

COLONOSCOPY - Suprep

YOUR PROCEDURE WILL TAKE PLACE AT:

ISLAND ENDOSCOPY CENTER, 1175 MONTAUK HIGHWAY, SUITE #1, WEST ISLIP, NY 11795

THE PROCEDURE IS SCHEDULED ON:

Date:

Time:

- **You MUST arrive 30 minutes prior to your scheduled time.**
 - Please read each page of the following instructions completely and carefully.
 - Call (631) 669-1171 *immediately* if you are unable to keep this appointment.
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IN PREPARATION FOR THIS PROCEDURE, YOU WILL NEED THE FOLLOWING:

- A prescription for your bowel cleansing kit has been sent to your pharmacy on file. Please pick it up at the pharmacy, so you are prepared for your procedure.
 - **DO NOT** follow the instructions on the bowel prep kit. Follow only the instructions provided by our office.
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WHEN YOU RECEIVE YOUR INSTRUCTIONS:

1. **Arrange for a responsible adult to accompany you. He/She must accompany you to and from the procedure. YOUR DRIVER MUST PRESENT HIM/HERSELF TO THE RECEPTIONIST AT THE TIME YOU CHECK IN!** Your exam will be **cancelled** if you do not have a driver. No public transportation will be permitted, unless prior arrangements are made and a responsible adult accompanies you.
 2. **If you take blood thinners (like Coumadin, Plavix, and Eliquis), you must check with the prescribing physician as to whether or not you can stop these medications and for how long.** You may continue taking aspirin.
 3. **STOP taking iron supplements 7 days prior to your procedure.**
 4. **Unless otherwise directed by your physician, take all of your medications on the day of your exam with small sips of water at least 2 hours before your procedure.**
 5. **If you are a woman of childbearing age or menopausal less than 12 months, you will be required to give a urine sample for pregnancy testing when you arrive.**
 6. Avoid eating lettuce, high fiber foods, seeds and vegetables for **three days before** taking the bowel cleansing solution. **Two days before** your procedure, follow a "Low-Residue Diet". This will improve the preparation. **One day** before your procedure is clear liquids only.
 7. **DO NOT DRINK 6 HOURS BEFORE YOUR PROCEDURE OR IT WILL BE CANCELLED.** This includes sips of water, candy, and gum, except small sip of water with medication.
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INSTRUCTIONS:

Failure to follow these instructions may result in a repeat exam or cancellation of your exam.

A. If your procedure is scheduled **before 1:30 pm**:

- You **MUST** be on a “Low-Residue Diet” (see page 3) two days before your procedure.
- You **MUST** be on clear liquids for 24 hours (see page 3) before your procedure.

STEP 1:

- At **4 pm**, the night before your procedure, pour the contents of **one bottle** of *Suprep Bowel Prep Kit* liquid into the mixing container provided. Add drinking water up to the **16 oz** fill line and mix.
- Drink the **entire** 16 oz (of the *Suprep Bowel Prep Kit* liquid and water) mixture.
- You **MUST** drink **two (2)** additional containers filled with water, up to **16 oz** fill line, over the next hour.

STEP 2:

- At **10 pm**, the night before your procedure, pour the contents of **one bottle** of *Suprep Bowel Prep Kit* liquid into the mixing container provided. Add drinking water up to the **16 oz** fill line and mix.
- Drink the **entire** 16 oz (of the *Suprep Bowel Prep Kit* liquid and water) mixture.
- You **MUST** drink **two (2)** additional containers filled with water, up to **16 oz** fill line, over the next hour.

B. If your procedure is scheduled **after 1:30 pm**:

- You **MUST** be on a “Low-Residue Diet” (see page 3) two days before your procedure.
- You **MUST** be on clear liquids for 24 hours (see page 3) before your procedure.

STEP 1:

- At **6 pm**, the night before your procedure, pour the contents of **one bottle** of *Suprep Bowel Prep Kit* liquid into the mixing container provided. Add drinking water up to the **16 oz** fill line and mix.
- Drink the **entire** 16 oz (of the *Suprep Bowel Prep Kit* liquid and water) mixture.
- You **MUST** drink **two (2)** additional containers filled with water, up to **16 oz** fill line, over the next hour.

STEP 2:

- At **6 am**, the morning of your procedure, pour the contents of **one bottle** of *Suprep Bowel Prep Kit* liquid into the mixing container provided. Add drinking water up to the **16 oz** fill line and mix.
- Drink the **entire** 16 oz (of the *Suprep Bowel Prep Kit* liquid and water) mixture.
- You **MUST** drink **two (2)** additional containers filled with water, up to **16 oz** fill line, over the next hour.

WHEN TO SEEK MEDICAL HELP:

If you experience any of the following symptoms below, call our office at (631) 669-1171 or go to the nearest emergency room.

1. Fresh bleeding. (*Slight blood with the first bowel movement after the exam is normal*).
2. Constant abdominal pain, with or without bleeding.
3. Body temperature of 100.4°F or greater.

AFTER YOUR PROCEDURE:

- DO NOT operate any machinery or drive any vehicle for the remainder of the day.
- DO NOT return to work/school. Rest for the remainder of the day.
- DO NOT drink alcohol for the remainder of the day.
- DO NOT assume responsibility for young children or anyone dependent on your care.
- DO NOT travel by airplane until 24 hours after your procedure.
- DO NOT make any important decisions or sign any legal documents until the day after.

LOW-RESIDUE DIET FOR COLONOSCOPY PREPARATION:

Food Group	Examples of Foods Allowed
Beverages	Water, Tea, Coffee, Milk, Soda, Ice Pop, Italian Ice (no red, purple or blue)
Bread/cereals/Pasta	White bread, crackers, muffins, pancakes, bread, White rice, Refined Cereals, farina, Refined pasta and noodles, Cream soups
Fruits	Fruit juice without pulp (no red, purple or blue), Canned or cooked fruit without skin or seeds (peach, pear, apricot, apple), Raw banana, Applesauce
Vegetables	Vegetable juice without pulp (no red, purple or blue). Well cooked: carrots, green beans, pumpkin, zucchini, Potato without skin, sweet potato without skin
Meat	Cooked and tender: fish, poultry, beef, lamb, pork, veal
Desserts/Dairy	Plain milk pudding, custard, ice cream, yogurt, Gelatin (no red, purple or blue). Cheese. Eggs, Butter, Mayonnaise, Plain cake, cookie, pie
Miscellaneous	Condiments: Mustard, Ketchup, Clear jelly, syrup, plain candy (no red, purple or blue), Smooth peanut butter

CLEAR LIQUID DIET FOR COLONOSCOPY PREPARATION:

Food Group	Examples of Foods Allowed
Beverages	Water (plain, carbonated or flavored - no red, purple or blue) Carbonated drinks, avoiding dark sodas (no cola or root beer - no red, purple or blue) Tea or coffee without milk or cream Sports drinks (no red, purple or blue)
Fruits	Clear, pulp-free fruit juices, such as apple or white grape juice (no red, purple or blue) Clear, fruit-flavored beverages, such as fruit punch or lemonade (no red, purple or blue)
Desserts	Gelatin (no red, purple or blue) Ice pops without milk, bits of fruit, seeds or nuts (no red, purple or blue)
Miscellaneous	Clear, fat-free broth (bouillon or consommé) Honey or sugar/artificial sweeteners Hard candy, such as lemon drops or peppermint rounds

SPECIAL INSTRUCTIONS FOR DIABETIC PATIENTS:

For people with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage blood glucose. These are general guidelines. Please call your healthcare provider, who manages your diabetes, with questions. If you are taking Ultralente/Lente insulin or if you use an insulin pump, please consult the prescribing physician regarding dosing.

If you check your blood sugar daily, check it more often the day before and the day of your exam. Check your blood glucose level before all meals and at bedtime on the preparation day and on the day of your procedure. Check your blood sugar if, at any time, you have symptoms of low or very high blood glucose. If you have a low blood sugar reading during the prep, you may clear drink fruit juice, regular soda, or take glucose tablets.

THE DAY BEFORE THE PROCEDURE:

- A. If you take **insulin**,
 - Talk half of your usual dose of regular/NPH/Lente insulin in the morning.
 - DO NOT TAKE any insulin in the evening.

- B. If you take **pills** by mouth,
 - Take half of your usual dose of oral medicine in the morning.
 - DO NOT TAKE any oral diabetic medication in the evening.

THE DAY OF YOUR PROCEDURE:

- A. If you take **insulin**,
 - DO NOT TAKE any insulin on the **morning** of your procedure.
 - Take half of your NPH/Lente insulin after the procedure, once you begin eating. DO NOT TAKE any regular insulin.
 - Do not make up or “double-up” on any missed medications after the procedure.
 - Take the usual dose of insulin in the **evening** as long as you are eating.

 - B. If you take **pills** by mouth,
 - DO NOT TAKE any oral diabetic medication on the **morning** of your procedure.
 - Take half of your usual oral dose of diabetic medication after the procedure, once you begin eating.
 - Do not make up or “double-up” on any missed medications after the procedure.
 - Take the usual dose of oral medication in the **evening** as long as you are eating.
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PLEASE BRING THE FOLLOWING TO THE ENDOSCOPY CENTER ON THE DAY OF YOUR PROCEDURE:

1. Insulin
2. Insulin syringes