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## **LOWER ENDOSCOPIC ULTRASOUND**

You are going to have an exam of your lower bowel with an ultrasound scope. The purpose of this exam is to assess for colon disease. Since the instrument is quite flexible, this exam is usually well tolerated without the need for sedatives or medication, however you will need a driver to remain with you during the procedure and to take you home after. There is a small risk of potential perforation of the bowel during instrumentation or biopsy (taking a small sample of the bowel lining). This occurs rarely, but might require an operation to repair.

To prepare for this exam, please take 2 Fleet enemas ½ hour apart approximately two hours before your scheduled exam. Remain nothing by mouth 6 hours prior to your procedure.

PLACE: \_\_\_\_\_

DATE: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

You may experience some mild cramping of the abdomen during and after the exam. Please call the doctor if this presents a problem or you have a fever or abdominal pain.

If you have any questions, please call the office 248-273-9930.

# MEDICATION RECORD

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

Endoscopy nurses will be asking for the medications you are presently taking. They will need to know the name of the medication and the dose. Please fill out this form completely and bring this with you for your endoscopic procedure. It is quite important that you be complete and accurate in filling out this form. We appreciate your assistance in this matter.

DATE: \_\_\_\_\_

Medication Name (on bottle)	How are you taking this medication? (Dose)
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	