

REVIEW ONE WEEK PRIOR TO EXAM

COLONOSCOPY INSTRUCTIONS

PREPARATION:

Prepare for colonoscopy as per instructions.

MEDICATIONS:

Except for that which is specified below or unless advised otherwise, **please take your prescription medications as you usually would.** If you are a diabetic and on medication, please check with your medical doctor for instructions regarding this medication.

IMPORTANT: Certain medications can increase the possibility of bleeding after even the most minor or major surgical procedures.

If you are taking aspirin or aspirin-containing medications, non-steroidal anti-inflammatories (i.e. Motrin, Advil, Aleve, Nuprin, Indocin, ibuprofen, Ecotrin, Celebrex, Mobic), iron, Persantine or dipyridamole, it is essential that these medications be **STOPPED ONE (1) WEEK PRIOR TO PROCEDURE.**

Vitamin supplements such as saw palmetto, ginkgo biloba, garlic, vitamin E, etc., should also be **STOPPED ONE (1) WEEK PRIOR TO PROCEDURE.**

Blood thinners such as **Plavix should be STOPPED SEVEN (7) DAYS and Coumadin (Warfarin) should be STOPPED FIVE (5) DAYS PRIOR TO PROCEDURE. PLEASE CHECK WITH THE PRESCRIBING PHYSICIAN ABOUT STOPPING BLOOD THINNERS.**

Remain on all other medications unless you are advised to discontinue them by our office or by your private physician.

If there are questions regarding the safety of stopping any of the above medications, or if there is a question as to whether a particular medication should be stopped, please **check with your medical doctor** and notify our office immediately

If there is any chance, no matter how slim, that you might be PREGNANT we MUST be notified and your colonoscopy will be cancelled.

If you take antibiotics prophylactically for any dental procedure, please notify this office. Note: Mitral valve Prolapse is no longer considered to be an indication for antibiotic prophylaxis for colonoscopy or upper endoscopy. Please speak to either your internist or cardiologist in this regard. Their medical input is important to us for your care throughout this procedure.

DAY OF PROCEDURE:

Report to the designated facility at the appropriate time. You will need someone to take you home after the procedure.

YOUR FULL MEDICATION LIST WILL BE NEEDED BEFORE THE PROCEDURE.

You will be asked to list ALL medications (including prescriptions, over-the-counter medications, ointments, salves, vitamins and herbs) you are currently taking, the dose (how much you take), the route (by mouth, by injection, topically, etc.), how often (once daily, twice daily, as needed, etc.), the last time you took the medication prior to the procedure and the reason you take the medication. You will also need to list your **allergies.**

CANCELLATION POLICY

We ask that if, for some reason, you must cancel your procedure, please notify our office within **3 business days prior to your procedure.** Failure to do so will result in a **\$75.00 charge to your account.**



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Locations in Nassau, Suffolk and Queens

SUPREP Bowel Prep Kit

NOTE: Before beginning the following steps, have your prescription for SUPREP filled at the pharmacy.

Do Not Eat

Food containing seeds **for five (5) days prior** to your procedure including, but not limited to: sesame or poppy seeds, strawberries, peppers, etc.

THE DAY BEFORE THE PROCEDURE:

YOU MAY HAVE A LIGHT BREAKFAST. ONLY CLEAR LIQUIDS FOR THE REST OF THE DAY - NOTHING RED OR PINK IN COLOR. NOTHING AT ALL TO EAT OR DRINK AFTER MIDNIGHT!

Clear liquids include: JELL-O, APPLE JUICE (NO PULP), TEA/COFFEE (NO MILK OR NON-DAIRY CREAMER, CLEAR BROTH (VEGETABLE, BEEF OR CHICKEN), SODA (GINGER ALE, SPRITE OR 7-UP), WATER, LEMONADE (NO PULP) GATORADE (G2 LOW SUGAR) AND POPSICLES. **SOLID FOODS, MILK AND MILK PRODUCTS NOT ALLOWED.**

Directions for taking SUPREP The Day Before Your Procedure:

If your colonoscopy is prior to 10AM

1. **At 3 PM**, pour one (1) 6-oz. bottle of SUPREP liquid into the mixing container, then add cool clear liquid (see list above) to the 16-oz. line on the container and mix. **DRINK ALL LIQUID IN THE CONTAINER.**
2. **At 9 PM**, pour the second 6 oz. bottle of SUPREP liquid into the mixing container, then add cool clear liquid (see list above) to the 16-oz. line on the container and mix. **DRINK ALL THE LIQUID IN THE CONTAINER.**
3. Also, drink an additional 16-oz. of clear liquid. ****THIS STEP IS VERY IMPORTANT!****

If your colonoscopy is 10AM or later

1. **At 6 PM**, pour one (1) 6-oz. bottle of SUPREP liquid into the mixing container, then add cool clear liquid (see list above) to the 16-oz. line on the container and mix. **DRINK ALL LIQUID IN THE CONTAINER.**
2. **Five (5) hours prior to colonoscopy**, pour the second 6 oz. bottle of SUPREP liquid into the mixing container, then add cool clear liquid (see list above) to the 16-oz. line on the container and mix. **DRINK ALL THE LIQUID IN THE CONTAINER.**
3. Also, drink and additional 16-oz. of clear liquid. ****THIS STEP IS VERY IMPORTANT!****

DAY OF PROCEDURE

NO EATING OR DRINKING DAY OF PROCEDURE!

You will receive intravenous sedation and this will impair your driving ability. You must make arrangements for someone to take you home after the procedure. **You must not drive until the next day.**

Prescribed medications to be taken the morning of the procedure: FOR HEART DISEASE (do not take aspirin!), high blood pressure and asthma with a small sip of water.

Any medication for diabetes should be brought along with you the day of the procedure to be taken aft the procedure is completed. Check with your physician about possibly adjusting your dosage prior to the procedure.

Do Not Take

Aspirin or aspirin-type products (Coumadin, Advil, Aleve, Motrin, Ecotrin, Plavix, Warfarin, Xarelto, Effient, Pradaxa, Eliquis) for one week (**5-7 days**) prior to procedure. **You will need clearance from your cardiologist prior to stopping these medications. Stop vitamin E, iron and ginkgo one (1) week prior.**

Please advise your physician prior to your appointment if you have any problems with your heart valve or if you have a heart murmur.

APPOINTMENT DATE: ____/____/____

Time: _____AM/PM

Arrival Time: _____AM/PM