

# COLONOSCOPY PREP INSTRUCTIONS

**Please read** the following instructions carefully (***front & back***). Follow these instructions and **not** the instructions in the prep box. If you do not complete the preparation as we have directed, it could result in the cancellation of your procedure.

\* Your prescription is electronically sent to your pharmacy at the time of scheduling your appointment. Please pick up your prep solution as soon as possible, to avoid cancellation of your prescription.

## ONE WEEK PRIOR TO PROCEDURE

- If you are currently taking blood thinners (for irregular heartbeat, atrial fibrillation, heart disease, stents, stroke, mini-stroke, mechanical heart valves, blood clots in the legs or lungs, or other reason) you may need to stop them prior to your procedure. ***Please contact the physician who prescribed the medication for instructions on when to stop them.***

The following is not an all-inclusive list:

Plavix (clopidogrel bisulfate)	Effient (prasugrel)
Ticlid (ticlopidine hydrochloride)	Arixtra (fondaparinux)
Coumadin (warfarin sodium)	Brilinta (ticagrelor)
Pradaxa (dabigatran)	Lixiana/Savaysa (edoxaban)
Xarelto (rivaroxaban)	Lovenox (enoxaparin)
Eliquis (apixaban)	Fragmin (dalteparin)
Persantine (dipyridamole)	Zontivity (vorapaxar)
Pletal (cilostazol)	

- Please understand that even though a colonoscopy can be performed if these medications are not stopped, some polyps cannot be removed.
- If you are taking full dose aspirin (325mg), please contact your prescribing physician to see if this can be decreased to low dose aspirin (81mg). ***Do not stop low dose Aspirin (81mg)*** Polyps can be removed in the presence of this lower dosage.
- If you have had a recent stress test or are scheduled to have one, please check with your physician to get a cardiac clearance. ***WE MUST HAVE RESULTS PRIOR TO PROCEDURE.***
- If you are taking Adipex (Phentermine) or any GLP-1 Agonist (weight loss medication or for your diabetes) it is required to stop these medications 7 days prior to your procedure. Please contact your PCP regarding this if you are taking these medications for diabetes.

## ONE DAY BEFORE PROCEDURE

- If you are diabetic, please check with your family physician as to adjusting your insulin while on a clear liquid diet. Usually your dose will be cut in half the day before and you will not take any the day of the procedure. Check your blood sugar before leaving home the day of your procedure.
- Please refrain from marijuana use 12 hours prior to your procedure.
- ***Drink*** only ***clear*** liquids for breakfast, lunch and dinner the day before your exam. Solid foods and milk products are ***not*** allowed. Clear liquids (not colored red or purple, on next page)

Example of clear liquids:

Water	Coffee or Tea (without milk or cream)
Pop (diet and regular)	Kool-aid
Clear broth or bouillon	Jello (no fruit)
Sport drinks (Propel, Gatorade)	Ice popsicles
Apple Juice	Clear hard candy, life savers, jolly ranchers
White Grape Juice	White Cranberry juice

## DAY OF PROCEDURE

- **DRINK ONLY THE PREP SOLUTION** the morning of the procedure. You should finish the last of the solution and the required amount of water that follows ***no later than*** 6:00AM. **NOTHING MORE TO DRINK AFTER PREP SOLUTION and WATER. You may have a sip of water with necessary medications.**
- **DO NOT DRINK, CHEW GUM or SUCK ON HARD CANDY** before your procedure or it may be cancelled or delayed. **NO CHEWING TOBACCO.**
- You **may take** all your medications with a sip of water except: blood sugar/diabetic medications and blood thinners.
- If you are a diabetic, please check your blood sugar before coming in.
- If you are a female between the ages of 18-55 years old, you will be asked to give a urine sample, unless you have had a hysterectomy.

**WHAT SHOULD MY STOOLS LOOK LIKE?** Your stools should look like clear to light yellow water with no stool particles. The yellow color is normal.

### WHAT TO BRING WITH YOU:

- Because you are receiving anesthesia, you cannot drive; you must be accompanied by an adult who must remain on the premises while you are having your procedure. Your procedure will be cancelled if you do not have a ride.
- A list of your current medications including the dosage and the times you take them, along with any drug allergies.
- Your driver's license and insurance cards.
- Please do not apply lotions or perfumes the day of your procedure.

**PLEASE FOLLOW THE INSTRUCTIONS FROM THE AVAILABLE PREPS BELOW, THAT WAS PRESCRIBED TO YOU**

**PEG solution (Polyethylene Glycol), NUTLYTELY, TRILYTE, GOLYTELY**

**ONE DAY BEFORE THE PROCEDURE**

- At **6:00 PM** – Add water to container fill line (making **4 liters**) and begin drinking an 8 oz. cup every 10-15 minutes until jug is  $\frac{3}{4}$  empty. You can continue to drink clear liquids once prep is complete.

**DAY OF PROCEDURE**

- At **5:00 AM** - Drink the remainder of the solution (**1 Liter**). Prep must be finished by **6:00 AM. Nothing to drink after 6:00 AM.**

**Na-Sulfate K-Sulfate Mg-Sulfate (SUPREP)**

**ONE DAY BEFORE THE PROCEDURE**

- At **6:00 PM** - Pour one 6 oz. bottle of liquid solution into the mixing container, dilute it with water up to the 16 oz. line, and drink entire amount. Drink (2) more 16 oz. cups of water following the previous. You may continue to have clear liquids until you begin your AM prep.

**DAY OF PROCEDURE**

- At **5:00 AM**- Pour the last 6 oz. bottle of liquid solution into the mixing container, dilute it with water up to the 16 oz. line, and drink entire amount. Drink (2) more 16 oz. cups of water. Prep solution (including additional water) must be finished by **6:00 AM. Nothing to drink after 6:00 AM.**

**PLENVU COLON PREP KIT**

**ONE DAY BEFORE THE PROCEDURE**

- At **6:00 PM** - Empty PLENVU Dose 1 (large packet) into mixing container and fill to line with 16 oz. of water. Mix well to dissolve the powder. Drink the entire contents over 30 minutes. Refill the container to the line with a clear liquid and drink over 30 minutes. You may continue to have clear liquids until you begin your AM prep.

**DAY OF THE PROCEDURE**

- At **5:00 AM** - Empty PLENVU Dose 2 (pouches A and B) into the mixing container and fill to the line with 16 oz. of water. Mix well to dissolve the powder. Drink over 30 minutes. Refill with 16 oz. of water and drink over 30 minutes. Prep solution (including additional water) must be finished by **6:00 AM. Nothing to drink after 6:00 AM.**

**CLENPIQ COLON PREP KIT**

**ONE DAY BEFORE THE PROCEDURE**

- At **6:00 PM** - Pour one 5.4 oz. bottle of CLENPIQ liquid into the mixing container and drink the entire amount. Drink 40 oz. (5 cups) of water following the CLENPIQ liquid. You may continue to have clear liquids until you begin your AM prep.

**DAY OF PROCEDURE**

- At **5:00 AM** – Pour the last 5.4 oz. bottle of CLENPIQ liquid into the mixing container and drink the entire amount. Drink (3) more 8 oz. cups of water following the CLENPIQ liquid. Prep solution (including additional water) must be finished by **6:00 AM. Nothing to drink after 6:00 AM.**

## MIRALAX/GATORADE COLON PREP

Prior to beginning prep, you will need to purchase Miralax 510gm bottle (or the combination of any size to equal 510 gm) which is equal to 30 doses, 1 bottle of Citrate of Magnesium, 1 64oz. bottle of Gatorade and 1 32oz. bottle of Gatorade. Any flavor of Gatorade other than red or purple can be used.

### ONE DAY BEFORE THE PROCEDURE

- **At 4:00PM** - Drink 1 Bottle of Citrate of Magnesium (if not available, you can take 2 Dulcolox pills than can be purchased at pharmacy).
- **At 6:00PM** - Mix 15 doses (1 capful equals 1 dose) of Miralax (255gm) into the 64oz bottle of Gatorade. Drink an 8oz glass every 15-20 minutes until solution is gone. You may continue to have clear liquids until you begin your AM prep.

### DAY OF PROCEDURE

- **At 5:00AM** - Mix the remaining 15 doses of Miralax (255gm) into the 32oz. bottle of Gatorade and drink. Prep solution must be finished by **6:00AM**. **Nothing to drink after 6:00 AM.**

## SUFLAVE COLON PREP KIT

### ONE DAY BEFORE THE PROCEDURE

- **At 6:00PM** - Open 1 flavor enhancing packet and pour contents into one bottle. Fill bottle with lukewarm water to fill line. Shake bottle until powder is dissolved. For best taste, refrigerator solution for 1 hour before drinking. Drink 8oz. of solution every 15 minutes until gone. Drink an additional 16oz. of water during evening. You may continue to have clear liquids until you begin your AM prep.

### DAY OF PROCEDURE

- **At 5:00AM** - Open remaining flavor packet and add to the remaining bottle, fill with lukewarm water to fill line. Drink solution and an additional 16oz. of water. Prep solution and water must be finished by **6:00 AM**. **Nothing to drink after 6:00AM.**

## SUTAB COLON PREP

### ONE DAY BEFORE THE PROCEDURE

- **At 6:00PM** - Fill provided container with 16oz. water to the fill line. Open 1 bottle of 12 tablets and swallow each tablet with a sip of water. Drink the entire amount of water with tablets over 15-20 minutes.
- One hour after last tablet ingested, drink 16oz of water over 30 minutes.
- 30 minutes after finishing 2<sup>nd</sup> container of water, drink another 16oz. of water over 30 minutes.
- You may continue to have clear liquids until you begin you AM prep.

### DAY OF PROCEDURE

- **At 5:00AM** - You will fill provided container with 16oz. water to fill line. Open 1 bottle of 12 tablets and swallow each tablet with a sip of water. Drink the entire amount of water with tablets over 15-20 minutes.
- One hour after last tablet ingested, drink 16oz. of water over 30 minutes.
- 30 minutes after finishing 2<sup>nd</sup> container of water, drink another 16oz. of water over 30 minutes.
- **Nothing to drink after finishing last dose of water.**