



QUESTIONS?: PROCEDURE SCHEDULING: 352-331-8902 x 206

Rectal Ultrasound Prep Instructions

Use this guide to help you prepare for your procedure appointment.
Read the entire guide before beginning.

Procedure Date: _____

Physician: _____

Arrival Time: _____

Procedure Time: _____

Procedure scheduled at:

_____ Endoscopy Center at North Florida Regional Medical Center
6500 W. Newberry Road, 3rd Floor
You must call to pre-register
888-821-1632

How do I use this guide?

Read the entire guide at least one week before your procedure. Some steps in this guide begin up to one week before your appointment. If you haven't read through the guide at least one week in advance, call your physician. Preparing for your procedure is very important. If you have questions, remember that we're here to help.

If you don't follow all the steps listed here, your procedure may be cancelled.

What does this guide cover?

Five days before your procedure..... page 2
The day of your procedure..... page 3
What to expect, procedure charges and cancellation/missed appointment..... page 4

5 days before your procedure

Follow instruction for medications and conditions below. Fill out the check-boxes below to help you keep track of your progress.



Blood Thinners such as Plavix, warfarin (Coumadin), or Lovenox

- We will contact your doctor who prescribed the blood thinner medication to get approval to temporarily stop your medication for _____ days before your procedure.

Your labs will be drawn the day before your procedure to check your levels. After your procedure, your doctor will inform you when to restart your Coumadin.



Fish Oil



Iron-some multivitamins contain a small amount of iron, but are all right to take.

You may continue to take

- All other medications as directed
 Acetaminophen (Tylenol)
 Other: _____



Pick up your medication from the pharmacy.

- Purchase 1 -10 oz. bottle of Magnesium Citrate
 Purchase 2 or 3 water-based Fleet enema's

Follow special instructions if you have any of these conditions:

Diabetes Patients

- Continue medication as prescribed

Implanted cardio defibrillator patients

- We will contact your cardiologist for a letter stating your defibrillator has been checked within the last 12 months.
 If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

Pacemaker Patients

- We will contact your cardiologist for a letter stating your pacemaker has been checked within the last 12 months.
 If you have not had a visit with your cardiologist in the last 12 months, you will need to be seen prior to your procedure.

Cardiology

- If you have been seen by a cardiologist in the last 6 months, notify procedure scheduling at 352-331-8902 x 206.

Three Days before your procedure: _____

Three days before the procedure, you must begin a **low fiber diet**. This step helps empty your colon so your procedure can be successful. *If there are contents in your colon on the day of your procedure, the entire process may need to be repeated or re-scheduled, so be sure to stick to this diet.*

Avoid these foods

Or your doctor won't be able to see inside your colon
Do not eat any foods that are high in fiber, such as:



- raw vegetables
- fruit seeds and skin
- beans
- corn
- whole wheat bread
- whole wheat pasta
- seeds and nuts
- bran
- bulking agents

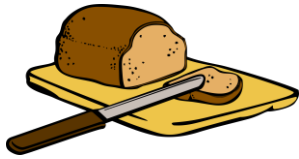
Questions?

If you're not sure if certain food is OK to eat, call our office, we are here to help you!

Remember, if you don't follow these diet recommendations, you may need to come in for another procedure if your colon is still dirty.

Eat foods like these - If you are not allergic to them.

Grains



- white bread
- white rice
- pasta
- crackers
- cooked cereals
- waffles
- pancakes
- potatoes (without skin)

Meats



- fish
- eggs
- chicken

Vegetables



- cooked carrots
- cooked spinach
- veggies without skin, husks or seeds

Dairy

- milk
- plain yogurt
- cheese

Fruit



- bananas
- canned fruit
- fruit without skin or seeds

One Day before your procedure: _____

On the day before your procedure, you need to begin a clear liquid diet. Clear liquids are those that you can see through. Avoid all solid foods starting today. Be sure to look at the checklist on the next page to make sure you have everything you need for your appointment tomorrow.

DIABETIC PATIENTS: Take one-half dose of your diabetic medication, at your normally scheduled time(s)

Avoid all solid foods, all red juices, alcohol and dairy

Drink at least 8 glasses of clear liquid today.

A liquid is considered clear if you can read a newspaper through the glass.

- water
- plain tea & coffee
- carbonated beverages
- Gatorade, PowerAde, G2

JUICES

- white cranberry
- apple
- white grape
- filtered limeade, lemonade

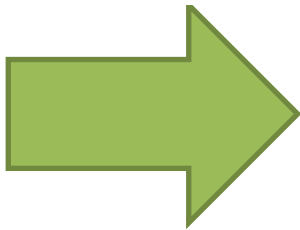
SOUPS

- clear broth, consume

DESSERT

- gelatin
- water ices, popsicles
- clear sorbets (non-dairy)

At 5PM



**Drink one (1) – 10 oz. bottle
of Magnesium Citrate**

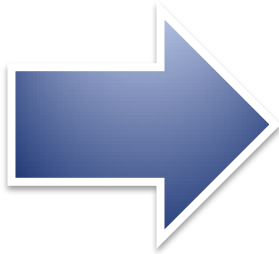
The Day of your procedure



Diabetic patients: Do not take your morning dose of insulin or anti-diabetic pills today. Bring ALL medication with you to your procedure.

If you take medication for your **heart, stomach, seizure, depression, or nerves**, take your normal dose with a sip of water at least 4 hours before your scheduled time.

Bring any prescribed respiratory inhaler with you.



2 Hours before your scheduled procedure time, take 3 water-based Fleet enema's.

Hold each enema for 5 minutes and expel.

If not clear, repeat (should be clear, yellow water).

You may want to apply A&D ointment or KY Jelly to the anal area before and during your prep to relieve anal irritation.

Checklist

Use this checklist to help you remember everything you need to bring with you today.

- A friend or relative over 18 years old to drive you home (**you cannot take a taxi or public transit home; you will be woozy from medication**). The responsible party must remain on hospital grounds. You must not drive for 16 hours after the procedure.
- Photo identification (license or other form of ID)
- Insurance cards
- Funds for deductible or co-payments (credit card, check etc.)
- Remove ALL piercings
- All medications in Rx bottle with label
- Other _____

PROCEDURE CHARGES:

In addition to the facility fee, you will receive a bill from Digestive Disease Associates (a section of SIMEDHealth) – this will include:

- Anesthesia Fee
- Procedure Fee
- Pathology Fee (if biopsies are taken)

All insurance questions should be directed to our billing department (352-331-8902 X 202).

CANCELLATION OR MISSED APPOINTMENTS:

Should you have to cancel and reschedule your procedure, a 48-hour (minimum) advance notice is required. Those that cancel with less than a 48-hour notice will be charged a \$100 missed procedure fee.



INFORMATION REGARDING ENDOSCOPIC ULTRASOUND (EUS)

Endoscopic Ultrasound (EUS) uses both endoscopy and ultrasound to gather information about parts of the digestive tract. The two technologies combined provide more accurate, detailed information than provided by either alone.

An ultrasound endoscope can show the inside of the digestive tract but also the surrounding tissues and digestive organs. The combined technology allows the physician to see the esophagus, stomach, small and large intestines and even the heart, lungs, liver, spleen, pancreas, gallbladder, bile ducts and prostate gland.

During your EUS, the physician may withdraw cells or fluid from part of a lymph node or tissue for diagnostic purposes during this procedure. This test may be used to determine the stage of some cancers, to evaluate bumps in the stomach, intestinal wall and problems of the pancreas or abnormalities in the bile ducts.

The risks associated with these procedures include, but are not limited to: There is the possibility of experiencing a rare allergic reaction to the medications used to achieve sedation. This reaction may result in hospitalization or rarely death. The drugs usually used are intravenous Propofol, Fentanyl, or Versed. On occasion, other drugs such as Demerol and/or Benadryl may be used. Patients may also develop phlebitis, an inflammation of the intravenous site, which may require antibiotic therapy and hospitalization. Other complications are perforation, infection and aspiration.

Perforation is a major, but very uncommon complication of EUS. This is a tear through the lining of the gastrointestinal wall that might require surgery for repair.

The possibility of complications increases slightly if a deep needle aspiration is performed during the EUS examination. These risks must be balanced against the potential benefits of the procedure and the risks of alternative approaches to the condition.

All of the above complications are rare. They have been reported to happen with a statistical frequency of about 20 in 1,000 cases.

Bruising or a small tear in the inside of the lip may occur. Crown, carious or loose teeth, and dental appliances may be damaged if you bite down on the plastic airways or mouthpiece that will be placed in your mouth during your procedure. We cannot be held responsible for this type of damage.

Alternative methods for evaluation of the gastrointestinal tract are radiological studies. These involve drinking a contrast agent or introducing a contrast into the rectum. These are less sensitive than Endoscopy for detecting abnormalities. Once an abnormality is noted, it can only be sampled (biopsied) by surgery or Endoscopy.

Benefits of Procedures/Treatments: The benefit of endoscopic evaluation is that EUS is a direct inspection and aspiration biopsy may be performed in the same procedure. This will help establish your diagnosis.

My signature below indicates that I have read and understand the handout "DIGESTIVE DISEASE ASSOCIATES INFORMATION REGARDING GASTROINTESTINAL ENDOSCOPY". I have had the opportunity to ask questions about the procedure and my questions, if any, have been answered to my satisfaction.

My signature below also indicates that if I have a biopsy taken during my procedure, I should hear from the office in about 14 day if not I will call in 14 days (_____) to get my results.



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Print Patient's Name

Patient's Signature

Witness Signature

Date

DDA Pt. # _____

RUS