

# DIGESTIVE DISEASE SPECIALISTS, INC.

Southwest Office  
**Son Nguyen, MD**  
4201 S. Western  
Oklahoma City OK 73109  
(405) 632-4000

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*

Thank you for choosing Digestive Disease Specialists, Inc. for your medical care. If you have been scheduled for an appointment, please read the following guidelines and print the appropriate forms to bring with you to your appointment.

## COLONOSCOPY

**You have been scheduled for an outpatient 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 nor 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:**

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**PLEASE SEE ATTACHED SHEET THAT OUTLINES YOUR PREP INSTRUCTIONS.**

\*\*\*\*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.\*\*\*\*

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## DAY BEFORE PROCEDURE:

- Clear LIQUID diet all day
- **You will be given a prescription for a gallon of laxative that you will need to take to your pharmacy.** THIS SHOULD BE DONE PRIOR TO YOUR PREPARATION DAY.
  - It is recommended that you drink 1 -2 glasses of the laxative every hour until finished.
  - You must drink 8 or more glasses of approved liquids during today to prevent dehydration.
  - Drink at least 2-4 cups of broth or bouillon to prevent hunger.

*If your procedure is scheduled for the following **MORNING**, you should have nothing by mouth after midnight. If your procedure is scheduled for the following **AFTERNOON**, you may continue your liquid diet until \_\_\_\_\_.*

## DAY OF THE PROCEDURE

- Dress in **comfortable** clothing
- You may brush your teeth, but may **not** swallow anything
- Leave **all valuables** at home
- Do not take any medications **EXCEPT** High Blood Pressure or Heart Medications. You may take these two with a very small amount of water.
- You and a responsible, adult driver should arrive at the scheduled facility at the designated time
- Driver should remain at the facility while your procedure is performed

## Procedure Results

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

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Start morning of: \_\_\_\_\_

Day of Procedure: **NOTHING AFTER** \_\_\_\_\_

## FULL LIQUID DIET

<u>Food Groups</u>	<u>Food Allowed</u>	<u>Food to Avoid</u>
Fruit	Apple Juice Grape Juice Cranberry Juice	Any Juice with Pulp <b>(no orange juice)</b>
Soup	Fat-Free or Low Fat: Chicken Broth Beef Broth Chicken Bouillon Beef Bouillon	All Others
Dessert	Jell-O, any flavor plain <b><u>(No red or purple dyes)</u></b> Ice Popsicles <b><u>(No red or purple dyes)</u></b>	All Others
Beverages	Water, Ice Coffee, <b><u>no milk or cream</u></b> Tea Any Carbonated Drinks <b><u>Ensure</u></b>	All Others
Miscellaneous	Salt Sugar Hard Candy	All Others