2 DAY COLONOSCOPY PREPARATION INSTRUCTIONS USING SUPREP

	Name:	Doctor:
Facility where procedure is to be performed: Southeast Valley Endoscopy Center		
Date:	Check-in at	a.m./p.m. with procedure to follow an hour later.
Fill preso	cription for SUPREP BOWEL PREP KI	T at your pharmacy.
Smooth i		For the entire day, follow a full liquid diet only – fruit juice/nectar, liquid supplements (Boost, Ensure, Resource, trained cream soups – but NO SOLIDS.
MAY BE liquids in consume drink clea	E EATEN! We recommend that you drinl aclude water, pulp-free juice, tea, coffee, so milk, milk products, non-dairy creamer, har liquids up to four hours prior to your characteristics.	
	OTHING BY MOUTH 4 HOURS PRI R, GUM AND MINTS. For medication in	IOR TO YOUR CHECK-IN TIME – THIS INCLUDES nstructions, please see back of sheet.
WHEN T	TO DRINK THE LAXATIVE SOLUT	ION:
□ If ○ ○	mixing container. Add cool drinking we liquid in the container. You MUST the hour. This is necessary to ensure adeque At 10:00 p.m. the day before your collisto the mixing container. Add cool dreath ALL the liquid in the container. You we the next 1 hour. This is necessary to ensure the second strength of the second strength.	onoscopy , pour ONE (1) 6-ounce bottle of SUPREP liquid into the vater to the 16-ounce line on the container and mix. Drink ALL the en drink two (2) more 16-ounce containers of water over the next 1
	mixing container. Add cool drinking we liquid in the container. You MUST the hour. This is necessary to ensure adeque. On the day of your colonoscopy, at (1) 6-ounce bottle of SUPREP liquid in line on the container and mix. Drink A 16-ounce containers of water over the readequate prep.	onoscopy, pour ONE (1) 6-ounce bottle of SUPREP liquid into the vater to the 16-ounce line on the container and mix. Drink ALL the en drink two (2) more 16-ounce containers of water over the next 1

Failure to follow these instructions could result in your procedure being postponed or cancelled. This is for your safety and to prevent an increased risk of pulmonary aspiration due to insufficient time to allow stomach contents to be emptied.

* PLEASE READ BACK AND FRONT OF THIS INSTRUCTION SHEET ONE WEEK PRIOR TO YOUR PROCEDURE *

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MEDICATION INSTRUCTIONS:

- Stop taking the following medications FIVE (5) DAYS before your procedure, unless directed otherwise by your healthcare provider:
 - o Supplements such as iron and vitamin E. Multivitamins may be continued.
 - Anti-inflammatory medications such as ibuprofen (Advil, Motrin), naproxen (Aleve, Anaprox, Naprosyn), diclofenac (Arthrotec, Voltaren, Cataflam), oxaprozin (Daypro), piroxicam (Feldene), indomethacin (Indocin), ketoprofen, ketorolac, etodolac (Lodine), meloxicam (Mobic), nabumetone (Relafen), salsalate, sulindac. Tylenol is fine to take if you have discomfort.
 - Medications to thin the blood such as warfarin (Coumadin, Jantoven), clopidogrel (Plavix), ticlopidine (Ticlid), dipyridamole (Persantine, Aggrenox), anagrelide (Agrylin), cilostazol (Pletal), Effient (prasugrel), Xarelto (rivaroxaban) unless specified otherwise.
 - O <u>Pradaxa</u> is generally stopped 1-5 days prior to a procedure, depending on kidney function. Please discuss with the prescribing physician when this medication should be held prior to your procedure.

• DIABETIC MEDICATIONS:

- o On the MORNING OF YOUR PREP DAY, take half of your usual diabetic medications.
- o On the EVENING OF YOUR PREP DAY, do not take any diabetic medications.
- o On the MORNING OF YOUR PROCEDURE DAY, do not take any diabetic medications.
- OTHER HEART MEDICATIONS (such as blood pressure medications) should be taken on the day of your procedure with a <u>small sip</u> of water. Medications must be taken <u>at least two hours prior to your check-in time</u> to allow the stomach to empty prior to your procedure.
- Please bring any **INHALERS** that you use with you to your procedure.
- **ASPIRIN THERAPY:** It is okay to continue aspirin 81mg or 325mg daily the week prior to your colonoscopy.

If you have questions regarding a medication not listed above, please contact our office at least one week prior to the colonoscopy.

REMINDER: Nothing by mouth 4 hours before your check-in time