

## INSTRUCTIONS FOR OUT-PATIENT RECTAL ENDOSCOPIC ULTRASOUND

Location of Procedure: {endo locations:17161}	
DATE: ***	Arrival Time: ***
PHYSICIAN: {tdi providers:16561}	Procedure Time: ***

Please read these entire instructions several days before your actual procedure appointment.

**PRIOR TO PROCEDURE:** Obtain ONE BOTTLE of CITRATE OF MAGNESIUM (10 oz.) and two Fleet's Enemas from your pharmacy

If you have any question, please call our office during regular business hours. You will be at the facility approximately 2-4 hours. Please make sure you arrange for someone to bring you to the procedure and most importantly, drive you home from your procedure. If you don't have a driver your procedure will be cancelled. There must be someone responsible for your welfare such as a friend or family member. You will not be allowed to leave the facility ALONE in a cab.

All current medications that you are taking should be continued in routine dosage unless you are taking prescribed blood thinners, iron, diabetic medications, Vitamin E or Fish Oil. If applicable, your specific instructions should be indicated below if you are on any of these types of medications. Please note that you should not stop taking your blood thinners until you get the OK with instructions from your doctor.

In addition, if you are taking Aspirin prescribed by your doctor then you should continue to take it. If you are taking Fish Oil or Vitamin E please stop taking 7 days prior to your procedure. If you take a diuretic/waterpill, don't take it the morning of your procedure.

### Your Specific Medication Instructions:

You are on anticoagulation medication: {prep coag:18837}
You are on diabetic medication: {diabetic:18797}
You are on Iron Medication: {iron for preps:18794}

Step 1	Take a clear liquid diet after 4 pm the day before the test
Step 2	Anytime between 4-6 pm drink 1 bottle of Citrate of Magnesia (10 ounce)
Step 3	At 8 pm give yourself a tap water or Fleet's enema until the return is free of stool
Step 4	Take NOTHING by mouth after midnight until after the test
Step 5	Repeat the tap water or Fleets enema before leaving for the procedure

**CLEAR LIQUID DIET:** Any clear fruit juice, WITHOUT PULP, soft drinks, clear broth (including bouillon), coffee (no cream), tea, Gatorade, Jell-O, Gelatin, and regular Popsicle's, any type of hard candy, but no soft centers or chocolate. **Do not consume dairy products or liquids with RED, BLUE, OR PURPLE COLORING ADDED.**

If you are unable to keep this appointment you must give 72 hours (business hours) notice to allow us to fill this appointment time with another patient or you may be subject to a \$75.00 no show charge which is not covered by your insurance.

There may be times when we leave Personal Health Information on your answering machine. If you do not wish for us to do this, please call the office.

## **CLEAR LIQUID DIET**

A liquid is "clear" if you can read something through it.

Example: When placing a glass with Apple Juice over a newspaper you are able to see the words, this is a clear liquid.

**Drink plenty of fluids all day. Water can get boring, so keep a variety of clear liquids on hand.**

*Clear liquids include any of the following:*

- Water
- White Cranberry, White Grape, Apple Juices (without any pulp)
- Honey
- Any powdered drink mix with water (Crystal Light, Kool-Aid, Etc. Except for No **RED, BLUE, OR PURPLE** )
- Any Soda (Except No **RED, BLUE, OR PURPLE**)
- Lemonade
- Sports Drinks (Except No **RED, BLUE, OR PURPLE**)
- Flavored gelatin/popsicles (No **RED, BLUE, OR PURPLE**)
- Broth/bouillon
- Coffee/tea with sugar (No Milk or Creamer)
- Gum
- Hard Candies (Do not chew)
- Special K Protein Water
- Although alcohol is a clear liquid, it can make you dehydrated. You should **NOT** drink alcohol during the preparation for your test.

**Sample Menus of Clear Liquid Diets** (These are only samples you do not have to use these)

### **Menu #1**

**Breakfast:** Hot tea with lemon juice and 1 tsp sugar (no pulp); Apple juice (8 oz); Gelatin (1 cup)

**Lunch:** Hot tea with lemon (no pulp) and sugar; White Grape Juice (8 oz); Fruit Ice/popsicles (1 cup); Broth (8 oz)

**Snack:** Fruit juice (apple, white cranberry or white grape, 8 oz.); Gelatin (1 cup)

**Dinner:** Hot tea with lemon (no pulp) and sugar; Apple juice (8 oz); Broth ( 8 oz); Fruit ice/popsicles (1 cup)

### **Menu #2**

**Breakfast:** 1 glass fruit juice; 1 cup coffee or tea (without dairy products); 1 cup broth; 1 bowl gelatin

**Snack:** 1 glass fruit juice; 1 bowl gelatin

**Lunch:** 1 glass fruit juice; 1 glass water; 1 cup broth; 1 bowl gelatin

**Dinner:** 1 cup juice or water; 1 cup broth; 1 bowl gelatin; 1 cup of coffee or tea (without dairy products)