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Colonoscopy

Appointment Date: _____

Time of Arrival: _____

Place of Service: _____

What is a Colonoscopy?

The procedure involves inserting a flexible tube into the rectum and passing it through the entire large intestine for a direct visualization of the colon.

****READ ALL INSTRUCTIONS AT LEAST 5 DAYS BEFORE YOUR PROCEDURE DATE****

PLEASE FOLLOW ALL PREP INSTRUCTIONS GIVEN TO YOU BY DR. RAHIMI'S OFFICE.
(DO NOT FOLLOW INSTRUCTIONS GIVEN TO YOU BY FRIENDS, NEIGHBORS, FAMILY MEMBERS, PHARMACIES OR ANYONE ELSE.)

1. **You will need a driver to take you home.** You will be given sedation which will make you unable to drive yourself. (No taxi cabs allowed.)
2. **Please inform us of any drug allergies**, or if you are taking blood thinning medication (Coumadin, Lovenox, Heparin injections, Aspirin, or Trental), or have an artificial heart valve, pacemaker, implanted defibrillator, mitral valve prolapse, or joint replacements. Antibiotics are no longer recommended for a simple mitral valve prolapse or joint replacements.
3. **Continue taking any routine heart or blood pressure medication you may be currently on, both during the preparation time and the day of the procedure.**
4. **If you are an insulin-dependent diabetic**, please consult your primary care doctor or endocrinologist about insulin dosage during preparation periods and the day of the exam.
5. **5 DAYS BEFORE PROCEDURE:**
 - **FILL YOUR BOWEL PREP PRESCRIPTION AT YOUR PHARMACY.**
 - **STOP TAKING ASPIRIN, IBUPROFEN, ALEVE, ADVIL OR ANY OTHER BLOOD THINNING MEDICATIONS (Coumadin, Lovenox, Heparin injections, Aspirin, or Trental.) (Tylenol is ok.)** ** If you are taking Coumadin, or other blood thinners, they need to be stopped 5 days prior to your procedure. Note that there is possible risk for stroke while one is off of Coumadin, or other blood thinning medication, so please contact your prescribing doctor for further instructions before stopping these medications.

- **STOP EATING ANYTHING CONTAINING NUTS OR SEEDS**; tomatoes, cucumbers, pickles, squash, all fruits, and berries containing small seeds, granola bars, sesame seeds (on buns/bagels), poppy seeds, peppers, etc.) Discontinue iron and bulking agents like fiber, Metamucil, etc.
6. **Please let us know if you have significant Cardiac or Renal impairment.** This will effect the doctor's decision regarding your colonoscopy preparation.
7. **DO NOT EAT OR DRINK ANYTHING (OTHER THAN THE PREP) ON MORNING OF EXAM.**
(Continued on side 2...)

Blood Transfusions:

Any persistent bleeding may require blood transfusion, which could result in the transmission of infectious agents. Although remote, this small risk is present. New blood testing procedures eliminate virtually all the risk. However, patients may consider having the procedure delayed long enough to have a unit of their own blood held in reserve, if needed.

ON YOUR PROCEDURE DAY:

You will be asked to sign a consent form and a post procedure instruction form. The post procedure form will advise you not to exercise, strain, jog or lift heavy items for 7-10 days after the procedure. This applies ONLY IF you have had a biopsy taken or polyp(s) removed.

****The doctor will speak to you before and after procedure, however, due to sedation given, any results given at procedure time may not be remembered or could be misunderstood. You will be given a written report of findings, and if pathology is obtained, you will be notified of results within 2 weeks. Please call the office if you have any questions regarding your results, and a message will be left for the doctor.**

2 DAYS BEFORE EXAMINATION:

Eat lightly; avoid eating too much fiber, (fruits, vegetables and whole grains) and stay hydrated.

ONE DAY BEFORE EXAMINATION: FOLLOW ATTACHED BOWEL PREP SHEET GIVEN TO YOU BY THE OFFICE. REMEMBER:

1. **DRINK ONLY CLEAR LIQUIDS FOR BREAKFAST, LUNCH AND DINNER. STAY HYDRATED. * NO SOLID FOOD ***
(Water, clear fruit juices (apple, white cranberry, white grape, NO OJ), clear broth, tea, Jell-O, popsicles, Gatorade, carbonated beverages are OK.) **No RED OR PURPLE COLORED LIQUIDS AND NO DAIRY OR CREAMER PRODUCTS.**
2. See attached form for Bowel Cleansing Prep. **Follow prep instructions given to you by the office.** (OsmoPrep/HalfLyte/Golytely/Nulytely/PEG/MoviPrep, etc.) You will begin the prescription the night before at 6 p.m. and finish the remainder at 4 a.m. the morning of the procedure.

DAY OF EXAMINATION:

1. Nothing to eat or drink (other than the prep) on day of procedure.
2. Arrival time is indicated on the front of this sheet.

If you have any questions or need to reschedule your procedure, please call our office at (949) 364-2536 as soon as possible. **All cancellations and reschedules must be made 72 hours, (or *3 business days*), prior to procedure date to avoid any cancellation fees.** If you need to cancel, please call both the facility where procedure is to be performed and the doctor's office at least 72 hours in advance.