



DAVID M. GUTMAN M.D., F.A.C.G.

PROGRESSIVE GASTROENTEROLOGY

Reflux Center of Long Island
Center for Irritable Bowel Syndrome
Fellow of the American College of Gastroenterology
Faculty Lecturer, Mount Sinai School of Medicine

Colonoscopy Instruction Sheet

PLEASE MAKE SURE TO REVIEW THESE INSTRUCTIONS A WEEK BEFORE YOUR PROCEDURE!

You are scheduled to have a colonoscopy on _____ at _____ AM/PM

THE WEEK BEFORE YOUR COLONOSCOPY

Make sure to arrange for an escort for the day of the procedure.

Discuss with Dr Gutman and your cardiologist any blood thinners you are on including Plavix, Ticlid, Effient, Coumadin, Warfarin and Lovenox. You may stay on aspirin therapy up to 325mg daily.

Discuss the use of arthritis and pain medications with Dr. Gutman.

Avoid arthritis medications for 2 days before the test. These include **naproxen (Naprosyn, Aleve), ibuprofen (Motrin, Nuprin) and many others.** Mobic, Celebrex, and acetaminophen (Tylenol) do not need to be discontinued.

Avoid over the counter blood thinners such as Vitamin E and ginkgo biloba

Stop binding medications one week before including iron, multiple vitamins with iron, cholestyramine, colestid, Questran, Imodium, and Lomotil.

All other prescription medications are permitted, except if specifically instructed.

Avoid foods with seeds for 3 days before the colonoscopy. Seeds tend to stay in the colon for days.

DIABETICS:

If you have diabetes, do not take your insulin or diabetic pills on the day of the test. Please advise the nurse to check the blood sugar before the test.

On the day before colonoscopy diabetics do not take metformin as it may cause side effects when you are dehydrated due to the laxatives. This is not a concern with upper endoscopy of the stomach.

Diabetics still need calories. On the day of preparation for colonoscopy, you should have non dietetic items. If you have only sugar free products you may become faint, or pass out. Do not take fast acting insulin such as Novolog. It is ok to take Lantus and similar long acting insulin.

Be sure to check your blood sugars the day you are preparing for your procedure and call your doctor with any problems.

Please take heart medications or blood pressure medications, other than water pills, with a glass of water 4 hours before the scope or the night before. Most other medications can be delayed until after the procedure. Any diuretics or fluid pills you may take would be best to take after the procedure and not before. Tranquilizers or relaxing medications should not be taken on the morning of the test because of the potential interaction with sedatives.

Please Bring the Completed Anesthesia Questionnaire with you.

You Are Responsible to Advise Us Of Cancellation 72 hours In Advance.

There is a cancellation fee of \$240 if you fail to cancel in advance.

(516) 739-4604
Fax: 280-7482

200 Old Country Road, Suite 520
Mineola, NY 11501

care@progressivegi.com
www.ProgressiveGI.com

CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. No red or purple liquids should be consumed!

Food Group

Milk & beverages
No red or purple liquids!

Meats & meat substitutes

Vegetables

Fruits & fruit juices

Grains & starches

Soups

Desserts

Fats

Miscellaneous

Foods Allowed

Tea (decaffeinated or regular),
carbonated beverages,
fruit flavored drinks

None

None

Strained fruit juices: apple,
white grape, lemonade

None

Clear broth, consomme

Clear flavored gelatin,
popsicles (*no red or purple flavors*)

None

Sugar, honey, syrup, clear
hard candy, salt

Foods to Avoid

Milk, milk drinks

All

All

Fruit juices with
unstrained fruit

All

All others

All others

All

All others

Breakfast

4 oz. White grape juice

6 oz. Clear broth

Jell-O®*

Tea

**Plain only, no fruit or toppings*

Lunch

4 oz. Apple juice

6 oz. Clear broth

Jell-O®*

Tea

Dinner

4 oz. Lemonade

6 oz. Clear broth

Jell-O®*

Tea

Jell-O is a registered trademark of Kraft General Foods, Inc.

Provided as a service by
AstraZeneca

Progressive Gastroenterology Consultants
200 Old Country Rd. Suite 520
Mineola, NY 11501
(516) 739-4604

AstraZeneca 

PM|AM SPLIT DOSING™ provides the best strategy for your colonoscopy prep

Your doctor has recommended PM|AM Split Dosing for your colonoscopy preparation. PM|AM Split Dosing means you will take the first dosing series on the evening before your colonoscopy, and the second dosing series early on the morning of your colonoscopy. Waking up early to complete a bowel preparation is important because PM|AM Split Dosing gets better results than single-day colonoscopy preps.^{1,2}

A clean colon is key to a successful colonoscopy

- About **1 in 19** Americans will get colon cancer, but it can be treated and prevented if detected early³
- A clean colon makes it easier for your doctor to identify abnormal growths that may be cancerous
- Follow your doctor's instructions to ensure your colon is as clean as possible (and avoid having your procedure cancelled or repeated)

Excellent prep

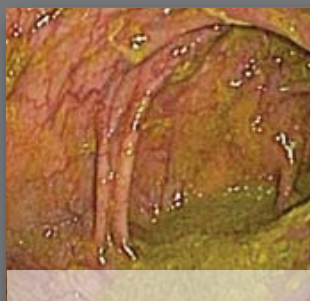


◦ Follow your doctor's directions to ensure your colon is as clean as possible

Good prep



Fair prep



Poor prep



◦ A fair or poor prep can leave the colon dirty—making it difficult for your doctor to spot abnormal growths^{4,5}



Flat lesion



Depressed lesion



Polyp



Elevated lesion



Colonoscopy prep **CHECKLIST**

The few days before your colonoscopy are extremely important to ensure that your colon is clean for **optimal visibility** during the procedure. You will need to carefully follow your doctor's instructions.

- ✓ **BEWARE OF OTHER MEDICINES.** Speak to your doctor about medicines that you may need to stop taking before your colonoscopy
- ✓ **WATCH WHAT YOU EAT.** Follow your doctor's recommendations about what you can and cannot eat before a colonoscopy
- ✓ **COMPLETE THE PREP.** Be sure to read all prep instructions, follow the recommendations for a precolonoscopy diet, and complete each step when instructed
- ✓ **STAY HYDRATED.** Be sure to drink all required liquids during the preparation and replenish your system by drinking clear liquids after returning home from your colonoscopy
- ✓ **STAY NEAR A BATHROOM.** Many who have undergone colonoscopy preparation recommend the use of ointments and wet wipes to reduce the effects of many trips to the bathroom
- ✓ **SCHEDULE A RIDE HOME.** Because of the sedatives used during the colonoscopy, you will need to find someone to take you home
- ✓ **SPREAD THE WORD.** Make sure to tell those you know about the importance of getting screened—it could save a life

YOU play the most important role in getting a clean colon. Follow your doctor's instructions carefully.



References: 1. Khan MA, Wasiuddin N, Brown M. Patient acceptance, convenience, and efficacy of one-day versus two-day colonoscopy bowel preparation. Poster presented at: Digestive Disease Week; May 20, 2008; San Diego, CA. 2. Rex DK. Dosing considerations in the use of sodium phosphate bowel preparations for colonoscopy. *Ann Pharmacother.* 2007;41:1466-1475. 3. SEER Stat Fact Sheets: Cancer of the Colon and Rectum. Available at: http://seer.cancer.gov/statfacts/html/colorect_print.html. Accessed January 7, 2010. 4. Harewood G, Sharma VK, de Garmo P. Impact of colonoscopy preparation quality on detection of suspected colonic neoplasia. *Gastrointest Endosc.* 2003;58:76-79. 5. Soetikno RM, Kaltenbach T, Rouse RV, et al. Prevalence of nonpolypoid (flat and depressed) colorectal neoplasms in asymptomatic and symptomatic adults. *JAMA.* 2008;299:1027-1035.



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SUPREP PREPARATION FOR COLONOSCOPY

A FEW DAYS BEFORE COLONOSCOPY

- Stock up on clear fluids such as ice tea, broth, Jell-O, soda, lemonade, as your tastes prefer.
- Do not wait until the last day to pick up your prescription.

THREE DAYS BEFORE THE COLONOSCOPY

- No vegetables, nuts, seeds, salads for 3 days.

THE DAY BEFORE THE COLONOSCOPY

- You may eat breakfast or lunch until _____. Then begin liquid diet until the test.
- Stay on a clear liquid diet for the entire day beginning 24 hours before your colonoscopy.
- It is okay to have a modest amount of milk in coffee.
- Hydrate vigorously before the laxatives, and after. Drink often, and drink more. After the colonoscopy you should drink at least a quart in the next 8 hours. Hydration leads to a high quality preparation, higher detection of precancerous polyps, fewer complications, and improved tolerance of the preparation.
- A clear liquid is any liquid you can see through. A list of clear liquids is provided on the attached sheet. Clear liquids include water, tea, coffee, ices, clear soups, broth, Jell-O, fruit juice, and carbonated beverages. **NONE OF THESE SHOULD BE RED OR PURPLE IN COLOR.** Avoid dairy products.
- **DO NOT EAT ANY SOLID FOOD**, except those listed. If you tend to get low blood sugar. **DO NOT EAT ANY SOLID FOOD**, except those listed. If you tend to get low blood sugar, review the instructions for hypoglycemia on page 1.

Please Bring the Completed Anesthesia Questionnaire with you.



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The Evening before the colonoscopy at 7 PM

- Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container
- Dilute it with cool water to the 16 ounce line and mix it.
- Drink it all
- Follow it with 16 ounces of beverage of your choice within 30 minutes.
- Drink another 16 ounces of beverage of your choice within another 30 minutes.
- Continue to drink as much water or other fluids as possible until bedtime.

6 hours before the colonoscopy time at _____AM

- Pour **ONE** (1) 6-ounce bottle of SUPREP liquid into the mixing container
- Dilute it with cool water to the 16 ounce line and mix it.
- Drink it all
- Follow it with 16 ounces of clear beverage of your choice within 30 minutes.
- Drink another 16 ounces of clear beverage of your choice within another 30 minutes.

4 hours before the colonoscopy at _____AM

- **Please take heart medications or blood pressure medications**, other than water pills, with a glass of water 4 hours before the scope or the night before. Most other medications can be delayed. until after the procedure.
- Avoid diuretics or water pills until after the procedure and not before.
- Tranquilizers or relaxing medications should not be taken on the morning of the test because of the potential interaction with sedatives.
- **DO NOT EAT OR DRINK 4 HOURS BEFORE SCOPE** (except medications with small sips of water) until after the colonoscopy.
- Please take heart medications or blood pressure medications, other than water pills, with a glass of water 4 hours before the scope.
- You **MUST** have an escort to pick you up after the procedure. If you do not have an escort, the procedure will be cancelled or rescheduled!
- If you have concerns about this requirement, please discuss it with the gastroenterologist.

QUESTIONS? Call the office if you have any questions.
DAVID GUTMAN, MD (516) 739-4604



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Anesthesia Department

Pre-Surgical Patient Questionnaire

PLEASE FILL OUT AND BRING WITH YOU ON TESTING DAY

NAME:

DATE:

1. What is the procedure you are having today?
2. Any major illnesses other than childhood diseases?
3. Have you ever had an operation? If so, please list them and the dates of surgery, if known
4. Please write in any medications, injections or pills that you take (this includes prescription drugs, over-the-counter drugs and vitamins)

You may attach a printed list if you prefer

5. Do you have any allergies to specific medications? If so, please list them

- , No Allergies
- , No Prior reaction to Anesthesia
- , No Blood Relative has had Reaction to Anesthesia

6. Weight _____ Height _____

7. **FEMALES:** If you are under 55 and have had a period within the past year, you will be asked for a urine sample.

8. Date of last menstrual period: _____ How many pregnancies have you had? _____
How many children have you had? _____ How many miscarriages or abortions? _____

9. Is it possible you may be pregnant? _____



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Anesthesia Department

Pre-Surgical Patient Questionnaire

NAME: DATE:

Yes No

1. Any problems with your blood pressure, heart or circulation? (include history of chest pain associated with the use of nitroglycerin)
2. Any lung disease (e.g. Bronchial asthma, emphysema), recent cough, cold or sore throat?
3. Any seizures, strokes, convulsions, blackouts, fainting spells, headaches?
4. Any disease of stomach/ intestines
5. Any disease of liver, jaundice, hepatitis, transfusion reaction?
6. Any bleeding disorder or bleeding tendency?
7. Kidney or bladder disease?
8. Diabetes or thyroid disease? (please circle which applies)
9. Do you have loose, false, chipped, capped, or bad teeth, bridges or dentures?
10. Do you wear contact lenses?
11. Have you taken cortisone by mouth in the past 12 months?
12. Have you taken nerve pills or tranquilizers in the past 2 weeks?
13. Do you have more than 2 alcoholic drinks per day?
14. Do you or have you ever smoked?
15. If yes, how much? If stopped, when?



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COLONOSCOPY MAY SAVE YOUR LIFE!

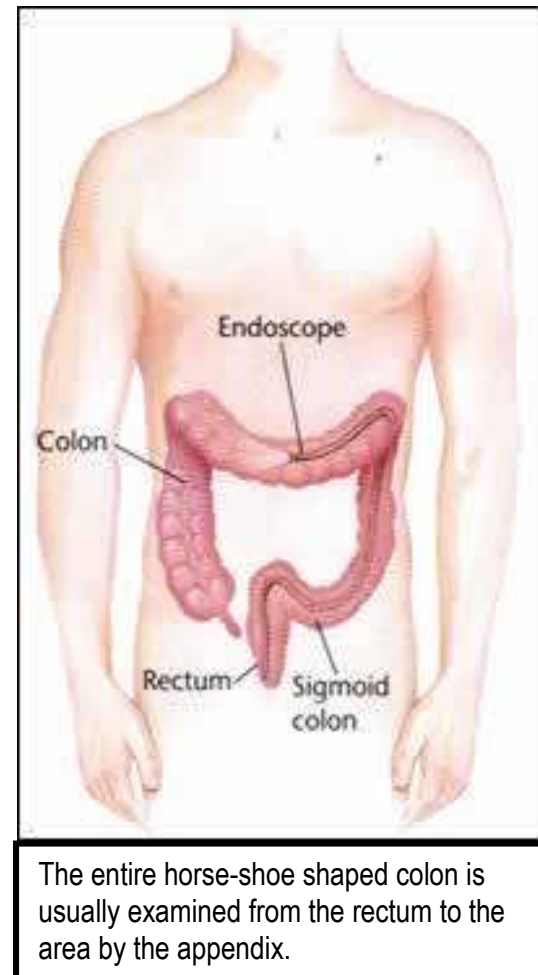
Colonoscopy can be a lifesaving procedure that can remove precancerous polyps, detect causes of bleeding and anemia, evaluate colitis and infections of the bowel, and assess causes of bowel symptoms and abdominal pain. A colonoscopy has been recommended to you to examine the lining of the large intestine (colon or large bowel) to prevent cancer of the colon or to detect conditions which may require treatment.

Why have colonoscopy at Progressive Gastroenterology?

Dr. Gutman is a board certified Gastroenterologist having years of advanced training and expertise in the evaluation and prevention of disorders of the digestive tract. He has shared that expertise by teaching other gastroenterologists in the advances and developments of the field. Progressive Gastroenterology is a nationally accredited endoscopy facility compliant with the highest standards required to maintain your safety. We use state of the art high definition and pediatric colonoscopes to optimize complete visualization of the colon and the end of the small intestine. We use as needed such advancements as Narrow Band Imaging to better characterize colonic tumors and colonic irrigation to ensure comprehensive visualization of the lining of the colon.

What is a colonoscopy? *Colonoscopy* (enables your doctor to examine the lining of your colon (large intestine). A thin flexible tube with a camera at the tip (called a *colonoscope*) is inserted into your anus and slowly advanced into the rectum and colon. The lining of the colon is then carefully examined.

What happens during the colonoscopy? You will be asked to lie down on your left side. You will be given sedatives to help you relax. The colonoscope will be advanced through your large intestine (colon) to examine the lining. The lining of the colon will be examined again as the colonoscope is slowly withdrawn. The procedure itself usually takes 15 to 30 minutes, although you should plan on two hours for preparation and recovery.





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How will I feel during the colonoscopy? Colonoscopy is well-tolerated and rarely causes much pain. Most patients sleep through the entire procedure, but some wake up towards the end of the scope as the colonoscope is withdrawn and the colon is being examined. Most find this not to be distressing. You might feel pressure, bloating or cramping if you awaken during the procedure. If you experience discomfort during the procedure, extra sedatives may be given to help you relax further.

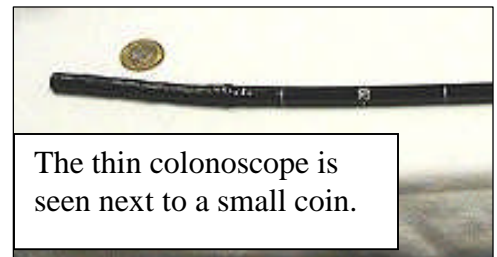
What preparation is required?

For the entire day before (24 hours) you will need to consume clear liquids such as juices, broth, coffee or tea (modest milk in the beverage will not interfere with the test), soda, seltzer, lemonade, ice tea, water, ices. It is very important to hydrate vigorously as people lose a lot of fluids during the preparation. A laxative preparation is required to completely cleanse the colon. A clean colon will help ensure that your colonoscopy will be complete, accurate, and safe. Additionally, the procedure time is usually shorter in patients who have cleaner colons. There are several different ways to cleanse the colon for the exam. Each method has its own advantage and disadvantages.

Please make sure to carefully read and follow directions that you received from Progressive Gastroenterology.

Can I take my current medications?

Most medications can be continued as usual, but some medications can interfere with the preparation or the examination. Discuss your medication list with Dr Gutman. These are general guidelines:



Do not take iron supplements, Pepto-Bismol, or any anti-diarrheal medications, or binding agents such as cholestyramine, colestipol, Welchol for 7 days before your procedure.

Do not take arthritis medications such as ibuprofen, naproxen, Naprosyn, Aleve, Advil, or Motrin, and many others, except for Tylenol for 2 days before the procedure.

Aspirin up to 325mg daily can be continued. Avoid Vitamin E, Ginko biloba.

You will be given specific instructions if you are taking blood thinners such as Coumadin, warfarin. Pradaxa, Effient, Plavix, clopidogrel, Ticlid, Brilinta, Xarelto, Aggrenox, Pletal and others.



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What about Diabetes?

Diabetics should not take metformin as it may cause side effects when you are dehydrated due to the laxatives. Long acting insulin is usually safe, but short acting insulin usually requires modification. Avoid having sugar free foods as you may get low blood sugar.

What if the colonoscopy shows something abnormal?

If an area needs further evaluation, Dr Gutman may pass instruments through the colonoscope to perform a biopsy (removal of small piece of tissue for analysis), or polypectomy (removal of entire growth), or injection to mark an area for future follow-up, or clips to staple an area of potential bleeding. For example, your doctor may perform a biopsy or remove a polyp.

What are polyps and why are they removed?

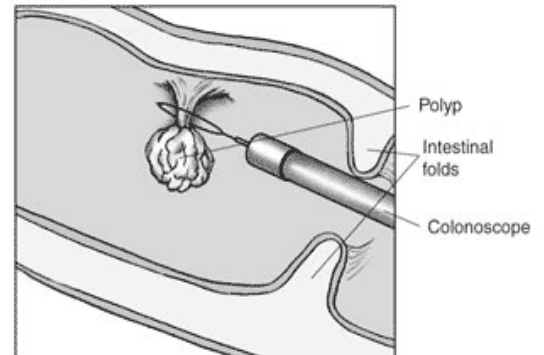
Polyps are abnormal growths in the colon lining. Most polyps are benign (not cancer), but some are malignant (cancer). They can vary in size from a tiny dot to several inches. Because cancer begins in polyps, removing them is an important means of preventing colorectal cancer. The polyp is then sent to the pathologist for further evaluation under the microscope. Over 95% of the time, Dr Gutman can tell if a polyp is benign due to excellent optics on our colonoscopes.

How are polyps removed?

Dr Gutman will remove polyps with a wire loop called a snare, a biopsy forceps, or electrocautery (burning). You should feel no pain while a polyp is being removed.

Does it matter who does my colonoscopy?

The main goal of colonoscopy is to prevent cancer. Failure to remove precancerous colon polyps called adenomas and serrated polyps leads to cancers occurring after a colonoscopy. Key quality measures that excellent endoscopists focus on are the rate of detection and removal of adenomas and being able to see the entire colon nearly all the time. To accomplish these goals the endoscopist must educate the patient to have an excellent bowel cleansing, and must take the time to adequately visualize and remove all adenomas. These performance indicators are measured and compared to national standards, like athletes stats. Dr. David Gutman's quality performance measures greatly exceed the national average, significantly reducing the potential for developing colon cancer after a colonoscopy compared to the average colonoscopy quality. Ask for more details.





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What happens after a colonoscopy?

You will be told the results of the examination on the day of the scope, and be given written information and instructions. You will make an appointment for a week later to review the findings in more detail, review the biopsy findings, and make treatment plans. It is optimal to see you in person to review these findings and biopsy reports at a time you are not under the influence of sedation and can have your questions answered.

You may not drive after being sedated.

If you have been given sedatives during the procedure, someone **must** escort you home and stay with you. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. Sedation is generally safe, but some patients will prefer to have unsedated colonoscopy or CT colonography (Virtual Colonoscopy).

How will I feel after the colonoscopy?

You may have some cramping or bloating because of the air introduced into the colon during the examination. This should disappear quickly when you pass gas. Initially you will feel sedated, but this passes quickly. Your memory and reaction times will still be impaired after you feel lucid.

When will I be able to drive or go to work?

Since the medicine can last longer than the colonoscopy, it is required that you have a friend or family member take you home. As a rule of thumb, since the sedation medicine can affect your reaction time and your ability to make decisions for a few hours, you cannot drive and it is recommended that you do not go to work or make important decisions until the day after your colonoscopy.

Do not drive or operate heavy machinery for the rest of the day.

Are there risks to colonoscopy?

The most common complication of colonoscopy is missed polyps. Like all tests, none are perfect. Although we have state of the art technology, and time and care is taken to visualize all walls of the colon and wash small debris that can obscure flat tumors, there is imperfection in achieving complete polyp discovery and removal. For this reason I do not agree with the American Cancer Society guidelines of screening colonoscopy every 10 years. I recommend colonoscopy every five years, and more often if visualization is less than optimal or there are colon adenomas (benign precancerous polyps), or other factors such as family history to increase an individual risk of developing colon adenomas.



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In some cases, the colonoscope cannot be passed through the entire colon to where it meets the small intestine. CT colonography is often used in this setting, on the same day to avoid repeating the preparation. Repeat colonoscopy is indicated at a later date, if this occurred due to poor cleansing.

Perforations of the bowel occur less than 1 in 1,000 cases, but can be associated with the use of steroid medications, bowel obstruction, or removal of large or deep polyps. Great care is taken to avoid this complication, by avoiding pushing on the colonoscope where visualization is poor. Our rate of perforations is significantly less than the national average due to these measures.

Due to high frequency of heart disease, many patients are on blood thinners. The risk of bleeding is very low, but is increased if very large tumors are removed or patients are on blood thinners. Nevertheless, the risk is substantially lower than the risk of stroke or heart attack stopping the blood thinner. You and Dr Gutman and your cardiologist need to individually assess your specific risk.

Are there risks to anesthesia?

Anesthesia risk relates to suppression of breathing while sedated, alterations in blood pressure due to blood vessels becoming relaxed or dilated. An anesthesiologist carefully monitors your vitals and responsiveness, and oxygen levels throughout the procedure and following the procedure to ensure your safety. Dr Gutman is ACLS certified, and all equipment required for safety are kept on hand and tested regularly, to ensure the same safety and performance as required in a hospital setting.

Chills, without fever can occur following propofol anesthesia. This can be remedied with Tylenol and drinking more fluids. Fever may suggest a more serious problem.

Colonoscopy and polypectomy are generally safe when performed by doctors who have been specially trained and are experienced in these procedures. Dr. Gutman is a Board Certified Gastroenterologist and a member of the American Society of Gastrointestinal Endoscopy. He has met the rigorous standards of training and experience required by these bodies. He and his anesthesiologists are certified in Advanced Cardiac Life Support.

Although complications after colonoscopy are uncommon, it's important to recognize early signs of possible complications. Contact Dr Gutman if you notice severe abdominal pain, fever and chills, or rectal bleeding of more than one-half cup. Note that bleeding can occur several days after the procedure. If you have pain or fever or bleeding, avoid intake of solid food.

In an emergency call 516 739-4604 or go to the emergency room.



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Free Colonoscopy Resources On Line

What to Expect During a Colonoscopy

Very informative video gi.org/media/colonoscopy

***Colonoscopy For Dummies* is now available**

A free, easy-to-read guide to a potentially life-saving procedure
www.colonoscopyfordummies.com

I Hear The Colonoscopy Prep Is The Worst From Your Health Site REFLUXNY.COM

refluxny.com/wp-content/uploads/i-hear-the-colonoscopy-prep-is-the-worst.pages.pdf

My Moviment Prep Kit

moviprep.salix.com/colonoscopy-patient-resources/my-moviment/

Find More Great Resources at REFLUXNY.COM

**Free Smartphone Apps are shown to improve colonoscopy
Colonoscopy Guide or
ADH (Arizona Digestive Health) Select Procedures**