COLONOSCOPY PREPARATION INSTRUCTIONS - OsmoPrep

Patient Name:		Doctor:
		a.m./p.m. with procedure to follow one hour later.
Facility where procedure is to be performed: Southeast Valley Endoscopy Center		
FILL THE PRESCRIP	TION AT THE DRUG STOR	Е:
• 32 Osr	noPrep Tablets	
THE DAY BEFORE YOU FOR THE ENT		EST, FOLLOW A CLEAR LIQUID DIET.
clear fluids be coffee, soda, of Gatorade (no creamer, red of At 4:00 PM ta four (4)) Osm	efore beginning the prep. Colear broth, Jell-O (no red control of the prep. Colear broth, Jell-O (no red control of the products of the prep. Colean products of the prep.	ecommend that you drink at least 32 ounces of clear liquids include water, pulp-free juice, tea, or purple), popsicles (no red or purple) and ot consume milk, milk products, non-dairy nolic beverages. Its with 8 oz water or clear liquid. Continue taking minutes for a total of 5 doses (20 tablets nty of liquids to keep you hydrated.
THE MORNING OF YO	OUR PROCEDURE:	
	•	ck-in time) take 4 OsmoPrep tablets with an 8 oz inutes for a total of 3 doses (12 OsmoPrep tablets
YOU MUST FIN	IISH TAKING THE LAXATIVE	TABLETS AND ANY CLEAR LIQUIDS AT LEAST
, ,		N TIME. FINISH BYAM. O YOUR CHECK-IN TIME – THIS INCLUDES
WATER, MED	DICATIONS, GUM AND MIN	TS. You may continue to drink clear liquids up to
four hours pri	or to your check-in time.	

REMEMBER: NOTHING BY MOUTH FOUR HOURS PRIOR TO YOUR CHECK-IN TIME

• 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 insufficient time to allow stomach contents to be empty.

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

SOUTHEAST VALLEY GASTROENTEROLOGY CONSULTANTS, P.C.

CHARLES M. SCHRON MD • G. ALAN BRACHER MD • MANISH G. AMIN MD • SANDEEP C. PATEL MD • YATIN R. PATEL MD
TINA M. DVOREN-BAKER NP-C • CHRISTINA F. MORGAN PA-C • MOLLY A. WYANT PA-C
875 S. Dobson Rd. Chandler, AZ 85224
480-899-9800

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