

COLON & RECTAL CLINIC
110 W. Underwood St
Orlando, Florida 32806
(407) 422-3790

PAUL R. WILLIAMSON, M.D. ANDREA FERRARA, M.D. JOSEPH T. GALLAGHER, M.D. SAMUEL DeJESUS, M.D.

HALF-LYTELY, NuLYTELY, COLYTE - COLONOSCOPY PREP

***PLEASE DO NOT TAKE ANY MOTRIN, ADVIL, ALEVE OR ASPIRIN PRODUCTS, COUMADIN OR OTHER BLOOD THINNERS, INCLUDING VITAMIN E, OR ANTI-INFLAMMATORIES FOR AT LEAST 7 DAYS PRIOR TO YOUR COLONOSCOPY. TAKE TYLENOL FOR PAIN OR HEADACHES AS NEEDED.

***IF YOU HAVE HIGH/LOW BLOOD PRESSURE OR HAVE A HEART CONDITION... PLEASE TAKE YOUR MEDICATION THE MORNING OF YOUR COLONOSCOPY WITH A SMALL SIP OF WATER.

PURCHASE FROM ANY PHARMACY:

- 1) TAKE YOUR PRESCRIPTION OF COLYTE TO THE PHARMACY AND GET IT FILLED A COUPLE OF DAYS BEFORE COLONOSCOPY.
- 2) ONE BOX OF DULCOLAX TABLETS

THE DAY BEFORE YOUR COLONOSCOPY:

You will not be allowed any solid foods. NO BREAKFAST, LUNCH OR DINNER.

You will be on clear liquids until midnight. Starting when you awake, you must drink a minimum of one gallon of fluids throughout the day. You may drink more if you want.

Morning: Mix water in your gallon jug of Colyte. Set in the refrigerator. Drink only clear liquids for the rest of the day.

2:00 P.M. Begin drinking the Colyte. You can take up to 5 hours to complete drinking the whole gallon.

If you have not finished drinking this gallon of fluid by 5 hours, continue drinking until the gallon is totally consumed.

IT IS IMPORTANT THAT YOU DRINK THE WHOLE GALLON OF FLUID.

8:00 P.M. Take by mouth 4 Dulcolax Tablets after you complete drinking the gallon of fluid.

Continue on clear liquids until midnight. NOTHING TO EAT OR DRINK AFTER MIDNIGHT.

You are to have nothing with Red Dye # 40, citrus juices with pulp, or milk/dairy products!!!

FOOD GROUPS	FOODS ALLOWED
Fruit Juices	Apple, White grape, and pineapple juice(no pulp) Cranberry juice
Beverages	Coffee (no milk), tea, carbonated beverages like Sprite or Coca Cola, Gatorade, Powerade, Kool-Aid, Strained lemonade, Pedialyte
Protein	Boost breeze tropical fruit flavor only
Soups	Clear broth or bouillon (Fat Free)
Desserts/Sweets	Popsicle's, fruit flavored ices, flavored gelatin, and clear hard candy (NO RED DYE #40)
Seasoning	Lemon juice or honey for tea

THE DAY OF YOUR COLONOSCOPY:

You should have nothing to eat or drink until after your colonoscopy.

****PLEASE NOTE- YOU MUST HAVE SOMEONE TO DRIVE YOU HOME ON THE DAY OF YOUR COLONOSCOPY!!!

TURN PAGE OVER

PLEASE REPORT TO THE FACILITY WHERE YOU ARE SCHEDULED:

_____ AMBULATORY CLINIC ORLANDO HEALTHCARE SYSTEM 22 W. Underwood St. Orlando, FL 32806	You should report to the 2nd floor at the Ambulatory Clinic. The parking is off of Orange Ave on Underwood St. on the right side. Phone: 407-841-5111
_____ FLORIDA HOSPITAL: MAIN HOSPITAL 2501 N. Orange Ave. Orlando, FL 32804	Report to the 3rd floor in the Medical Plaza. This is the red brick building next to the main hospital. Phone: 407-896-6611
_____ FLORIDA HOSPITAL: EAST 7727 Lake Underhill Orlando, FL 32822	Report to the back of the hospital to the Outpatient Entrance. Go to the registration desk Phone: 407-277-8110
_____ HEALTHCENTRAL 10,000 W. Colonial Dr. Ocoee, FL 34761	Report to the 1 st floor - Admitting office Phone: 407-296-1000
_____ SURGICAL LICENSED WARD 110 W. Underwood St. #B Orlando, FL 32806	Take the set of doors to the left and the elevator will take you to the 2 nd floor. Phone: 407-648-9151

Due to the nature of this procedure, it is important that you arrive for this procedure at the scheduled time. Due to preparation and possible cancellations of other patients, your actual procedure time may vary. Some facilities will call you the day before your procedure with the actual arrival time. It is necessary that you do not schedule any activity after the procedure, and because you will be sedated, you will need to make arrangements for someone to drive you home. You will be in the Endoscopy Unit approximately 2-3 hours

AFTER COLONOSCOPY:

You have just had a colonoscopy. The following are a few words of caution on your discharge:

- DO NOT drive or operate heavy machinery for 12 hours, since the sedation you received can cause drowsiness lasting that long.

Complications are not anticipated, but the following may occur and are not ordinarily serious:

- Pain in the abdomen due to retained air. This generally subsides completely after passing gas. If pain persists beyond 4 hours, call the office at (407) 422-3790.
- Minor bleeding can occur after a biopsy of the lining of the colon or after removal of a polyp. Do not become alarmed if a small amount of bright red blood is noticed in the bowel movement. This can occur for several days, but may appear as long as ten days after the colonoscopy. If a large amount of bleeding occurs, or if dizziness or weakness develops, call the office immediately at (407) 422-3790. Press "0" to speak with an operator.
- Pain over the vein in the arm where medication was administered. Should this occur, apply hot compresses to arm 4 times a day. The swelling usually subsides within 1-2 weeks, but at times may last longer. Should fever, swelling, or redness of the hand or arm, or pain in the armpit occur, notify the office at (407) 422-3790.

FLEET PHOSPHOSODA COLONOSCOPY PREP

***PLEASE DO NOT TAKE ANY MOTRIN, ADVIL, ALEVE OR ASPIRIN PRODUCTS, COUMADIN OR OTHER BLOOD THINNERS, INCLUDING VITAMIN E, OR ANTI-INFLAMMATORIES FOR AT LEAST 7 DAYS PRIOR TO YOUR COLONOSCOPY. TAKE TYLENOL FOR PAIN OR HEADACHES AS NEEDED.

***IF YOU HAVE HIGH/LOW BLOOD PRESSURE OR HAVE A HEART CONDITION... PLEASE TAKE YOUR MEDICATION THE MORNING OF YOUR COLONOSCOPY WITH A SMALL SIP OF WATER.

PURCHASE FROM ANY PHARMACY:

- 1) TWO 1 1/2 OZ. BOTTLES OR ONE 3 OZ. BOTTLE OF FLEET PHOSPHO-SODA. MAKE SURE IT IS THE LAXATIVE AND NOT THE ENEMAS.
- 2) ONE BOX OF DULCOLAX TABLETS

THE DAY BEFORE YOUR COLONOSCOPY:

You will not be allowed any solid foods. NO BREAKFAST, LUNCH OR DINNER.

You will be on clear liquids until midnight. Starting when you awake, you must drink a minimum of one gallon of fluids throughout the day. You may drink more if you want.

4:00 P.M. Mix the whole 1 ½ oz bottle of fleet phosphosoda with 8 oz of clear liquid and drink it

9:00 P.M. Mix the whole 1 ½ oz bottle of fleet phosphosoda with 8 oz of clear liquid and drink it

11:00 P.M. By mouth take all 4 Dulcolax tablets (**Do Not Chew**)

Even if you think you are clean you must complete bowel prep
Continue on clear liquids until midnight. NOTHING TO EAT OR DRINK AFTER MIDNIGHT.

You are to have nothing with Red Dye # 40, citrus juices with pulp, or milk/dairy products!!!

FOOD GROUPS	FOODS ALLOWED
Fruit Juices	Apple, White grape, and pineapple juice(no pulp) Cranberry juice
Beverages	Coffee (no milk), tea, carbonated beverages like Sprite or Coca Cola, Gatorade, Powerade, Kool-Aid, Strained lemonade, Pedialyte
Protein	Boost breeze tropical fruit flavor only
Soups	Clear broth or bouillon (Fat Free)
Desserts/Sweets	Popsicle's, fruit flavored ices, flavored gelatin, and clear hard candy (NO RED DYE #40)
Seasoning	Lemon juice or honey for tea

THE DAY OF YOUR COLONOSCOPY: _____

You should have nothing to eat or drink until after your colonoscopy.

****PLEASE NOTE- YOU **MUST** HAVE SOMEONE TO DRIVE YOU HOME ON THE DAY OF YOUR COLONOSCOPY!!!

PLEASE REPORT TO THE FACILITY WHERE YOU ARE SCHEDULED:

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_____ SURGICAL LICENSED WARD 110 W. Underwood St. #B Orlando, FL 32806	Take the set of doors to the left and the elevator will take you to the 2 nd floor. Phone: 407-648-9151 **THIS FACILITY WILL CALL YOU THE DAY BEFORE WITH YOUR ARRIVAL TIME.

Due to the nature of this procedure, it is important that you arrive for this procedure at the scheduled time. Due to preparation and possible cancellations of other patients, your actual procedure time may vary. It is necessary that you do not schedule any activity after the procedure, and because you will be sedated, you will need to make arrangements for someone to drive you home. You will be in the Endoscopy Unit approximately 2-3 hours

AFTER COLONOSCOPY:

You have just had a colonoscopy. The following are a few words of caution on your discharge:

- DO NOT drive or operate heavy machinery for 12 hours, since the sedation you received can cause drowsiness lasting that long.

Complications are not anticipated, but the following may occur and are not ordinarily serious:

- Pain in the abdomen due to retained air. This generally subsides completely after passing gas. If pain persists beyond 4 hours, call the office at (407) 422-3790.
- Minor bleeding can occur after a biopsy of the lining of the colon or after removal of a polyp. Do not become alarmed if a small amount of bright red blood is noticed in the bowel movement. This can occur for several days, but may appear as long as ten days after the colonoscopy. If a large amount of bleeding occurs, or if dizziness or weakness develops, call the office immediately at (407) 422-3790. **Press "0" to speak with an operator.**
- Pain over the vein in the arm where medication was administered. Should this occur, apply hot compresses to arm 4 times a day. The swelling usually subsides within 1-2 weeks, but at times may last longer. Should fever, swelling, or redness of the hand or arm, or pain in the armpit occur, notify the office at (407) 422-3790.

CONSENT FOR COLONOSCOPY

**Paul R. Williamson, M.D.,
Joseph T. Gallagher, M.D.,**

**Andrea Ferrara, M.D.,
Samuel De Jesus, M.D.**

COLON & RECTAL CLINIC OF ORLANDO

I, the undersigned patient or patients legal representative consent and authorize Dr. _____ and whomever he/she may designate as his/her assistants, employees and agents, to perform upon me the procedure (s) described below.

I authorize and give my consent to my physician and to whomever he/she designates to perform upon the patient a COLONOSCOPY, WITH POSSIBLE POLYPECTOMY and/or BIOPSIES and/or DILATATION and/or TATTOOING. My physician has explained to me that this procedure involves: passing a tube into the rectum for the purpose of visualizing the large intestine with possible biopsy, removal of polyps, possible brushing (obtaining a specimen for study), dilation (stretching of a portion of the intestine), possible coagulation (stopping bleeding), possible decompression (removal of pressure) and/or photography/video.

If any unforeseen condition arises in the course of the procedure, calling in his/her judgement for procedures in addition to or different from those contemplated, I further request and authorize him/her to do whatever he/she deems advisable. These procedures may include and are not be limited to:

Pouchoscopy	Ileoscopy	Flexsigmoidoscopy
Vaginoscopy	Exam Under Anesthesia	

I understand that there are some risks involved in this procedure that may include but are not limited to: hemorrhage(bleeding), perforation (poking a hole in the intestine), abdominal pain/discomfort, abdominal distention (bloating), explosion of intestinal gases, cardiac/respiratory complications, allergic drug reaction, and/or hypotension (lowered blood pressure).

The nature, purpose and necessity of the treatment/procedure, the possible alternative methods of treatment, the risks involved, and the possibility of complications in the treatment of my condition have been fully explained to me and I understand the same. I acknowledge that no guarantee or assurance has been made to me concerning the results of such procedures.

Patient name printed

Date

Signature of Patient/ or Legal Representative

Date

Signature of Witness

Date

COLON & RECTAL CLINIC OF ORLANDO

Paul Williamson, M.D., FACS Andrea Ferrara, M.D., FACS, Joseph Gallagher M.D, Samuel De Jesus, M.D
110 W. Underwood St. #A Orlando, FL 32806 407-422-3790 FAX #425-4358

Date: _____

Patients Name: _____

Is to be scheduled for a Colonoscopy with Dr. _____.

I have been informed that there is a \$100.00 charge for failure to give 72 hours notice if I have to cancel the appointment. I also understand that the insurance will not cover this fee and I will be responsible to pay this in full before I can be rescheduled.

Patients printed name

Patients signature

Staff / Witness signature

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PAUL R. WILLIAMSON, M.D.

ANDREA FERRARA, M.D.

JOSEPH T. GALLAGHER, M.D.

SAMUEL DeJESUS, M.D.

YOU ARE SCHEDULED FOR A COLONOSCOPY ON _____ AT _____.

Due to the nature of this procedure, it is important that you arrive for this procedure at the scheduled time. Due to preparation and possible cancellations of other patients, your actual procedure time may vary. It is necessary that you do not schedule any activity after the procedure, and because you will be sedated, you will need to make arrangements for someone to drive you home. You will be in the Endoscopy Unit approximately 2-3 hours.

YOU SHOULD HAVE DISCONTINUED ANY ASPIRIN, COUMADIN OR BLOOD THINNING MEDICATIONS 7 DAYS BEFORE YOUR PROCEDURE. YOU SHOULD CONTINUE ALL OF YOUR OTHER MEDICATIONS. PLEASE CONSULT THE DOCTOR IF YOU ARE ON A LOW SODIUM DIET.

FLEET PHOSPHOSODA - COLONOSCOPY PREP - Afternoon Schedule (If your Colonoscopy is scheduled 12:00 p.m. or after)

FOLLOW THESE INSTRUCTIONS THE DAY PRIOR TO YOUR PROCEDURE:

PURCHASE FROM PHARMACY

(2) 1 ½ OZ. BOTTLES OR (1) 3 OZ. BOTTLE OF FLEET PHOSPHO-SODA. MAKE SURE IT IS THE LAXATIVE AND NOT THE ENEMAS.

(2) Dulcolax tablets

DAY BEFORE YOUR COLONOSCOPY: _____ FOLLOW INSTRUCTIONS COMPLETELY.

Breakfast: Light breakfast before 10:00 a.m. The remainder of the day you will be on CLEAR LIQUIDS ALL DAY.

Drink 8 oz every hour.

7:00 P.M. Prepare and drink ½ oz. Of Fleet Phospho-soda in 8 oz. of water, white grape or cranberry juice every 10 min for 3 times

Drink 8 oz. Of clear liquid every hour until you go to bed.

10:00 P.M. Take the 2 Dulcolax Tablets with water (Do Not Chew)

DAY OF PROCEDURE:

5:00 A.M. Prepare and drink 1½ oz. Of Fleet Phospho-soda in 8 oz. of water, white grape, cranberry juice OR gingerale.

Then Nothing else to eat or drink until after your procedure.

******* IMPORTANT ******* It is necessary to follow these instructions completely. If your colon is not cleaned out for this procedure, you will have to be rescheduled and go through this preparation and expense again.

FOOD GROUPS	FOODS ALLOWED	FOODS TO AVOID
Beverages	Coffee, Decaffeinated coffee, tea, carbonated beverages, Clear Fruit Juice, (Apple, Cranberry, Cranapple, White Grape), Gator Ade, Pedilyte	Milk, Milk Drinks, Red coloring #40 fruit juices containing pulp
Soups	Fat free bouillon (chicken or beef), fat free broth, consomme	All others
Desserts	Clear flavored gelatin, ices, popsicles	Red Coloring #40 All others
Sugar & Sweets	Sugar, honey, syrup, hard candy	Red Coloring #40 All others

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FORMS/PREPPM

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