

GASTROINTESTINAL DIAGNOSTIC CENTER 4660 WILKENS AVENUE, SUITE <u>302</u> BALTIMORE, MARYLAND 21229 410-242-3636

www.gibaltimore.com

410-247-7500 x207 Julia

COLONOSCOPY

DATE: ____

AMMYA	L TIME: APPOINTMENT TIME:
The (GIDC), 4	L INSTRUCTIONS: his procedure will be performed at the GastroIntestinal Diagnostic Center 1660 Wilkens Avenue, Suite 302. A colonoscopy takes approximately 20- 1681. You will then be taken to the recovery room, where you will remain 1681 ately 1 hour.
Y	ou will be sedated for this procedure and will not be allowed to drive home or
Return to	Work after the procedure. Please arrange for a responsible adult to
CANCEL	t you to and from the Center. YOUR PROCEDURE WILL BE
CANCE	LLED IF YOU DO NOT HAVE A RESPONSIBLE ADULT WITH YOU.
MEDICA	TIONS:
1.	If you are taking iron medications discontinue 10 days prior to preparation.
2.	If you are taking aspirin, or aspirin containing medications, discontinue 7 days
_	prior to preparation,
3,,	Arthritic medications should be discontinued 4 days prior to preparation.
4.	If you are taking Metamucil, Citrucel, Colace, Pericolace, or a similar product, discontinue 2 days prior to preparation.
5.	If you are Diabetic , please discuss your medication with your physician. Take ½ dose of the day before
_	procedure, none the morning of procedure.
6.	If you are taking antibiotics, you may continue as instructed.
7.	Coumadin or other blood thinners may be stopped for several days prior to the procedure. Please discuss this with your physician.
8.	Do not take any tranquilizers on the morning of the procedure, because you will have sedation.
9.	If you are taking medication for your heart, you may take your medication with 4 oz. of water the morning of your procedure.
10.	If you are taking medication for high blood pressure, please discuss this with
	your physician.
11.	Please notify your physician if you are unable to complete your preparation for this procedure.
STOP:	prior to procedure.