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Main Office 1672-1674 Sheepshead Bay Rd Brooklyn, NY 11235 T- (718) 332 - 0600 Bushwick Office 129 St. Nicholas Ave Brooklyn, NY 11237 T- (718) 821-0643

APPOINTMENT INFORMATION

Endoscopy Center 214 Avenue P (West 6<sup>th</sup> & 7<sup>th</sup> St) Brooklyn, NY 11204 T- (718) 339 - 5678 Mount Sinai Hospital Brooklyn 3201 Kings Hwy Brooklyn, NY 11234 T- (718) 951 – 2801 Maimonides Medical Center 1025 48th Street Brooklyn, NY 11219 T- (718) 283-7055

Wyckoff Heights Medical Center 374 Stockholm Street Brooklyn, NY 11237 T- (718) 963-7272 Staten Island Office 2043 Richmond Avenue Staten Island, NY 10314 T- (718) 987-1700 **Bronx Office** 3594 East Tremont Ave, Suite#100 (LL) Bronx, NY 10465 T- (718) 292 - 3822

# **Colonoscopy – SUFLAVE Instruction**

Patient Name: _	
Date:	
Time:	

## **Cancellation Policy**

Scheduling procedures requires careful planning between the staff, doctors, and facility. Please be compliant with and on-time for your appointment. If you must reschedule or cancel, please contact us at least 1 day prior to procedure. Failure to do so will incur A FEE OF \$100.

Thank you for your cooperation.

#### 1 WEEK PRIOR

- Fill your prescription for SUFLAVE at the pharmacy.
- Arrange for a driver to take you home on the day of the procedure.
- If you have diabetes, check with your doctor regarding diet and medication instructions.
- Avoid all seeds, popcorn, multigrain breads, high fiber vegetables, and fruits.
- Stop Fiber Supplements, Vitamin E, and Iron containing supplements (example: Ferrous Sulfate)

## Medications to be **DISCONTINUED**

- All Blood thinners should be discussed with your prescribing doctor. (Coumadin, Plavix, Eliquis, Effient, Brilinta, Xarelto, Arixtra, Lovenox, Pradaxa, Fragmin). You can CONTINUE Aspirin 81 mg unless instructed by your
- o **STOP 1 WEEK PRIOR:** Semaglutide (Ozempic, Wegovy), Mounjaro, Zepbound, Trulicity, Victoza, Bydureon BCise
- o STOP 1 Day PRIOR: Rybeslsus, Saxenda, Byetta, Adlyxin

## 1 DAY PRIOR

- Start a clear liquid diet in the morning.
  - o NO SOLID FOOD ALL DAY (No Breakfast, Lunch, or Dinner)
  - NO DAIRY PRODUCTS
  - NO RED or PURPLE FOOD COLORING

Clear liquids include: Broths, Water, Clear fruit juices (apple), Soda, Gatorade, Jell-O, Popsicles, Black Coffee or Tea

- At <u>5PM</u> (**PART 1**): Fill bottle 1 of the mixing container up to the 16-ounces line with water. Drink 8-ounces of solution every 15 minutes until the bottle is empty. In addition, drink 16-ounces of water over the next 1 hour.
- At 9PM (PART 2): Fill bottle 2 and please repeat the same instruction as (PART 1)

NOTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO THE PROCEDURE.

#### PROCEDURE DAY

- You may take your morning medications (**High Blood Pressure and Thyroid**) with a small sip of water.
- If you have asthma, please bring your inhaler with you.
  - NO CHEWING GUM or SUCKING ON HARD CANDY

A RESPONSIBLE ADULT MUST ACCOMPANY ALL PATIENTS THE DAY OF THE PROCEDURE. NO PATIENT SHOULD DRIVE ON THE DAY OF THE COLONOSCOPY.