



DIGESTIVE HEALTH CENTER

GASTROENTEROLOGY OF INDIANAPOLIS

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Colonoscopy Preparation Instructions - Suprep

Name: _____ Date: _____ Check-In Time: _____

- READ THIS ENTIRE PACKET OF INFORMATION UPON RECEIPT -

APPOINTMENTS

Two business days' notice is required for canceling or rescheduling procedures. Failure to provide adequate notification may result in a \$100.00 fee.

Please bring the following to your appointment:

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

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, sesame seeds, or poppy seeds.
- The entire day before the procedure, including breakfast, must be clear liquids only. 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

Your driver is expected to stay in the waiting room during your procedure; you should anticipate being here approximately two hours from check-in time. Your driver should be a responsible adult family member or friend you trust to get you home safely as you will not be allowed to drive for 12 hours afterward. You are not allowed to walk home or take a taxi. The sedation used for these procedures makes it difficult for patients to remember Dr. Stout's instructions, so it is recommended your driver be someone you trust to receive your personal health information. Failure to have a driver will result in your appointment being canceled and may result in a \$100.00 fee, as stated above.

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 may include but is not limited to 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. You will be given a gown to wear during the colonoscopy and will be provided with a locker for your clothing. You may wear a shirt under the gown providing the sleeves allow access for an IV.

Colonoscopy Preparation Instructions - 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.)

The entire day before the procedure, including breakfast, must be clear liquids only. 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, dairy products, gelatin, coffee, dark teas, 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 by your PCP 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.***

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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