

## **SUPREP FOR COLONOSCOPY**

PATIENT: \_\_\_\_\_

You've been scheduled for a colonoscopy at \_\_\_\_\_

On \_\_\_\_\_. You must report to the facility by: \_\_\_\_\_.

You're test is scheduled for \_\_\_\_\_.

**YOU WILL NOT BE ABLE TO DRIVE HOME SO PLEASE MAKE THE NECESSARY ARRANGEMENTS. YOUR DRIVER MUST STAY AT THE CENTER UNTIL YOU ARE FINISHED.**

### **THE DAY BEFORE THE TEST**

- 1.** Only clear liquids can be consumed intermittently the day before and with the Suprep. Please refer to your clear liquid diet sheet for choices of clear liquids. No milk products are to be taken. **NO SOLID FOOD BY MOUTH THE DAY BEFORE THE EXAM.**
- 2.** Please take the Suprep following the schedule listed below.
- 3.** You may take any medication for heart, blood pressure, seizure, depression, or asthma as directed even on the day of the test with a small sip of water. **IF YOU TAKE COUMADIN, INSULIN, OR DIABETIC MEDICATION** please bring these medications with you that day. If you have severe ulcerative colitis consult the physician before using this prep. Abdominal bloating or distention may occur before your first bowel movement.
- 4.** Please avoid aspirin type products for 7 days prior to the test as they have a tendency to thin the blood and could cause excessive bleeding, i.e. (ibuprofen, Motrin, Advil). Tylenol is okay.
- 5.** Please be advised that our office has a cancellation policy. If you need to cancel or change an appointment, please call the office at 407-345-0988 at any time. Just enter the extension over the automated voice menu and leave a message with the date and time you are currently scheduled and someone will call you back to reschedule the test. Failure to notify us greater than 48 hours to your procedure (or 12:00 noon on Friday for a Monday test) will result in a \$100 NO SHOW FEE. There will be NO exceptions to this policy.

### **At 3pm the day before your exam-Take 4 Dulcolax laxatives:**

Take 4 Dulcolax laxative tablets that you purchase over the counter at any pharmacy.

### **At 7pm the day before your exam:**

Pour the first bottle into the cup and fill to the red line with any clear liquid (we recommend Lemonade/Gatorade). Drink 1 (16 oz) glass all at once or as much as you can without getting nauseas. It's better to drink quickly, instead of taking small sips. Be sure to drink the entire cup. This should take about 15 minutes. Then fill the cup up two more times with any clear liquid and drink completely.

### **5 Hours before your exam:     am**

Pour the second bottle into the cup and fill it to the line with any clear liquid. Drink the entire cup in 15 minutes or as much as you can without getting nauseas. Then fill the cup up two more times with any clear liquid and completely drink it each time.

**Do not drink anything else until after the procedure. Please allow 4 hours for this procedure, from the time you arrive, until you are discharged.**

Initial \_\_\_\_\_

date \_\_\_\_\_

## CLEAR LIQUID DIET

### LIQUIDS ALLOWED

|                 |  |
|-----------------|--|
| Fruit Juice     | Apple Juice, White Grape Juice, and Pineapple Juice. (NO PULP).  |
| Beverages       | Coffee (NO MILK), Tea, Carbonated Beverages like Sprite, Gingerale, Coca Cola, Pepsi, Strained Lemonade, Gatorade, Powerade, Kool-Aid (NO RED DYES). |
| Soups           | Clear Broth (chicken or beef) or Bouillon  |
| Desserts/Sweets | Popsicles (NO RED DYES), Fruit Flavored Ice, Flavored Gelatin (NO RED DYES), and Clear Hard Candy (AVOID ALL ARTIFICIAL RED COLOR)                   |

### CLEAR LIQUID SAMPLE MENU

| <b>Morning</b>   | <b>Noon</b>                            | <b>Evening</b>                                       |
|--|--|--|
| apple juice<br>Chicken Broth                             | Pineapple Juice<br>Beef Broth          | White Grape Juice<br>Vegetable Broth                 |
| Lime gelatin<br>Ginger Ale<br>Coffee (black)<br>Lemonade | Orange Kool-Aid<br>Iced Tea With Lemon | Lemon gelatin<br>Blue Gatorade<br>Hot Tea with Honey |
| <b>Mid-Morning</b>                                       | <b>Mid-Afternoon</b>                   | <b>Evening</b>                                       |
| Powerade<br>Orange Gelatin                               | Sprite<br>Lime Gelatin                 | Strained Lemonade<br>Orange Popsicle                 |

**IT IS VERY IMPORTANT THAT YOU CONTACT YOUR INSURANCE COMPANY. THE REASON FOR THIS IS TO FIND OUT WHETHER OR NOT YOU HAVE A COPAY OR DEDUCTABLE THAT MUST BE PAID THE DAY OF YOUR SURGERY. HOWEVER, THE DIAGNOSIS WILL NOT BE DETERMINED TILL AFTER THE PROCEDURE HAS BEEN PERFORMED.**

**WHEN YOU CALL MAKE SURE YOU TELL THE INSURANCE REPRESENTATIVE THAT IT IS AN OUTPATIENT SURGERY AND THE CODES AS FOLLOW:**

**COLONOSCOPY 45380**

**ENDOSCOPY 43239**

**THANK YOU DR. FEUER'S OFFICE AND STAFF**