

Preparing for your Pouchoscopy Procedure

Thank you for choosing the Gastroenterology Associates at Mass General Hospital for your Pouchoscopy. We want to make sure your procedure goes as smoothly as possible. **Please read all the instructions in this packet at least 1 week before your procedure.** All instructions must be followed, or your Pouchoscopy may be cancelled. If you have any other questions, call us at 617-726-7663.

MGH Gastroenterologist name and phone number:

Patient name:

Scheduled procedure:

Procedure location:

Please Note: There is more than one location for MGH endoscopy procedures. Your location is listed here.

Date and arrival time:

Please note: Your arrival time is different than the start time for your endoscopy, so you have time to get ready for your procedure.

- **Most patients are ready for discharge within 3 hours of the scheduled arrival time but occasionally unforeseen events occur that result in delays. You will be informed of any potential delays when you arrive.**
- **Your escort should be available to meet you within 30 minutes after we call.**

Plan ahead

- ☐ Update your MGH registration information by calling 866-211-6588.
- ☐ If you have questions about the coverage for your procedures, please call and verify with your insurance company directly.
- ☐ Sign up for a Partners HealthCare Patient Gateway account if you do not have one. It will help with communicating with us. You will be able to see your test results in Patient Gateway within 2 weeks of the procedure.
- ☐ Arrange for an adult escort to take you home after your procedure.
- ☐ If your procedure is scheduled at Charles River Plaza (165 Cambridge St) and you use CPAP, home oxygen or have an implantable cardiac defibrillator, call so your exam can be rescheduled in the Blake Building.
- ☐ Please note that MGH policy requires that women, ages 11-55 years old have a pregnancy test prior to having any endoscopic procedure. When you arrive for your procedure, a registered nurse will screen you for the test and if needed, request that you provide a urine sample.
- ☐ Read the information about the day of your procedure in this packet. It will tell you what to bring.

It is very important that you keep this appointment. **If you must cancel, please call us at least 5 business days before your appointment** by calling 617-726-7663. Calling ahead allows us to reschedule your appointment and give that slot to another patient. **If you cancel late, we may not be able to reschedule your appointment.**

For driving directions, please visit the MGH Parking and Visitor Information website at www.massgeneral.org/visit.

For more information and frequently asked questions, please visit our website www.massgeneral.org/medicine/gastroenterology/about/frequently-asked-questions



Shopping List and Diet

These instructions tell you what you will need to do to clean your bowels so that your doctor can see problems inside your J Pouch. If your bowels are not clean, you may have to reschedule your test. If you have questions about this Pouchoscopy prep, call your MGH gastroenterologist.

Items you will need to buy

☐ **Laxative Powder.** Either generic polyethylene glycol or MiraLAX®. You will need 119 grams or a 4.15-ounce bottle. Do not mix it with water until the afternoon before your procedure.

☐ **Clear liquids that are not colored red, purple or orange.** Clear liquid is any liquid that you can see through. Examples include water, tea, black coffee, apple juice, white grape juice, sodas, sports drinks like Gatorade. **Jell-O and Broth are not considered clear liquids.** If you have Jell-O or broth the day of your procedure, it will be canceled.

Medications

- If you have diabetes, contact your prescribing doctor about the suggested changes below

Stop 4 days before	<input type="checkbox"/> Etugliflozin (Steglarto, Steguian, Segluromet)
Stop 3 days before	<input type="checkbox"/> Canagliflozin (Invokana) <input type="checkbox"/> Canagliflozin AND Metformin (Invokamet) <input type="checkbox"/> Dapagliflozin (Farxiga) <input type="checkbox"/> Dapagliflozin AND Metformin Extended-Release (Xigduo XR) <input type="checkbox"/> Empagliflozin (Jardiance)
Day of procedure	<input type="checkbox"/> If you take insulin, only take 1/2 dose

- If you take blood thinners, we recommend you take them unless your MGH Gastroenterology doctor told you to stop taking them.
- Aside from the medications above, we usually recommend you take all home medications as usual with water.

119-Grams Miralax Pouchoscopy Bowel Preparation Instructions

Five (5) days before your procedure:

If you take vitamins, iron pills, or liquid antacids, stop taking them 5 days before your procedure.

Two (2) days before your procedure:

-Eat only well-cooked fruits and vegetables. Don't eat popcorn, seeds, nut, salad, corn, beans, peas, whole grain or whole wheat breads, raw fruits or raw vegetables.

One (1) day before your procedure:

Follow a clear liquid diet only. Clear liquid is any liquid that you can see through. Do not drink any red, purple or orange liquids. Examples of clear liquids include: Water, tea, black coffee, apple juice, white grape juice, sodas, sports drinks like Gatorade. **Jell-O and Broth are not considered clear liquids.** If you have Jell-O or broth the day of your procedure, it will be canceled.

Remember! The day before your exam, don't drink or eat:

- solid foods
- dairy products
- alcoholic drinks

6 pm (the day before your procedure)

- Mix the entire 119-gram container of MiraLAX powder with 32 ounces of liquid. You may use water, Gatorade or Crystal Light.
- Start by drinking 8 ounces which is 1 cup of the laxative
- Repeat this drink every 10 minutes until the Laxative is gone.

Keep drinking the laxative on schedule even though you may not start moving your bowels for 2 to 3 hours.

Day of your procedure:

Take your morning pills with clear liquids. If you stopped taking vitamins, iron pills, or liquid antacids, do not take them today.

2 hours before your scheduled arrival time:

- Stop drinking all liquids.
- Do not chew gum or eat any food.
- If you drink liquids, chew gum, eat hard candy or eat food within 2 hours of your procedure, it will be postponed or cancelled.

The Day of Your Pouchoscopy Procedure

Bring these things with you to your procedure

- ☐ Your photo identification
- ☐ The name and phone number of your escort.
- ☐ You may wear your wedding rings but no other jewelry.

The day of your procedure

- The time for your appointment is earlier than the time your procedure will start so you can get ready.
- Before the procedure, we will review the procedure with you and ask you to sign a consent form. (see last page)
- Most procedures take about 3 hours. We make every effort to keep on time, but sometimes there are delays.
- We will call your escort 30 minutes before you are ready to leave.

After the procedure

- Most people need to rest at home for the remainder of the day. Don't drive or operate any machines on the day of your procedure. Avoid making any important decisions. Avoid drinking alcohol.
- You can go back to eating as you normally do right away.
- You will get a letter in the mail with your test results within 2 weeks after your procedure. If you have a Partners HealthCare Patient Gateway account, you can also see your results there.

Remember

- You cannot drive after your procedure.
- We will have to cancel your procedure if you do not have an adult escort to meet you in the endoscopy unit and bring you home.
- Your escort should be able to pick you up 30 minutes after we call them.

For any questions about this information call 617-726-7663.

Hospital:

Patient Identification Area

PATIENT MUST BE IDENTIFIED BY:

NAME: _____

DOB: _____ (MM/DD/YY)

MEDICAL RECORD NUMBER: _____

CONSENT FOR PROCEDURE

I allow _____ to perform the procedure

Operative Site: _____

If laterality applies: ☐ Right ☐ Left ☐ Both Sides ☒ NA

I have been told the risks and benefits of the procedure. I also know that there are other choices. I understand the risks and benefits of these other choices. I understand what could happen if I do not have the procedure.

I understand that medicine and surgery are not exact. I understand there are no guarantees for the outcome of this procedure.

I understand that loss of blood, infection, or pain may happen with any procedure.

My care team explained the risks below:

Sometimes patients need to be put to sleep for a procedure. This is called sedation. My doctor discussed the risks of sedation. These risks include slower breathing and low blood pressure. If these happen, I might need treatment. I understand there may also be other risks.

I understand that I might lose blood during the procedure. If that happens, I may need blood products. This could be during or after the procedure. If I do not want blood products, I will fill out a separate form.

I understand that other people may be in the room during my procedure. This includes observers or people who work for medical equipment and device companies. They will be observing or giving advice.

The hospital may take photos or recordings of my procedure. These photos or recordings will be used for education, research, and other healthcare operations. My identity will not be revealed when these are used.

The hospital may throw away blood or other samples taken from me during the procedure. The hospital or its partners may also use the samples. They may be used for activities that support research, education, or other parts of the hospital's mission.

Hospital: _____

Patient Identification Area

PATIENT MUST BE IDENTIFIED BY:

NAME: _____

DOB: _____ (MM/DD/YY)

MEDICAL RECORD NUMBER: _____

CONSENT FOR PROCEDURE

A team will work together to do my procedure. My doctor told me about the senior attending and others who might help. The team might have doctors, advanced practice providers, or students. I know that other people besides the senior attending might do parts of the procedure. This includes but is not limited to:

- Opening or closing the surgery spot.
- Collecting grafts.
- Removing or moving tissue.
- Doing exams like breast, pelvic, prostate, or rectal exams, if needed.

The roles and names of other people in the procedure are listed below. I know that other medical staff not listed might also be part of my surgery. I will learn their names later.

Role of Practitioner (check all that apply)	Name of Practitioner if known
<input type="checkbox"/> Fellow.	
<input type="checkbox"/> Resident. Specify Year: _____	
<input type="checkbox"/> Physician Assistant	
<input type="checkbox"/> Advanced Practice Nurse	
<input type="checkbox"/> Other, please specify: _____	
<input type="checkbox"/> Other, please specify: _____	

- ☐ My doctor has told me that my procedure will overlap with another procedure they are doing. I understand that my doctor will be in the operating room during the most important parts of my procedure. I understand that they may not be there for the whole procedure. I understand that my doctor or another qualified doctor will be available immediately, if needed, during my procedure.

I had a chance to ask questions about the risks, benefits, and side effects of the procedure. I was also able to ask questions about the chances of achieving the goals of the procedure and other options. All my questions were answered. I agree to the procedure.

_____	_____	_____	_____	AM PM
Patient/Legal Surrogate Decision Maker Signature	Printed Name	Date	Time	

_____	_____	_____	_____	AM PM
Practitioner Obtaining Consent Signature	Printed Name	Date	Time	

Attending Physician/Primary Practitioner Attestation

I confirm that I explained all relevant parts of this procedure. This includes the indications, risks, and benefits. I compared other approaches with the patient or legal surrogate decision maker. I answered their questions. I provided information about other medical professionals who will be present during the surgery.

_____	_____	_____	_____	AM PM
Attending/Practitioner Signature	Printed Name	Date	Time	

If interpreter was used provide name or number of interpreter: _____

Telephone/Verbal Consent (applicable if the patient is incapacitated)

Date: _____ Time: _____ AM PM Reason for Telephone/Verbal Consent: _____

Legal Surrogate Decision Maker Name: _____

Consent Received by: _____

Consent Witnessed by: _____