

PREPARATION FOR A COLONOSCOPY USING SUPREP

Patient Name: _____ DOB: _____

Physician advises patients that are on Aspirin to discontinue 5 days prior to the procedure.

Patients taking Coumadin or Plavix will be given special instructions, prior to stopping these medications, by the doctor.

ONE WEEK PRIOR TO YOUR PROCEDURE:

- **DO NOT stop taking any medication without instructions from your doctor.**
- If you normally take antibiotics before procedure, be sure to tell us.
- If you take aspirin, ibuprofen, vitamins, herbal supplements, blood thinner (such as Coumadin, Plavix, Aggrenox), or any arthritis medication check with your doctor for instructions about taking these medications.
- At least two days before your procedure, fill SUPREP Bowel Prep Kit prescription at a pharmacy.

THE DAY BEFORE YOUR PROCEDURE:

- You will be on a **CLEAR LIQUID** diet the entire day of the preparation.
- You may **NOT** consume:
 - Any Item red or purple in color
 - Dairy products or orange juice with pulp
 - Alcoholic beverage
- Some items that **are allowed**:
 - Water, strained fruit juice, Power Aid, Kool-Aid, tea, coffee, sodas
 - Chicken or Beef broth or bullion
 - Gelatin (Jell-o) flavors that are NOT red or purple

8:00 AM to Noon: Drink three 8 ounce glasses of clear liquids

3:00 PM to 6:00 PM Drink one 8 ounce glass of clear liquid every hour

At 6:00 PM, Pour One 6oz. bottle of SUPREP into the mixing container and add cool drinking water to the 16oz. line on the container. Drink ALL the liquid in the container. You MUST drink two more 16oz. containers of water over the next hour.

→Continue on clear liquids

THE DAY OF YOUR PROCEDURE:

6:00 AM Consume second 6oz. bottle of SUPREP following same instructions as above.

8:00 AM Nothing to eat or drink after this time

- If you normally take heart, blood pressure, breathing or seizure medications in the morning, you may take those medications with a minimal amount of water.
- Do not take any other medications and do not have anything to eat or drink until after your procedure is performed.
- Please wear loose, comfortable clothing and stable shoes. We ask that you not wear any jewelry to the appointment.

YOU WILL BE SEDATED FOR THIS PROCEDURE AND MUST HAVE SOMEONE TO DRIVE YOU HOME.

Report to:

√ Hillcrest Endoscopy Suite, Medical Office Building 1, 50 Hillcrest Medical Blvd., Suite 101. When you walk in the building it is the first door on the right with the glass window.

Date: _____ Check-in Time: _____ Procedure Time: _____

If you have any questions, contact us at 254 - 754 - 1522

Office Use: Prep given by: _____ Date: _____