

Dr. Rajeev Nagpal & Dr. Christopher Smith---Pediatric Gastroenterology

Scheduler: Dina 708-581-4911

1. Your child has been scheduled for a colonoscopy on _____

PLEASE arrive at _____ . Bring your insurance card and photo ID with you.

2. You should get a call from the preregistration dept. the day/evening before the procedure.
3. The procedure will be done in the Outpatient Pavilion at 95th St and Kilbourn Ave. You may park in the parking tower across the street from the Outpatient Pavilion. There is a ramp on the second floor of the parking tower that connects directly to the Outpatient GI Lab. If you go through the front entrance of the building, the Outpatient GI Lab is on the second floor.

PRIOR INSTRUCTIONS

If the colon is not clean, the procedure will not be done

You will need to purchase over the counter:

Miralax (119 g or 238g), dulcolax tablets, Gatorade (32oz or 64oz)

TWO DAYS BEFORE THE PROCEDURE

Take 2 dulcolax tablets before bedtime

DAY BEFORE THE PROCEDURE

Clear liquid diet the entire day before the procedure. NO milk products or solid food!

Things that are considered clear liquids are—7up, Sprite, water, jello, popsicles, koolaid, apple juice, plain broth, and Gatorade. Please do NOT drink anything RED in color, since it can be mistaken for blood.

At 2:00pm, mix the Miralax and Gatorade in a pitcher and stir well. Drink 4-6 oz every 15-30 minutes until it is all gone. Then take 2 more dulcolax tablets.

Continue to drink clear liquids the remainder of the day. The more you drink, the better hydrated you will be. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT!**

DAY OF PROCEDURE

Nothing to eat or drink. If your child is scheduled for a procedure for noon or later, your child may drink water or apple juice until 8am. No Gum or hard candy is allowed. A CLEAN COLON IS CLEAR STOOLS. PLEASE CHECK THE TOILET TO MAKE SURE THE STOOLS ARE CLEAR. IF THEY ARE NOT, THE COLONOSCOPY WILL HAVE TO BE RESCHEDULED.

IMPORTANT!!!! Check with your insurance company to see if they require prior authorization for this procedure.

Then contact Tricia RN at 708-684-5687 IF prior authorization is necessary. If you need REFERRALS for an HMO, you will need one for the PROCEDURE with the name of the physician performing the procedure and the location AND one for the FOLLOW UP apt. **IT IS YOUR RESPONSIBILITY TO GET THE REQUIRED REFERRALS IF YOUR INSURANCE**

REQUIRES THEM! Please make a follow up appt. 1-2 weeks after the procedure to obtain biopsy results. These are not given over the phone. **CPT CODE: 45380**

