ounces bottles for the Suprep liquid.**

Beginning at 8:00 p.m., mix and drink the first dose.

- 1) Pour one (1) 6-ounce bottle of SUPREP liquid into the mixing cup.
- 2) Add cool drinking water to the 16-ounce line on the container and mix.
- 3) Drink ALL the liquid in the container
- 4) You must drink two (2) more 16-ounce containers of water over the next hours.

Begin taking the 2<sup>nd</sup> dose **6 HOURS AFTER (2 A.M.)** 1<sup>st</sup> dose repeating steps 1-4.

## **OTHER PREPARATIONS (IF APPLICABLE)**

If you have a history of the following you will need to contact your cardiologist and get a cardiac clearance **BEFORE** the procedure:

- ❖ Chronic heart failure
- ❖ Atrial fibrillation
- ❖ Heart block with pacemaker
- ❖ Coronary artery disease
- ❖ Coronary artery disease with AICD implant
- ❖ Chronic renal failure on dialysis
- ❖ Abdominal aortic aneurysm
- ❖ Morbid obesity (A Body Mass Index in the range of 43-48)

**If you do not have a cardiologist, but need a cardiac clearance please call 301-262-8188 x211 to get the appropriate testing done.**

**If you do have a cardiologist and have scheduled an appointment, please call 301-262-8188 x211 to notify us of the appointment for our records.**

## UNDERSTANDING COLONOSCOPY

**What is a colonoscopy?** Colonoscopy is a procedure in which your physician examines the colon lining (large bowel) for abnormalities. This is done by inserting a flexible tube approximately as thick as your finger into the anus and advancing it slowly into the rectum and colon.

**What preparation is required?** The colon must be completely clean for the procedure to be accurate and complete. Your physician will give you detailed dietary instructions and restrictions, and address the cleansing routine to be used. Follow your preparation instructions carefully. If you do not, the procedure may have to be rescheduled.

**What about my current medications?** Most medications may be continued as usual, but some can interfere with the examination. Blood thinners and insulin are examples.

**What can be expected during a colonoscopy?** Colonoscopy is usually well tolerated and rarely causes much pain. There is often a feeling of pressure, bloating or cramping at times during the procedure. Your doctor will medicate you through a vein to help you relax and tolerate procedural discomfort. You will be lying on your side or back while the colonoscope is advanced slowly through the larger intestine. As the colonoscope is slowly withdrawn, the lining is again carefully examined. The procedure takes 15 to 20 minutes.

**What if the colonoscopy shows something abnormal?** If your doctor thinks an area of the bowel needs to be evaluated in greater detail, a forceps instrument is passed through the colonoscope in order to obtain a biopsy (sample of the colon lining). This specimen is submitted to the pathology laboratory for analysis. If polyps are found, they are generally removed. None of these additional procedures typically produce pain. Remember, the biopsies are taken for many reasons and do not indicate that cancer is suspected.

**What are polyps and why are they removed?** Polyps are abnormal growths from the lining of the colon that vary in size from a tiny dot several inches. The majority of polyps are benign (non-cancerous) but the doctor cannot always tell a benign polyp from a malignant (cancerous) polyp by its outer appearance alone. For this reason, removed polyps are sent for tissue analysis. Removal of colon polyps is an important means of preventing colorectal cancer.

**How are polyps removed?** Tiny polyps may be totally destroyed by fulguration (burning), but rather large polyps are removed by a technique called snare polypectomy. The doctor passes a wire loop (snare) through the colonoscope and severs the attachment of the polyp from the intestinal wall by means of an electrical current. You should feel no pain during the polypectomy. There is a small risk that removing a polyp will cause bleeding or result in a burn to the wall of the colon, which could require emergency surgery.

**What happens after a colonoscopy?** After the procedure your physician will explain the results to you. You may have some cramping or bloating because of the air that is introduced into the colon during the examination. This should disappear quickly with the passage of flatus (gas). Generally you should be able to eat after leaving the endoscopy center, but your doctor may restrict your diet and activities, especially after a polypectomy.

**What are the possible complication of a colonoscopy?** Colonoscopy and polypectomy are generally safe when performed by physicians who have been specially trained and are experienced in these endoscopic procedures. One possible complication is perforation or tears through the bowel wall that could require surgery. Bleeding may occur from the site of biopsy or polypectomy. It is usually minor and stops on its own or can be controlled through colonoscope. Rarely, blood transfusions or surgery is required. Other potential risks include a reaction to the sedatives used and complications from heart and lung disease. Although complications after a colonoscopy are uncommon, it is important for you to recognize early signs of any possible complication. Contact your physician who performed the colonoscopy if you notice any of the following symptoms: severe abdominal pain, fever and chills, or rectal bleeding of more than one half cup. Bleeding can occur several days after the polypectomy.

## **YOUR PROCEDURE**

Please follow your gastroenterologist's pre-procedure instructions very carefully. Notify your gastroenterologist if you are taking any blood thinners (including aspirin), require antibiotics prior to invasive procedures, take insulin or take blood pressure medication. Also, if you have any special needs, or if you know you are pregnant or think that it is a possibility, please alert your doctor at the time you are scheduled.

Please be advised that a GEC nurse will call your home the day before the procedure. Please make sure that you are available. If you are not available, a message concerning your procedure will be left on your answering machine or with the party answering the phone **unless you inform us not to do so.**

Please bring a list of the medications you are currently taking. Please notify us anytime if this information changes so that we may update your records. Because you will be receiving sedation, **you must bring a responsible adult with you to drive you home after your procedure.** You will not be allowed to drive yourself home.

If you are having an upper endoscopy, your procedure will take approximately 15 to 30 minutes. If you are having a colonoscopy, your procedure will take approximately 30 to 45 minutes. Your length of stay in the recovery area will range anywhere from 30 to 90 minutes, depending on the procedure you are having done and the amount of sedation you have received.

### **After Your Procedure**

Following an upper endoscopy, you may experience a slightly sore throat that may be relieved with warm liquids or throat lozenges.

Following a colonoscopy, you may experience slight cramping and tenderness in the rectal area. Warm fluids and moving about will ease the cramping sensation. Applying Vaseline to the rectum will ease the tenderness. You may also take Tylenol, if necessary.

### **Directions**

From Route 495 (Richmond): Take exit 22A (BW Parkway) towards Baltimore. Then take the next immediate exit (Rt. 193 Greenbelt NASA). Go east on 193 for 2 ½ miles until you get to the intersection of Good Luck Rd. Turn right on Good Luck Rd. and immediately get in the left lane. Turn Left into the first driveway into the complex. Continue straight and then make a left to the lower level parking lot. You will see the Greenbelt Endoscopy Center sign outside of Suite 103.

From Route 495 (Baltimore/College Park): Take exit 23 (193 East) Veer right and follow the signs for 193 E (Greenbelt Road). At the light turn left onto 193 E. Go east on 193 for 2 ½ miles until you get to the intersection of Good Luck Rd. Turn right on Good Luck Rd. and immediately get in the left lane. Turn Left into the first driveway into the complex. Continue straight and then make a left to the lower level parking lot. You will see the Greenbelt Endoscopy Center sign outside of Suite 103.

From Bowie: Take 450 W. Turn right onto 193 W (Glenn Dale Blvd.) After you pass route 564 (Lanham-Severn Rd.) Route 193 becomes Greenbelt Rd. Continue on 193 W until you get to the intersection of Greenbelt and Good Luck Rd. Make a left at the intersection and stay in the left lane. Turn left into the first driveway into the complex. Continue straight and then make a left to the lower level parking lot. You will see the Greenbelt Endoscopy Center sign outside of Suite 103.

Greenbelt Anesthesia Associates  
9821 Greenbelt Road, Suite 103  
Lanham, MD 20706  
301-552-1801  
Fax: 301-552-2695

**IV Sedation** is administered through an intravenous catheter to minimize any discomfort that might be experienced during the endoscopic procedure. During moderate sedation, the patient will be drowsy, and can sleep throughout the procedure. Patient can awaken when touched or spoken to. During deep sedation, breathing can be slowed. Patient will sleep throughout the procedure until the medication wears off.

**IV Sedation Agent** is a combination of sedative, narcotic and propofol during your procedure. Propofol is a very fast acting anesthetic that will be administered by an anesthesia provider (CRNA). Propofol produces hypnosis rapidly, usually within 40 seconds after administration, and it will wear off very fast. This sedative will make you relaxed and comfortable during the procedure. Prior to your procedure, the anesthesia provider will evaluate your medical condition and will formulate an anesthetic plan taking into consideration your physical status.

**Notify Your Anesthesia Provider Immediately If** you have ever had any problem with sedation or anesthesia. You have an allergy to egg yolk or soy protein. You have sleep apnea. If you have sleep apnea and you have a CPAP machine at home, bring it with you the day of your procedure. If sleep apnea is unknown, alert anesthesia provider if you snore loudly at night or if you feel tired or not rested the next morning.

**Possible Risks and Side Effects** associated with anesthesia include but are not limited to worsening of preexisting medical problem, airway difficulties and drug reactions. Drug reactions can include rash, nausea, vomiting, muscle aches, headaches, wheezing and very rarely, shock. Maintaining an airway may include placement of an oral or nasal airway, laryngeal mask airway or an endotracheal tube. Reactions to artificial airways include laryngospasm, which required immediate corrective treatment. Manipulation of the airway may result in damage to caps, bridges or damaged teeth and very rarely to sound teeth. Some individuals may experience a sore lip, throat or hoarseness. IV catheters may cause inflammation, swelling, or bleeding.

**Things To Do The Day of Your Procedure:** In order to receive sedation you must follow the instruction before regardless of any other instruction that you have received:

- ❖ Nothing to eat or drink after midnight. Please be advised that the procedure will be cancelled if you have eaten prior to your procedure.
- ❖ Diabetic patients: if you have symptoms of hypoglycemia (low sugar) suck on a hard candy. Do not drink juice.
- ❖ Patients that take blood pressure and heart medication, take your medicine with a sip of water early in the morning the day of your procedure.
- ❖ Patients **MUST** have a responsible person driving the home. **Be aware that public transportation such as a bus of Metro is not acceptable.** You may take a taxi as long as you have a companion riding with you.
- ❖ If you have had a heart attack less then four months from your visit, your procedure will be cancelled.

Please feel free to ask your physician or anesthesia provider if you have any unanswered questions about the sedation you will be receiving or about your procedure.

## **PRE-OP INSTRUCTION FROM GREENBELT ENDOSCOPY CENTER**

### **PLEASE READ CAREFULLY**

1. If you have a BMI (body mass index) of 43-48 please contact Greenbelt Endoscopy Center as soon as possible for pre-procedure screenings. This may include fasting blood work and an EKG if there are no recent ones available. If you are unsure and want to check your BMI please contact the office or go to [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi).
2. If you have multiple medical problem such as **high blood pressure, diabetes, breathing problems, heart problems, etc.** You must contact the Greenbelt Endoscopy Center as soon as possible for a pre-procedure screenings.
3. If your BMI is less than 43 and you have absolutely no health problems, you will receive a call from the Greenbelt Endoscopy Center at least 3 days before your procedure. If you are unsure of you medical conditions please call the Greenbelt Endoscopy Center.

#### **Please provide the following information for pre-procedure screenings:**

1. Name and phone number of primary physician and cardiologist is applicable
2. List of current medications including:
  - ❖ Name of Medication
  - ❖ Dosage
  - ❖ Frequency
3. Copy of recent blood work.

### **TO AVOID UNNECESSARY CANCELLATION OF YOUR PROCEDURE PLEASE FOLLOW THE ABOVE INSTRUCTIONS**

Hours of pre-procedure screening at the Greenbelt Endoscopy Center are:

Monday, Wednesday and Friday- 8:00 a.m. - 12:00 p.m.

Tuesday and Thursday- 3:00 p.m. - 6:00 p.m.