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Diet Questions

Q: What is a clear liquid diet?

A: A clear liquid diet consists of clear liquids, such as water, broth, and plain gelatin. These are easily digested and leave no undigested residue in your intestinal tract. A clear liquid diet helps maintain adequate hydration, provides some important electrolytes such as sodium and potassium, and gives some energy at a time when a full diet isn't possible or recommended.

Avoid liquids or gelatin with red or purple coloring.

The following foods are allowed in a clear liquid diet:

- Plain water
- Fruit juices without pulp, such as apple juice, grape juice or cranberry juice
- Strained lemonade or fruit punch
- Clear, fat-free broth (bouillon or consommé)
- Clear sodas
- Plain gelatin
- Honey
- Ice pops without bits of fruit or fruit pulp
- Tea or coffee without milk or cream or granulated sugar

A typical menu on the clear liquid diet may look like this.

Breakfast:

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

Snack - 1

1 glass fruit juice
1 bowl gelatin

Snack -2

1 ice pop (without fruit pulp)
1 cup coffee or tea (without dairy products)
Or a soft drink

Lunch:

1 glass fruit juice
1 glass water
1 cup broth
1 cup gelatin

Dinner:

1 cup juice or water
1 cup broth
1 bowl gelatin
1 cup coffee or tea

Please see your scheduling packet for more details about your diet.

Q: What is a full liquid diet? How is this different from a clear liquid diet?

A: If your physician instructs you to complete a full liquid diet during your preparation period, you can have any food item that is liquid whether you can see through it or not. For example, a full liquid diet consists of everything on the clear liquid guidelines PLUS cream soups, ice cream, ensure, milk, carnation instant breakfast, etc.

Q: What is a soft low fiber diet?

A: Fiber and vegetables are great to keep your bowels moving day to day, but these foods take a little longer to cycle through your colon entirely. In order to make it easier to complete the preparation

medication, and ensure you are completely cleaned out, you need to stop eating fruits, vegetables, nuts, popcorn, and highly fibrous foods such as breads & grains. No nuts, seeds, or popcorn 4 days prior to your procedure. For any more questions, refer to the “Low or Soft Fiber Diet” guidelines in your instruction packet that you received from the endoscopy scheduler.

Q: Can I drink anything other than water?

A: Yes! It is important that you drink a variety of allowed clear liquids to avoid the possibility of becoming nauseated and dehydrated. Clear liquids include: apple and white grape juice or other non-citrus juices without pulp, Gatorade, ginger ale, diet or regular 7-Up, Sprite or colas, Kool Aid, water, clear broth, Popsicles, honey and hard candies without filling.

Also included in a clear liquid diet are black coffee or tea, without cream or powdered creamer, and Jell-O without added fruit. DO NOT CONSUME ANYTHING WITH RED DYE. RED OR PURPLE DYE can be found a variety of drinks, so please read the label. Do not consume anything containing ‘RED DYE 40’.

Q: Why can't I drink or consume anything red or purple during my clear liquid diet?

A: When you consume something red or purple, it can stain the colon or appear to be small amounts of blood. To help ensure an accurate exam, these liquids should be avoided.

Q: Why do I have to stop drinking four hours before I come in?

A: We ask that you stop all clear liquids four hours prior to your procedure to allow your stomach to empty. If there are liquids in your stomach when given sedation, those liquids could cause complications with breathing or lead to vomiting.

Q: Can I have cream in my coffee/tea while on my clear liquid diet?

A: No. Avoid all dairy products including milk, cream and powdered creamer.

Q: Can I drink alcoholic beverages during the prep?

A: Alcoholic beverages can cause dehydration, so we **strongly** suggest you do not drink alcoholic beverages during your bowel prep.

Q: Can I have soup during my clear liquid diet?

A: You can only have broth. You may not have noodles, meat or vegetables. For instance, you can warm a can of soup as usual and drain off the liquid discarding all solid contents.

Q: Why can't I eat popcorn a week before my procedure?

A: The hulls from popcorn can stay in the colon for days. During your procedure the hulls can appear to be growths in the colon. Popcorn hulls can also clog the scope.

Q: I ate solid food the day prior to my colonoscopy, can I still have the procedure?

A: The answer to this depends on what you ate and how much. Chances are you can still proceed with your procedure as scheduled but may need some additional preparation guidelines. You should contact your gastroenterologist's office for advice at (919)-781-7515 and ask for the physician's clinical or medical assistant.

Bowel Prep Questions

Q: I don't eat a lot. Do I still have to take all of the laxatives?

A: Yes. You must follow the preparation instructions given to you. Preparation is not prescribed based on weight of an individual because the length of your colon is very similar from one adult to another and is not dependent on an adult's size or build.

Q: I already have diarrhea before starting my prep, do I still have to take all of the laxatives?

A: Yes. You must follow the preparation instructions given to you. Your colon is approximately 6 feet long and must be completely emptied to help ensure an accurate and thorough exam.

Q: I seem to be all cleaned out but I haven't finished my laxatives, do I have to finish them?

A: Yes. You must follow the preparation instructions given to you. It is possible to appear cleaned out but there could be remaining stool higher up in the colon that has not progressed fully.

Q: How long will it take to complete my bowel prep?

A: The entire prep can take approximately four to eight hours. You should plan to be near a restroom during this period. If you are asked to complete the second half of the prep on the morning of the procedure, this prep will be specifically timed with your scheduled exam so that you have stopped going to the bathroom for the most part. If you live more than an hour or so away from your procedure location, you may want to begin the prep earlier to prepare yourself for travel.

Q: When will I start moving my bowels?

A: Every patient is different. Some will start moving their bowels within half an hour of the preparation and others may finish all of the preparation before their bowels start to move.

Q: What time should I start to take my preparation?

A: You should refer to the instruction packet that was given to you when you scheduled the exam. This packet contains information about diet and preparation needs.

Q: Do I need to take all of the preparation?

A: Yes. We recommend that you take all of the preparation. Failure to do so could result in additional stool, which increases the chance that something could be missed. In addition, if the colon is not clean enough, you may have to reschedule your appointment and repeat the preparation.

Q: I was told to take magnesium citrate, but I was not given a prescription for it, what should I do?

A: Magnesium Citrate is an over the counter medication and it is available in most pharmacies. It comes in many flavors. You shouldn't get the cherry flavor, because of its red color that will cause complications with the procedure.

Q: When will I stop moving my bowels?

A: You will probably stop moving your bowels within a couple of hours of finishing the preparation. However, people are different and some will continue to pass liquid bowel movements right up to the time of the procedure.

Q: I have taken all of the preparation, but I haven't started moving my bowels yet, what should I do?

A: We suggest getting up and walking around if possible. Being more active stimulates the colon and will aid with the preparation. If this doesn't work, call our office for additional advice at (919)-781-7515 and ask for your physician's medical or clinical assistant.

Q: Can I chew gum during the prep?

A: Yes.

Q: Can I smoke during the prep?

A: Yes. Your physician would advise against smoking as this can have long term effects on your health.

Q: Can I continue to drink liquids after I've started taking the preparation?

A: Yes, but nothing 4 hours prior to your procedure. It's highly recommended to drink liquids during the preparation, as long as they are clear and do not contain sugar, which can interfere with the function of the preparation. The more liquids you can consume the easier and more affective the bowel prep will be. Remember; don't eat anything solid the day prior to the procedure.

Q: I feel nauseous. What should I do?

A: You can take a short break from drinking the preparation. Try drinking ginger ale or another clear liquid to help settle your stomach. Continue your prep when the feeling has subsided.

Q: I am nauseated and having difficulty taking the preparation, what should I do?

A: Often cooling the preparation liquid or drinking a clear liquid with it will help with nausea. Additionally, drinking the preparation through a straw will decrease the degree to which you taste it. If you are having nausea you should also try drinking the preparation more slowly. If any of these options don't work, you will need to call our office for additional advice.

Q: Is there anything I can do to make the preparation easier to take?

A: Some people find that the preparation is easier to take if it's cold. You can place the preparation in the refrigerator if needed. You should not put ice directly into the preparation as it will melt and increase the total amount of fluid that you have to drink. You can also drink your prep through a straw to help drink it faster.

Q: I started vomiting after taking the preparation, can I still have the procedure?

A: It depends on how much of the preparation you were able to take and how well the preparation works for you. If you were able to keep down at least 75% of the preparation and you are passing clear liquid bowel movements, then the preparation is working. Also, if you are passing tinted liquid (yellow or brown), it still may work. If you are passing solid stool or if you only were able to keep down less than 75% of the preparation you will likely need to reschedule your procedure.

Q: Can I still have my procedure if I continue to pass solid stool despite all of the preparation?

A: If you are passing solid stool and/or yellow-brown liquid up to 4 hours prior to your procedure time you need to call the office for additional instructions. Do not leave a message, press 0 for the operator and speak to a medical/ clinical assistant.

Q: I started my preparations and I haven't had a bowel movement yet. What should I do?

A: Some patients have a bowel movement immediately after starting the laxatives and for others it may take 2 hours or longer. Continue drinking clear liquids and following your bowel prep instructions.

Q: Can I use cream during my prep to avoid anal irritation?

A: Yes. You may apply Destin, A & D ointment, Vaseline or any other cream during the prep. Another option may be baby wipes or similar medicated wipes to help/prevent rectal irritation.

Q: Will the preparation irritate my hemorrhoids or skin?

A: Usually not. Some cases, however, the diarrhea that is caused by the preparation can irritate hemorrhoids. Using baby wipes or medicated wipes instead of toilet paper may help prevent irritation. If there is irritation, you can use petroleum Jelly or Destin to help protect it.

Medication Related

Q: Can I take other medications before the procedure?

A: Sort of. You can continue your medication normally up to the day of the scheduled exam, unless we advise you otherwise. You should take only medically necessary medications the morning of the procedure.

On the morning of the exam, we do ask that you only take absolutely necessary medications such as blood pressure and heart medications, and hold all others for a few hours until the procedure is complete. Generally, you should take prescribed medication, as directed, throughout the prep process for your procedure. **If you are taking any of the following medications, and do not have specific instructions in your procedure packet regarding these, let our office know IMMEDIATELY.**

These include:

Coumadin	Aspirin (most physicians will	Motrin
Warfarin	have you continue aspirin 81	Advil
Xarleto	mg)	Aleve
Lovenox	Plavix	Naproxen
Heparin	Vitamin E	Excedrin
Fragmin	Fish oil	
Eliquis	PHENTERMINE	
Pradaxa	Ibuprofen	

Blood thinners should not be stopped without consulting your prescribing physician. We will obtain clearance prior to instructing you to hold any blood thinners. You should not stop any of the above medication that are prescribed by one of your other physicians, such as a primary care physician or cardiologist. Our office will contact your physician to get clearance for you to hold these medications

prior to your procedure. Over-the-counter pain relievers may be substituted for alternate medications such as Tylenol or acetaminophen.

Q: I was instructed to stop some of my medications (for example iron pills, or warfarin) five days prior to my procedure, but I forgot to do so. Can I still have my procedure?

A: In many cases the answer will be yes. However, in the case of a medication or supplements such as iron, it may interfere with the visualization of the colon. If you are taking warfarin or a different prescribed blood thinner, it depends on what is being done in the procedure. Removal of a large polyp while on a blood thinner, for example, could result in bleeding that we would like to avoid. You should call the office for advice. Every individual is different and we will let you know what options are safe for you personally.

Q: I accidentally took ibuprofen or aspirin for pain. Will my procedure need to be rescheduled?

A: If you accidentally take a medication that you were advised to avoid, you should call the office for advice. Every individual is different, and we will let you know what options are safe for you personally.

Q: Can I take my anti-anxiety medications the morning of my procedure?

A: Yes. You may take your anti-anxiety medications with a small sip of water.

Q: I am diabetic and take insulin. Do I need to adjust my dose?

A: You should check with your doctor who prescribes your insulin, as there are many types, and they are all managed differently. You are also welcome to call our endoscopy procedure nurse for questions about medications. You are advised to bring your insulin pump to your procedure.

Q: Do I need antibiotics before the procedure?

A: If you have had a total joint replacement longer than 6 months ago, or if you have a mitral valve prolapse, then you do not need antibiotics. If you have had a total joint replacement less than 6 months ago, or if you have had a mitral valve replacement, or if you require daily antibiotics for any other medical condition, then you do need antibiotics. Please contact the doctor who manages these conditions for the prescription.

Q: What does the prescription prep do?

A: During a colonoscopy, your doctor carefully examines the walls and lining of your digestive tract, looking for any subtle abnormalities that could be a sign of something more serious. To ensure a thorough examination, your colon must be completely emptied of all waste material. To accomplish this, your doctor will prescribe a colonoscopy preparation also known as a colonoscopy prep or bowel prep before your exam. The colonoscopy preparation works by causing diarrhea so your body can flush out all solid waste, giving your doctor a clear view of your entire large intestine and colon.

Q: What do I do if my prep is not covered?

A: Contact our office as there may be prep alternatives your physician will approve.

Anesthesia

Please let your scheduler know of any drug or food allergies you have prior to your procedure.

Wake Gastroenterology is happy to offer our patients full sedation in our In-office procedure suite. We offer state of the art facilities and the latest and most reliable anesthesia options. We have an Anesthesiologist on site to administer the anesthesia and answer any questions you may have. You will remain completely sedated throughout the entire procedure and your vital signs are consistently monitored throughout your care in the endoscopy department.

MAC (Monitored Anesthesia Care) Monitored Anesthesia Care means to have a fast-acting anesthetic administered via IV in your arm or hand by a Certified Registered Nurse Anesthetist (CRNA). This medication is easily administered in controlled doses so that you are completely sedated throughout the procedure. Upon waking, most individuals feel almost refreshed as if awaking from a nap and some do not even realize the procedure is over! MAC anesthesia is used at both Raleigh Endoscopy Center locations, and sometimes at Rex Hospital if a patient's medical condition requires the hospital environment.

Billing

I am scheduled for a Screening Colonoscopy, does this fall under preventative care?

A true "screening" colonoscopy means this is your first colonoscopy and you are not currently having any diagnostic symptoms or problems. With that being said, if you have a procedure and the physician finds and removes polyps, some insurance carriers will determine this to be diagnostic, and therefore it may be covered differently than preventative care. If you have had polyps in the past and are returning several years later as instructed by your physician, this is sometimes still considered preventative but can again vary by insurance carrier. We have no control over what the insurance carrier chooses to cover, or how they classify the procedure as preventative or diagnostic. We do, however, make every attempt to provide documentation and coding to show that the procedure was scheduled as a screening exam.

I am under the age of 50, will insurance cover my procedure?

Patients under the age of fifty without a previous history of polyps should check with their insurance prior to scheduling a colonoscopy. While the new American Cancer Society guidelines state that screenings should start at age forty-five, it typically takes insurance companies time to catch up.

How much will my procedure cost?

There is no "set" cost for a colonoscopy because every procedure is a little bit different. Insurance coverage can vary from plan to plan, or carrier to carrier. You should call the customer service number on the back of your insurance card and give them the appropriate procedure code below for a coverage estimate, and to check on your benefits.

Colonoscopy CPT -

Flexible Sigmoidoscopy CPT –

Upper Endoscopy (EGD) CPT –

Capsule Endoscopy CPT –

Bravo CPT –

What if I cannot pre-pay due to financial constraint?

Some patients with Medicare insurance coverage, or with commercial plans that we are not in network with will be asked to pre-pay a certain percentage of the expected cost prior to the scheduled exam. Your health is our primary concern, and it's our goal to never allow financial worry get in the way of meeting your medical needs. If you are on a fixed income or are unable to pre-pay the amount requested prior to your exam we ask that you do not cancel your appointment. You should call and speak with our patient accounts representative who will communicate your concerns with your physician and offer you a reasonable repayment option.

What if I don't have insurance coverage?

No insurance?! We understand. Sometimes things happen and we lose our coverage for a period of time. Our office will work with you to offer the same quality care as we offer insured patients, while helping find a financial solution that fits your budget! Just give us a call!

Location Information

Our endoscopy schedulers will ask you a few questions during the scheduling process in order to determine which facility location will best suite your needs.

Wake Internal Medicine

This is our in-office endoscopy location, where we have trained and experienced staff on site in our own dedicated endoscopy suite. Upon arrival you will take the elevator up to the 3rd floor and check in at the reception desk.

You should arrive at this location 30 minutes prior to your scheduled exam.

Address:

Wake Internal Medicine Consultants

3100 Blue Ridge Road, Suite 300

Raleigh, NC 27612

Phone: 919-781-7500 ext. 1237 Fax: 919-714-6010

Raleigh Endoscopy Center – MAIN

This is an outpatient ambulatory service center that is located across the road from Rex Hospital, behind Blue Ridge Pharmacy. Upon arrival you will follow the signs to the Raleigh Endoscopy suite in the building.

You should arrive at this location 1 hour prior to your scheduled exam.

Address:

2417 Atrium Drive, Suite 101

Raleigh, NC 27607

Phone: 919-249-5246 Fax: 919-791-2061

Raleigh Endoscopy Center – NORTH

This is an outpatient ambulatory service center that is located in north Raleigh, near the intersection of Six Forks and Strickland Road. Upon arrival you will follow the signs to the Raleigh Endoscopy suite in the building.

You should arrive at this location 1 hour prior to your scheduled exam.

Address:

8300 Healthpark drive, Suite 210

Raleigh, NC 27615

Phone: 919-249-5902 Fax: 919-256-7981

WakeMed Cary Hospital

Our physicians do not routinely complete procedures at the WakeMed Cary Hospital location, but will schedule a procedure in the hospital environment if a patient's medical condition warrants. Procedures completed at WakeMed Cary do require a pre-testing appointment 1 week prior to the scheduled exam. The endoscopy scheduler will share the details of this appointment with you once you are scheduled.

What to Expect

Q: How do I prepare? Will I miss work?

A: Preparing for the procedure makes you go to the bathroom a lot! Your physician will give you instructions. Read them carefully a few days ahead of time in case you need to pick up any additional supplies, such as prescriptions, laxatives, wipes/creams, or clear liquids to drink. For a routine exam (without any special instructions from your physician) you usually start your preparation a day or 2 before the actual test. Most patients can work normally while doing their clear liquid diet the day prior to the procedure, and do not need to take an additional day off as the preparation kit does not begin until the evening hours. Make sure to be near a bathroom as soon as you start your preparation. If any of the instructions are not clear, call our office and go over them step by step with an endoscopy scheduler.

Depending on the exam, you may need to follow a special diet for up to 7 days prior to the procedure. You may also need to prepare for the prep by taking additional laxatives, if directed to do so by the physician.

Q: Who will do the exam?

A: Your gastroenterologist will perform the colonoscopy at your scheduled facility. You will probably see him/her briefly prior to the exam and may ask any last minute questions at that time.

Q: Will I be in a private room?

A: Yes and no. The actual colonoscopy procedure is done in a private enclosed endoscopy suite. However, preparation and recovery will likely take place in a recovery area where the patient will remain on a stretcher until fully alert, and will be enclosed by a privacy curtain. The patient's privacy is very important, and staff at all locations will always attempt to be as discrete as possible.

Q: How long will the colonoscopy take?

A: The entire procedure usually takes less than an hour. You should plan to be at the facility for approximately 2-3 hours. The amount of time may vary from patient to patient, depending on how much sedation is needed and how you feel afterwards.

Q: Can I brush my teeth the morning of my procedure?

A: Yes.

Q: I have a cold, is it okay for me to have my procedure?

A: Yes. However if you think you have something more serious than just a normal “head cold”, you should call our office for advice or instructions.

Q: I currently have my period, is that a problem?

A: No. It is safe to have the procedure while you are having your period and it will not interfere with the exam.

Q: Will the procedure hurt?

A: It should not. You will be given sedation during the procedure to help you stay comfortable. Most patients do not find these procedures painful, although some have more discomfort than others.

Q: What if they find something?

A: If we ‘find’ something, then we remove it! If your physician finds a polyp, he/she will remove it using special tools on the colonoscope. The polyp will be removed and any bleeding will be cauterized and stopped. The polyp will be sent for pathology to determine what significance it may or may not be. You will be notified by our office within 7-10 business days regarding what kind of polyp you had, and when you need to have your next colonoscopy.

Sometimes, physicians may biopsy other physical abnormalities in the colon such as inflamed areas, ulcerations, bleeding, diverticuli (pockets in the wall of the colon), or other questionable lesions. They may take random biopsies as well to look for sign of chronic bowel conditions. These biopsies will also be sent to pathology for review and you will be notified of the results.

Q: How will I feel afterward?

A: Every person responds differently to medications and/or sedation. It also depends on which sedation option you select. In general, patients can expect to feel a bit tired, possibly fuzzy with intermittent lapses in memory for a couple of hours. Most of the time patients go home, eat something and take a nap, and wake up feeling just fine.

Q: I am having a lot of pain and discomfort after my procedure. What should I do?

A: During the procedure, the physician uses a steady stream of air in order to inflate your intestines for a complete examination. Sometimes this air can be difficult to expel, or patients worry about embarrassment around others. Do not hold in the gas!! If you need to pass gas, do not resist. Allowing the air bubbles to float around in your stomach will cause cramping and pain until it makes its way out.

Q: After the procedure, when will I have a normal bowel movement?

A: Because your intestines were completely cleaned out for your procedure, it may take a couple of days of eating solid foods before you have a bowel movement. Again, every individual is different and some people will have a bowel movement sooner than others. If you have not had a bowel movement within 3-4 days of your procedure, you may want to try using a fiber supplement available over the counter. Fiber works in two ways, as it helps you regain regularity and also can help you to ‘bulk’ up your stool in

the days after the procedure. If you are having severe pain, fever, or bleeding more than 1 tablespoon of blood from your rectum, you should call our office immediately for advice. Do not leave a message, press 0 for the operator.

Q: When can I eat after my procedure?

A: Generally, you can eat immediately after your procedure. We recommend starting light and progressing as tolerated. Occasionally, there is mild nausea from the sedative medications. You may not have a full appetite until the following day.

Q: Why can't I drive myself home after my procedure?

A: Due to the sedation given during the procedure, you are considered legally impaired. The sedation medication impairs your judgment and reflexes. You will not be permitted to drive for at least 12 hours following your procedure.

Q: Can I take a bus or a taxi home by myself after my procedure?

A: No. A trusted person above the age of 18 must be with you to drive you home or accompany you on public transit. If you do not have a family member or friend to assist you, there are relatively inexpensive local resources that may be able to help you get to and from your procedure.

Example: Comfort Keepers Home Care 919-449-0004 or Home Instead: (919) 676-2273.

Q: I don't have a ride home; can I still have my procedure?

A: Yes. You must have an adult accompany you home following the procedure. If you do not have a family member or friend who can help get you to and from the procedure, you should speak with your scheduler as they have local resources, such as companion care agencies, who will assist you with transportation on the day of your exam.

Q: Can I go back to work after my procedure?

A: Due to the sedation given during the procedure, you should plan to rest at home for the remainder of the day. You may resume your usual activities the day after your procedure.

Q: What is the cancellation policy?

A: If you need to cancel or reschedule your procedure, it must be done at least 3 business days prior to your scheduled appointment date to avoid the late cancellation/no show fee of \$250. This also allows time for another patient to be able to be scheduled that is waiting for an appointment. For Double procedures, you must notify our office 4 days prior to the procedure to avoid late cancellation/ no show fee.