SIG
specialists in gastroenterology
powered by GI Alliance

You are scheduled for: ☐ colonoscopy ☐ upper endoscopy ☐ flexible sigmoidoscopy on:

_____ _____ /_____ ____:_____ AM / PM ____:_____AM / PM with:
Day **Date** **Arrival time** **Procedure Time**

☐ Dr. Ghosh ☐ Dr. Peterson ☐ Dr. Root ☐ Dr. Singh ☐ Dr. Thyssen ☐ Dr. Weinstock

Your procedure is scheduled at **Missouri Baptist Medical Center Building D Suite 550**

- **Patients and their drivers must not wear perfume, cologne or aftershave.**
- You will need to bring your photo ID and insurance cards.
- If your insurance company requires a referral form or number, it is important that you have obtained this in advance from your primary doctor's office prior to this appointment.
- Remember that you may not drive or work until the next day and need a responsible adult to take you home. Your driver is required to stay during the duration of the procedure.
- **DO NOT** bring any valuables or personal belongings including: cell phones, wallets, purses, jewelry, electronics or cash. Per hospital policy these items will have to be checked and logged in with the security department and will delay your procedure.

Our aim is to provide personalized, caring treatment to people with gastrointestinal conditions and diseases using the most advanced and comprehensive therapies available.

For more information you can visit www.GIdoctor.net , our fax is 314-997-5086 or **for questions please call 314-997-0554 Option 4.**

Turn page over for more information

Missouri Baptist Medical Center

Pre-registration: Please pre-register for the hospital in advance by calling (314) 747-5040 option 1, no more than 3 days prior to your procedure.

Location: 3023 New Ballas Road, Saint Louis, MO 63131 Building D Suite 550. (just south of the intersection of Highway 40/64 and Interstate 270).

Parking: North garage facing Highway 40/64. Above and below ground parking; drop off available in front of Building D of the hospital facing Highway 60/64.

Directions: From Highway 40/64 turn south on Ballas Road. Turn right at the first driveway (Jess Harmon Drive) this leads to Building D facing the Highway. Park below the building, go to the elevators in the lobby of Building D then take the elevators to the 5th floor. Exit left to Suite 550.

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Colonoscopy Preparation Using Suflave 2 Day PM/AM Split Dosing Regimen

Cancellation Policy: We require 7-day notice, or you may be charged $350 cancellation fee. Patients who no-show or late cancel repeatedly, may be denied future appointments. This is not only a courtesy to your physician but provides an opportunity for another patient in need of medical care. Special unavoidable circumstances may have an impact on fees being waived but only with management approval.

If these instructions are not followed it is at the discretion of the physician and your procedure may be cancelled.

- **SEVEN DAYS BEFORE THE PROCEDURE**

Medication restrictions – Please call the prescribing physician

1. *Diabetics taking insulin:* will need dosing adjustment the day before the exam. Please ask for advice from the physician that prescribes your insulin. Oral diabetic medication restrictions listed below.
2. *Blood thinners:* These can increase the risk of bleeding during and after endoscopic procedures to a varying degree. **If you take a blood thinner, review our recommendations below for holding these medications prior to your procedure and confirm with your prescribing provider, some patients may require a "bridge" in medication**:

Effient - 7 days; Coumadin (Warfarin), Plavix and Brilinta - 5 days; Pradaxa, Eliquis and Xarelto - 2 days;

3. Aspirin does **NOT** need to be stopped.
4. **Phentermine** – stop 4 days.

***** IF these medications are unable to be stopped, you need to call our office ASAP*****

Items to Purchase

1. Fill the prescription for *Suflave*. *Suflave* contains advantame similar to aspartame; if this is a problem, call us before filling the prescription.
2. Fill the prescription for *Ondansetron* (anti-nausea medication).
3. Purchase four (4) Dulcolax tablets (over the counter).
4. Any over-the-counter hemorrhoid ointment for anal discomfort (A & D ointment or any diaper cream).
5. Optional water flavor enhancer of your choosing to flavor prep if not using provided lemon lime packet.

Diet restrictions – 7 days prior

No seeds, nuts, popcorn or peels from fruits and vegetables. Examples but not limited to: no peels and seeds from apples, potatoes, cucumbers, zucchini, squash, tomatoes, peppers, no berries (blueberries, raspberries, strawberries), no grapes or bananas etc.

- **TWO DAYS BEFORE THE PROCEDURE**

1. Take two Dulcolax tablets at 6:00pm.

- **ONE DAY BEFORE THE PROCEDURE**

STARTING WHEN YOU WAKE UP, CLEAR LIQUID DIET ONLY FOR THE ENTIRE DAY

1. Drink as much as you can to prevent dehydration. You may have bouillon, broth, black coffee (sugar and artificial sweeteners are okay, no milk or creamer of any kind), tea (honey is okay), juice (apple, grape, cranberry), Gatorade, Powerade, pulp free lemonade, soda (all soda - regular, diet, any color or flavor are okay), water, Popsicles (no fruit puree or yogurt) and Jell-O (any flavor or color). Taking red Jell-O and red Gatorade may turn your bowel movements red, do not be alarmed and should be limited. If you have had dehydration before, drink Pediolyte.
2. You may have clear candy (such as Lifesavers, Jolly Ranchers and gummy bears).
3. **DO NOT TAKE** the following diabetic medications: Glucotrol (glipizide), Glyburide (micronase, diabeta), Januvia (sitagliptin), Prandin (repaglinide), Starlix (nateglinide), Symlin (pramlinide).

TIMING OF PREPARATION

Please follow these instructions and NOT the Suflave box instructions

- **EVENING BEFORE THE PROCEDURE**

This is divided into two sessions. You must drink the entire Suflave to ensure your colon will be cleaned out. A poor prep can mean missed lesions (flat polyps) and cancellation and rescheduling of your procedure.

Between 4p.m. and 7p.m. (first dose)

1. Take the Ondansetron (anti-nausea) 30 minutes prior to taking Dose 1 of the Suflave (bowel prep).
2. Fill one of the bottles provided with lukewarm water to the top line of the container (at least 32 ounces), mix with spoon or shake until completely dissolved. For flavoring you can either add provided flavor packet (lemon lime flavor) or any water enhancers of your choice like Crystal Light, MiO or Water Drops. You can mix a few hours prior to drinking and refrigerate to improve taste.
3. Drink **ALL** the solution, 8 ounces every 15 mins. This can be done gradually to decrease the risk of nausea.
4. Drink an additional 16 oz or more of a clear liquid of your choice.
5. Take two (2) Dulcolax tablets 1 hour after finishing the first dose of the prep
6. You can continue the clear liquid diet after you finish the first dose of the prep.

- **THE MORNING OF THE PROCEDURE**

Beginning 6 hours prior to your scheduled procedure time:

1. Take the Ondansetron (anti-nausea) 30 minutes prior to taking Dose 2 of the Suflave (bowel prep).
2. Fill second provided bottle with lukewarm water to the top line of the container (at least 32 ounces), mix with spoon or shake until completely dissolved. For flavoring you can either add provided flavor packet (lemon lime flavor) or any water enhancers of your choice like Crystal Light, MiO or Water Drops. You can mix a few hours prior to drinking and refrigerate to improve taste.
3. Drink **ALL** the solution, 8 ounces every 15 minutes. This can be done gradually to decrease the risk of nausea.
4. Drink an additional 16 oz or more of clear liquids of your choice.
5. You may have clear liquids up to **4 hours** of your **scheduled procedure time, then nothing by mouth after that.**
6. **DO NOT TAKE** the following: Amaryl (glimiperide), Glucotrol (glipizide), Metformin (glucophage).
7. **DO NOT TAKE ANY GLP1 including but not limited to: Ozempic, Mounjaro, Wegovy, Trulicity, Semaglutide, Saxenda, Zepbound, Vitoza, Rybelus, Adlyxin, Byureon, Byetta and Foundayo (morning of procedure). Can resume after procedure.**
8. You should take the necessary medications you normally take on the morning of the procedure with **SIPS** of water to swallow medications.
9. **NO alcohol or illicit drug use, recreational or medical.**
10. Arrive at your scheduled **arrival time**.
11. Bring a list of your medications, insurance card and photo ID.
12. You must have a responsible adult drive you home after your procedure due to the sedation. It is best if your driver waits for you at the endoscopy center. **Taking a Cab, Uber, Lyft or Metro Call A Ride is NOT an option.** If you do not have a driver, we will not be able to sedate you for your procedure and the procedure may be canceled.
13. You may not drive or work until the following day.

- **IMPORTANT INFORMATION ABOUT SEDATION**

Sedatives used for endoscopy include Propofol. These medications provide amnesia and pain relief. You are breathing on your own. You may be groggy after your procedure and you **CAN NOT** work or drive the rest of the day, a responsible adult must drive you home after your procedure. A medical transport company is acceptable. No "Metro Call a Ride".

- **QUESTIONS OR PROBLEMS**

1. Daytime phone number (314) 997-0554
2. After hours number (314) 388-6578
3. Website address is www.gidoctor.net
4. Billing Contacts:
    - Specialists in Gastroenterology: Physician, pathology and anesthesia (833) 415-5585
    - Advanced Endoscopy Center (314) 400-9999
    - Missouri Baptist Medical Center (314) 747-8845, will need procedure code (CPT code)