



Gastrointestinal  
Consultants  
of NE PA, P.C.

**THE SCRANTON ENDOSCOPY CENTER**

517 Ash Street, Scranton  
570-969-6100

\_\_\_\_\_ is scheduled for a  
COLONOSCOPY at the SCRANTON  
ENDOSCOPY CENTER. Please arrive at  
The Center at \_\_\_\_\_ : \_\_\_\_\_  
on \_\_\_\_\_.

### **COLONOSCOPY-GATORADE/MIRALAX/GLYCOLAX PREP**

**PURCHASE:** 238 gram bottle of MIRALAX/GLYCOLAX (over the counter)  
Dulcolax Laxative tablets (over the counter)  
64 oz. Bottle of Gatorade. Do not use red or purple Gatorade, can  
substitute Gatorade with Crystal Light, Lemonade, iced tea or water

### **ONE DAY BEFORE THE PROCEDURE:**

You are on a **liquid diet for the entire day**, avoiding all solid foods.  
You may have water, clear juice, clear soda, Gatorade, tea, coffee, broth, etc.  
Jell-O is allowed in any color OTHER THAN RED. Continue to drink **plenty of fluids**  
throughout the day. NO milk or dairy products. NO alcoholic beverages.

\*Take the two Dulcolax tablets upon arising in the morning.

\*Between 3:00 p.m. and 5:00 p.m. mix the **entire** contents of Miralax/Glycolax with the  
Gatorade until the Miralax/Glycolax is dissolved. Drink an 8 oz. glass every 10-15  
minutes until the solution is gone. If you become increasingly nauseated take a 15  
minute break from the prep, then resume.

**Upon completion of prep, by 8:00 p.m., your bowel movements should appear as  
“clear” as the fluid you consume.**

**Approximately 2 hours after taking the entire prep you r bowel movements should  
be a slight yellow/green colored liquid (no solid material).**

If you have any questions regarding your prep or your test please do not hesitate to call  
969-6100 and press 0.

**Do not eat or drink after midnight the night before your test until the test is complete.**  
**Do not chew gum or eat any candy on the day of the exam.**

You will be at the CENTER for two to two and one half hours.

**You MUST have someone drive you home from the procedure.**

**YOU MAY TAKE YOUR REGULAR MEDICATIONS UNLESS OTHERWISE INDICATED BY YOUR PRIMARY CARE PHYSICIAN.**

**PLEASE NOTE:**

If you are taking **any blood thinners** such as Aspirin, Ecotrin, Pletal, Plavix, Motrin, Naprosyn, Naproxen, Celebrex, Mobic, Coumadin, Arthrotec, Feldene normally stop 4 days before the test.  
**HOWEVER YOU MUST CLEAR THIS WITH YOUR PRIMARY CARE PHYSICIAN BEFORE YOU STOP TAKING THESE MEDICATIONS.**  
**ASPIRIN**-Stop taking 5 days before test.  
**ASPIRIN CONTAINING PRODUCTS**-Stop 5 days before test like Advil, Aleve, Motrin.  
**ARTHRITIS MEDICATION**-Stop 5 days before test.  
**IRON/MULTIVITAMINS/VITAMIN E**-Stop 5 days before test.  
All Herbal products including Garlic, St. John's Wort, Gingko.

**IF YOU ARE DIABETIC:**

Please contact your primary doctor to regulate your medication/insulin.

**IF YOU TAKE:**

**HEART, BLOOD PRESSURE, ASTHMA or SEIZURE** medicines the morning of the test, please take them with a small amount of water by **6AM**.

Please bring inhalers with you if you use them.

If you have sleep apnea and utilize a C-pap machine, bring with you.

Be sure to dress comfortable--clothes that can be easily folded.

Please shower or bathe the night before or morning of exam--no perfumes.

You may be asked not to leave town for 5 days if polyp is removed.

## **DIRECTIONS TO THE SCRANTON ENDOSCOPY CENTER:**

**From 81 North:** Take the Scranton Expressway. Follow into Scranton to Wyoming Avenue. Make a left onto Wyoming Avenue. Continue to Wendy's (on right). At Wendy's make a right onto Ash Street. Continue through 1<sup>st</sup> light. The Scranton Endoscopy Center is on the left. Enter through the main entrance and down the hall to the Center.

**From 81:** Take the Central Scranton Expressway to Jefferson Avenue. Continue on Jefferson Avenue to the end. Make a left onto Ash Street. At the stop signs, you will see the Scranton Endoscopy Center on the right. Enter through the main entrance and down the hall to the Center.

## **INSURANCE**

**You will need to bring your insurance at the time of your appointment.**

Your insurance coverage is an agreement between you and your insurance company. Financial responsibility rests with the patient for deductibles, co-insurance and services not covered by insurance.

We will bill your insurance for services received and subsequently will bill you for any remaining balances. We respectfully ask that balances be paid within 90 days.

Due to the numerous insurance companies and various plans, it is the patient's responsibility to confirm coverage of your procedure and participation of **BOTH** physician and endoscopy center.

If your insurance requires a referral, be sure to contact your primary physician with the above date so they may issue the appropriate insurance referrals. Bring referral with you for our appointment.

## **CANCELLATION POLICY**

Please notify us **2 business days** prior to cancellation or you may be charged a cancellation fee.