

DIGESTIVE DISEASE SPECIALISTS, INC.

Midwest City Office
Sikandar A. Mesiya, MD
8121 National Avenue, Suite 303
Midwest City OK 73110
Ph: (405) 737-4464 Fax: (405) 737-7674

Name: _____

Date of Procedure: _____

Arrival Time: _____

Procedure Time: _____

Procedure Location:

1 Ambulatory Endoscopy Center / North

Building D, 3366 NW Expressway, Ste. 400
Oklahoma City, OK
Check in at ADMISSIONS

2 Ambulatory Endoscopy Center / South

4201 South Western
Oklahoma City, OK
Check in at ADMISSIONS

**3 Midwest Regional
Medical Center**

2825 Parklawn Drive
Midwest City, OK
Check in at DAY SURGERY

4 Edmond Medical Center

One South Bryant
Edmond, OK
Check in at AMBULATORY CARE

**5 St. Anthony Hospital
Outpatient Center**

1000 North Lee
Oklahoma City, OK
Check in at Main Admitting

MAGNESIUM CITRATE INSTRUCTION FOR COLONOSCOPY

You will need to purchase two (2) 10oz. bottles of MAGNESIUM CITRATE and over the counter DULCOLAX TABLETS from your pharmacy prior to preparing for your procedure.

If you are on **COUMADIN or ASPIRIN** you will need to STOP five (5) days prior to your procedure. If you are on **PLAVIX** you will need to take as prescribed.

If you are a diabetic and you are taking oral medication you will not take medication the day before or the day of your procedure, but you will need to bring medication with you.

Start a **CLEAR LIQUID DIET** on _____. You will remain on a clear liquid diet for the entire day. **(SEE ENCLOSED)**

If your procedure is scheduled in the afternoon you may have a clear liquid breakfast before 8:00 a.m.

At 10:00 a.m. on _____ you will need to take 4 over the counter Dulcolax Tablets.

At 2:00 p.m. on _____ you will need to drink the 1st bottle of Magnesium Citrate and then at 4:00 p.m. you will need to drink the 2nd bottle of Magnesium Citrate.

You will need someone to drive you home after your procedure. The doctor **will not** be able to sedate you if someone is not at the facility with you.

If you have any questions or need more information, please feel free to contact our office at: (405)737-4464 ext _____ . **For results please dial ext.** _____ .

******IF YOU ARE A NEW PATIENT OR IF YOU HAVEN'T BEEN SEEN BY YOUR PHYSICIAN WITHIN ONE (1) YEAR, PLEASE PRINT THE FORMS AT THE FOLLOWING LINK: [Pre-Registration Forms](#). PLEASE FILL OUT ALL FORMS AND BRING THEM WITH YOU TO YOUR PROCEDURE. THANK YOU.******

NAME: _____

DATE OF PROCEDURE: _____

ARRIVAL TIME: _____

PROCEDURE TIME: _____

Procedure Location:

1 Ambulatory Endoscopy Center / South

4201 South Western
Oklahoma City, OK
Check in at ADMISSIONS

2 Southwest Integris Medical Center

4401 South Western
Oklahoma City, OK
Check in at the Outpatient Entrance front desk

COLONOSCOPY

You have been scheduled for an out patient Colonoscopy at the above noted date and time. Please read the following information to help you understand your procedure.

You will be on a liquid diet the entire day prior to the procedure. Please see attached liquid diet sheet.

After you have checked in at the facility, you will be taken to a room to have your blood pressure, pulse and temperature taken. You will be asked to remove your comfortable clothing and put on a gown. A nurse will start your IV to administer medication that will relax you and make you sleepy for the procedure.

The colonoscopy is performed with the help of video equipment. The doctor will guide the scope (a small tube with a lens and a light source that allows him to actually view the colon) into your colon. If necessary, biopsies may be taken through this instrument. You will feel no discomfort when the biopsy is taken. This exam will take approximately 15 – 20 minutes.

After the test is completed, you will remain at the facility for about one hour. This is to make sure you have no complications and have recovered sufficiently from the medication.

Please make arrangements to have a responsible, adult driver with you for the procedure. You will not be able to operate any vehicle or machinery for the rest of the day. **The procedure will not be performed if you do not have a responsible, adult to escort you home.**

When you return home, you may experience a small amount of rectal bleeding that should not last more than a day or be accompanied by pain.

If you have any unusual symptoms, such as fever, severe abdominal pain or excessive rectal bleeding, this may indicate a complication and should be reported to our office **immediately.**

If you have any questions prior to your procedure, please call the office at: 405 632 4000.

DIABETES

If you are an insulin dependent diabetic or using an insulin pump, please contact the doctor that treats your Diabetes to get instructions on how to adjust your insulin for the day before your procedure when you are on a liquid diet. On the day of the procedure, you should not take your insulin before your procedure. You may want to bring your insulin and syringes with you if you need to take your insulin before you arrive home. The facility does not keep diabetic medications or supplies and can not administer the insulin.

If you are on oral medication, please take the medication as usual the day before the procedure and do not take the morning of the procedure. You may want to bring your medications with you to take after the procedure.

BLOOD THINNERS

If you take any type of blood thinners including aspirin, please inform the nurse for further instructions.

PACEMAKERS – DEFIBRILLATORS – ARTIFICIAL HEART VALVES

It is very important that both the doctor and nurse scheduling the procedure are aware that you have pacemaker, defibrillator, or have any artificial heart valves. Please make sure you give them all information.

PROCEDURE RESULTS

You have given the office a contact phone number for your results. You will be called at this number within 2-4 days after your procedure.

SPECIAL INSTRUCTIONS FOR PATIENT:

PLEASE SEE ATTACHED SHEET THAT OUTLINES YOUR PREP INSTRUCTIONS.

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Clear Liquid Diet

Beverages

Tea or coffee (no cream or milk)
White cranapple, apple, white grape, or white cranberry juice
Fruit flavored drinks
Carbonated drinks

Desserts

Jell-O
Popsicles

Soups

Fat-free chicken or beef bouillon
Fat-free chicken or beef broth

Miscellaneous

Salt
Sugar, syrup, jelly, honey
Plain hard candy in small amounts

NOTHING RED OR PURPLE