

Appointment information:

Patient Name: _____

Physician: _____

Preparation Date: _____

Appointment Date: _____

If you need to cancel or reschedule your appointment, this must be done 72 business hours prior to your procedure. If not, you will be charged a fee of \$100.00. **Please call 310-539-2055 during regular business hours to cancel or reschedule your appointment. Voice mail cancellations are not accepted.**

Arrival Time: _____ Discharge Time: _____

Location of Procedure:

Your procedure will be at the following location:

☐

The Endoscopy Center of The South Bay
23560 Madison St., Suite 109
Torrance, CA 90505
310-325-6331

☐

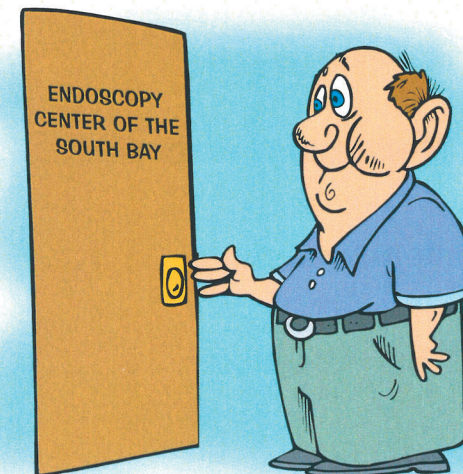
Torrance Memorial Medical Center
G.I. Lab/Located in the Basement Level
3330 Lomita Blvd.
Torrance, CA 90505
310-517-4707

☐

Little Company of Mary Hospital
G.I. Lab/Located on the First Floor of Hospital
4101 Torrance Blvd.
Torrance, CA 90503
310-303-5362

Scheduler's Name: _____

Telephone: (310) 539-2055 ext. _____



Getting Ready for Colonoscopy

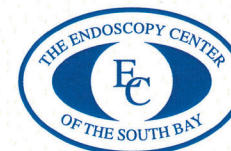
(Renal Prep)

at the

Endoscopy Center of the South Bay

Please read this instruction booklet at least
ONE WEEK BEFORE your procedure.

We understand getting ready for your procedure can be challenging, so this booklet was created to help guide you through the process and to answer questions you may have.



Endoscopy Center of the South Bay

23560 Madison St., Suite 109 • Torrance, CA 90505

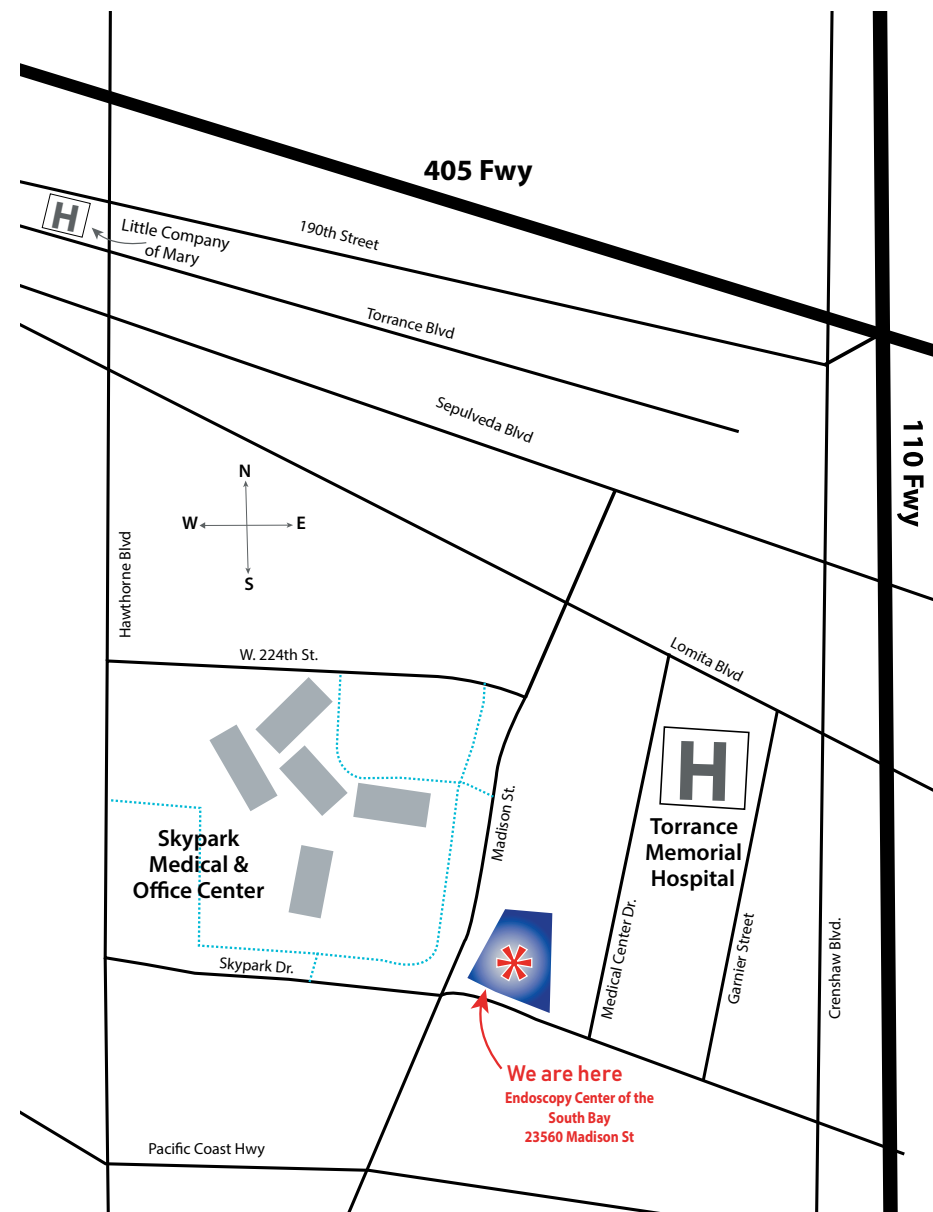
310-325-6331

www.SouthbayGastro.com

See back of booklet for APPOINTMENT TIME & LOCATION

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South Bay Gastroenterology Medical Group

23456 Hawthorne Blvd #300, Torrance, California 90505

SBGI is located in the Skypark Medical & Office Center

 **Endoscopy Center of the South Bay**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

1. If you are on any type of medication for diabetes, oral medications or insulin, you should bring the medications with you on the day of procedure.
2. If you are currently taking oral diabetes medications, please **DO NOT** take your pills on the day of your procedure until after the procedure.
3. If you are on insulin, you should administer insulin according to your usual instructions on the day of preparation while you are on clear liquids and taking laxatives. Your blood sugar will be checked when you arrive in the Endoscopy Center prior to your procedure.
4. If you are on an insulin pump, you should obtain instruction from your endocrinologist specifically for your scheduled procedure.

1. Please take all your usual blood pressure and heart medications on the day you are preparing for the procedure **AND** on the morning of the procedure with a small amount of water (2 oz) no later than 6 am.
2. If you have a mechanical heart valve, you will require antibiotics prior to your procedure. If you are allergic to penicillin, please follow special instruction.

1. If you are on prescribed blood thinners, your cardiologist or primary physician prescribing your medication must be notified of your scheduled procedure and specific instruction regarding your medication will be obtained.

1. You should not stop any type of seizure medications even on the day of your procedure. You may take the medication no later than 6 am with 2 oz of water the morning of your procedure.
2. You should continue to use inhaler medication for respiratory disease and bring them with you to the endoscopy center.
3. You should not stop thyroid medications even on the day of your procedure. You must take the medication no later than 6 am with 2 oz of water the morning of your procedure.

One Day Before Procedure

1. **ONLY CLEAR LIQUIDS THE ENTIRE DAY PRIOR TO PROCEDURE - NO SOLID FOOD OR MILK PRODUCTS. DRINK LIQUIDS THAT CONTAIN ELECTROLYTES AND CALORIES THROUGHOUT THE DAY TO AVOID DEHYDRATION.**

**Clear liquid examples are water, Gatorade, crystal light, strained fruit juices without pulp, coffee or tea without creamer or milk, clear chicken, beef or vegetable broth, carbonated or noncarbonated soft drinks, jello, popsicles. Please avoid red or purple colored drinks or jello.

2. **FILL THE GOLYTELY PRESCRIPTION AT YOUR LOCAL PHARMACY. THE PRESCRIPTION WAS GIVEN TO YOU AT THE TIME OF SCHEDULING.**
3. **MIX THE GOLYTELY SOLUTION BY ADDING WATER UP TO THE WATER FILL MARK ON THE PLASTIC CONTAINER THAT YOU OBTAINED FROM THE PHARMACY. YOU SHOULD HAVE 1 GALLON (4 LITERS) OF SOLUTION. SHAKE SOLUTION WELL SO THAT ALL THE POWDER IS COMPLETELY DISSOLVED.**
4. **START DRINKING THE GOLYTELY AT 4PM, YOU MAY CHOOSE TO DRINK THIS SOLUTION COLD OR AT ROOM TEMPERATURE.**

**Try to drink all of Golytely solution within 2 hours, but if your stomach still feels too full or if you are nauseated, wait until you are able to tolerate more.

**The goal is to drink until your stool is completely clear like tap water, without color or residue. Please be aware that the GOLYTELY solution will induce diarrhea, but the time of onset may be different for each individual. Some may also experience mild cramping.

**Use hemorrhoid creams or A&D ointment if needed to protect anal area from being overly irritated while taking the laxatives.

5. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT; AVOID CHEWING GUM OR EATING CANDY TWO HOURS BEFORE PROCEDURE.** It is extremely important to have no food or liquid in your mouth or stomach prior to procedure in order to avoid risk of aspiration pneumonia.

The Day of Your Procedure

You should plan on being at the Center for approximately 3 hours from the time you arrive, until discharge.

Please bear in mind that appointments are approximate times. If delays occur, we will do our best to update you and your driver in a timely manner.

1. You must NOT work or drive on the day of your procedure due to sedatives used for the procedure.
2. You must have a driver who will be taking you home after the procedure; your driver should be waiting at the endoscopy center at time of discharge.
3. You must have your insurance card, photo ID for verification, and you will need to settle all of the payment that you are responsible for at the time that you check in. Please do not bring any unnecessary jewelry or valuables with you. If you wear contacts, please wear your glasses day of procedure, leave contacts at home.
4. You must have fasted since midnight with no solids or liquids prior to having your procedure. Any fluid or food in your stomach will increase risk for aspiration pneumonia due to sedatives used for the procedure. If you must take blood pressure or heart medication the morning of your procedure, please take the medicine prior to 6 am with no more than 2 oz. of water.
5. You must arrive 1 hour prior to your procedure time for the check in process. Please arrive earlier if you usually require more time to walk, dress, and undress.
6. You should plan on being at the endoscopy center approximately 3 hours from your arrival time to the time of discharge.
7. After the procedure, you should plan on small and easily digestible foods and avoid foods that usually give you indigestion or gas. You should resume normal meals the next day.
8. After a colonoscopy, your bowel movements may not return to usual pattern for 2 to 4 days.

