



## DIGESTIVE HEALTH CENTER

GASTROENTEROLOGY OF INDIANAPOLIS

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### Colonoscopy Preparation Instructions - Low-Residue Diet using Suprep

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Check-In Time: \_\_\_\_\_

*Please provide a 48-hour notice to cancel or reschedule an appointment.*

#### Please bring the following to your appointment:

- 1) insurance card(s),
- 2) driver's license or photo ID, and
- 3) completed medication list.

Bowel preparation (cleansing) is needed to perform an effective colonoscopy. Any stool remaining in the colon can hide lesions and result in the need to repeat the colonoscopy. Please carefully follow the enclosed instructions to ensure your colon is thoroughly cleansed.

#### FOOD RESTRICTIONS

- For two (2) weeks prior to the colonoscopy, **NO CORN**. This is especially hard to clean out.
- For one (1) week prior, no nuts or foods containing seeds such as blackberries, strawberries, poppy seeds, etc.
- For breakfast and lunch the day before the procedure, consume a low-residue diet. See the attached instructions for the low-residue diet guidelines. After lunch, you must only consume clear liquids. This could include water, clear juices without pulp such as apple or white grape juice, clear soda, lemon/lime Gatorade, or clear broth. **NO** solid foods, gelatin, coffee, dark tea, dairy products, or red or purple colored liquids.

#### YOU WILL NEED A DESIGNATED DRIVER

A responsible adult family member or friend will need to drive you home after your procedure; you are not allowed to walk home or take a taxi. You will not be allowed to drive for 12 hours after your procedure.

#### JOINT OR HEART VALVE REPLACEMENTS

Possible need for antibiotics. If you've had a joint (such as a knee or hip) or heart valve replacement, or have a mitral valve prolapse, and were told to take an antibiotic before going to the dentist or having surgery, you may need to take an antibiotic before your colonoscopy. Call your primary care physician (PCP) and ask if an antibiotic prescription is needed. If so, your PCP will need to prescribe it for you.

#### MEDICATIONS

Some of the medications you take may need to be stopped or adjusted prior to your colonoscopy.

- Insulin or diabetes pills. Please contact the doctor who monitors your glucose levels. Your insulin dosage may need to be adjusted due to the diet restrictions required with the bowel preparation.
- Ten (10) days prior to procedure, **no iron supplements** (ferrous sulfate), although multi-vitamins are ok.
- Three (3) days prior, **no blood thinners**. This would include aspirin, Advil, Aleve, Motrin, ibuprofen, Coumadin (warfarin), Plavix (clopidogrel bisulfate), Pradaxa, Ticlid (ticlopidine hydrochloride) and Agrylin (anagrelide.)
- Morning of the procedure, **no blood pressure medications**. This may include but is not limited to Lisinopril, Toprol, Metoprolol, Lopressor, Prinivil, and Zestril. Please contact your prescribing physician if you are not sure if your medication lowers your blood pressure.

#### WHAT TO WEAR TO THE PROCEDURE

Please avoid fingernail polish and jewelry. A locker will be provided, but if you are not comfortable with this, please leave your valuables at home. You will be given a gown to wear during the colonoscopy, and you will be able to wear a shirt under it providing the sleeves allow access for an IV.

## Colonoscopy Preparation Instructions - Low-Residue Diet using Suprep (continued)

### LOW-RESIDUE DIET GUIDELINES

If for medical reasons you are unable to be on a clear liquid diet, you may consume the foods listed below for breakfast and lunch the day prior to your colonoscopy. **After lunch, you must only consume clear liquids up until your appointment.**

A low-residue diet minimizes fiber and other indigestible materials, thereby reducing the production of waste in your colon and rectum. It is also known as a non-fibrous or restricted-fiber diet.

Be certain to read food labels on a low-residue diet. Look for foods that have no more than 1 gram of fiber in a serving.

It is important that you do not stuff yourself the day prior to your colonoscopy. Eat the following low-fiber foods **sparingly**:

CATEGORY	FOODS TO CHOOSE	FOODS TO AVOID
Breads and starches	White bread, roll or biscuit, white rice or noodles, plain crackers, skinless cooked potato, refined hot or cold cereals with less than 1 gram of fiber per serving	Whole-wheat or whole-grain breads, cereals, and pasta, brown rice, other whole grains
Meat and Protein	Tender meat, poultry, fish, eggs and tofu	Dried beans, peas, lentils, seeds, nuts, including peanut butter and other nut butters, cheese
Fruit	Canned or well-cooked fruit without skins or seeds, fruit juice with little or no pulp (no red or purple colored juice)	Dried fruit, prune juice, raw fruit including those with seeds, skins or membranes, red and purple colored juices
Vegetables	Canned or well-cooked vegetables without skins or seeds, vegetable juice with little or no pulp (no red or purple colored juice)	Raw vegetables or vegetables containing seeds, red and purple colored juices
Desserts	Sorbet	Ice cream
Other	Broth-based strained soups, mayonnaise, mustard, all items included on clear liquid diet	Milk products, coconut, popcorn, Jell-O

## Colonoscopy Preparation Instructions - Low-Residue Diet using Suprep (continued)

*If you typically suffer from constipation, please purchase two 10-oz. bottles of lemon-flavored magnesium citrate, which is available over the counter. Drink one bottle two days before your procedure, and reserve the last bottle to drink after you have finished the second dose of the Suprep.*

**Along with your Suprep kit, please purchase Gas-X or Mylanta Gas tablets.**

**PREP DAY: \_\_\_\_\_ (This is the day before your colonoscopy.)**

**For breakfast and lunch the day before the procedure, consume a low-residue diet.** See the attached instructions for the low-residue diet guidelines.

**After lunch, you must only consume clear liquids up until your appointment.** This could include water, clear juices without pulp such as apple or white grape juice, clear soda, lemon/lime Gatorade, or clear broth.

**NO** solid foods, gelatin, coffee, dark tea, dairy products, or red or purple colored liquids.

**Start Suprep by 6:00 p.m.** If you are home earlier, you may start it in the afternoon. *Do not take oral medications two hours prior to starting the prep or two hours after completing the prep.*

**To prepare the solution:**

- 1) Pour ONE 6-ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16-oz line on the container and mix. Drink ALL the liquid in the container.
  - 2) Over the next hour, drink TWO additional 16 oz containers of plain water.
  - 3) At 9:00 p.m., take 2 gas tablets with 8 ounces of clear liquid.
  - 4) At 10:00 p.m., take 2 additional gas tablets with 8 ounces of clear liquid.
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**PROCEDURE DAY: \_\_\_\_\_**

**Do not take any blood pressure medication.** Do not take oral medications two hours prior to starting the prep or two hours after completing the prep.

- 1) Starting at \_\_\_\_\_ a.m. (3 hours prior to your appointment), pour ONE 6-ounce bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16-oz line on the container and mix. Drink ALL the liquid in the container.
- 2) Over the next hour, drink TWO additional 16-ounce containers of plain water.

**After completing the prep:**

- Continue drinking CLEAR LIQUIDS until 2 hours before your appointment. You will lose a lot of fluid during the preparation process, so it is extremely important to hydrate.
- If your stools are not clear like urine, you will need to drink a 10-oz. bottle of magnesium citrate.
- If you have been instructed to take pre-op antibiotics, take with a small sip of water only.

***Failure to complete the preparation as described above may result in a poorly cleansed colon.***

## DIGESTIVE HEALTH CENTER

### Patient Medication List

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ PCP Telephone \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Pharmacy Telephone \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Medication	Dosage	Frequency	Route <i>(for example, by mouth)</i>	Reason for Taking
Supplements/Vitamins <i>Please include the brand name</i>	Dosage	Frequency	Route	Reason for Taking

Allergies	Reaction

I consent to obtaining a history of my medications purchased at pharmacies:  Yes  No