



# ACADIANA GASTROENTEROLOGY

A S S O C I A T E S

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## COLONOSCOPY PROCEDURE INFORMATION

PATIENT NAME: \_\_\_\_\_

PROCEDURE DATE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

PLACE FOR PROCEDURE: \_\_\_\_\_

Brand of Prep to be used: \_\_\_\_\_

You will begin a clear liquid diet the day prior to your procedure, beginning with breakfast, lasting all day until midnight.

### CLEAR LIQUID DIET:

- Water, Coffee, or tea (**NO milk or creamer added**)
- Carbonated beverages (soft drinks), NO "Energy" beverages
- Gelatin (Jell-O), plain or fruit flavored – **No red or purple coloring**
- Apple juice or white grape juice
- Gatorade, PowerAde, limeade, or lemonade
- Clear, fat-free, beef or chicken broth, or bouillon
- Snowballs, popsicles, slushes – **no red or purple coloring; no pulp**
- Clear hard candies, sugar, salt
- **Avoid any liquids not listed above & NO alcoholic beverages**
- **DO NOT EAT OR DRINK AFTER MIDNIGHT, EXCEPT YOUR MORNING PREP, UNLESS INSTRUCTED OTHERWISE**
- Special Instructions: \_\_\_\_\_

### **Notes and Comments:**

1. Take your blood pressure medication the morning of the procedure with a small sip of water.
2. Avoid iron and Metamucil-like medications **seven (7) days** before the procedure.
3. Avoid diabetic medications the morning of the procedure.
4. Avoid Gingko Biloba **three (3) days** before the procedure.
5. Notify us if you have a history of prosthetic heart valve, blood clots, stents, or atrial fibrillation.
6. **You MUST be accompanied by a responsible adult, 18 years old or older (with a driver's license) to drive and assist you at home after your procedure.**

*\*\*Acadiana Endoscopy Center, Inc. requires at least a 3 business day cancellation of your scheduled procedure or a \$100 fee will apply.\*\**

IF YOU HAVE ANY QUESTIONS ABOUT THE PREP INSTRUCTIONS ABOVE, or YOUR SCHEDULED PROCEDURE,  
PLEASE CALL: 337-269-0963