

# PREPARING FOR YOUR COLONOSCOPY WITH SUPREP

**Colonoscopy involves a small flexible scope about the size of your little finger. There is a light and a lens on the end, which will allow me to look directly into your rectum and colon. Abnormalities seen on x-rays can be verified and some lesions not seen by x-rays can be found. Sometimes small biopsies (pieces of tissues to examine under a microscope) are taken. You will not feel the biopsies being taken.**

It is important that your bowels be completely empty for the exam, so do **NOT** have anything to eat or drink after midnight before the procedure. You will be given a prescription for a liquid solution in my office. Please complete this dosing regimen as directed by Dr. Narvaez. If you take insulin or any diabetic medication do **NOT** take them until after your procedure. You will need someone to drive you home after your procedure. Avoid any blood thinners 3 days prior to your procedure. If you are taking blood pressure medications take these at least 2 hours prior to your colonoscopy of the day of the procedure.

After checking in at admission office you will be changed into a hospital gown and a small I.V. line will be placed into a vein in your arm. You will

receive some medication through your I.V. to help you relax and make you drowsy. The procedure will begin by passing the scope through your rectum into your colon. This process should cause little to no discomfort. Your heart rate and breathing will be monitored throughout the entire procedure.

You will be observed approximately one hour after your procedure. Dr. Narvaez will speak with you and your family to let you know how everything went during the procedure. This does not mean that he knows the diagnosis at this time, especially if there were biopsies done. These results can take up to 7 days to receive, so it is very important for you to keep your follow up appointment, unless otherwise directed by Dr. Narvaez.

- The day before your procedure you will have a clear liquid diet such as tea, broth, clear fruit juices. Do not eat any solids the day before your procedure.
- At 6pm begin drinking the SUPREP solution. Pour ONE 6oz. bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16oz. line on the container and mix. Drink all the liquid in the container. You **MUST** drink 2 more 16oz. containers of water over the next 1 hour.
- Initially, you may feel slightly bloated, but will become more comfortable as you continue to have bowel movements. Walking around will help alleviate bloating as well as help process the prep.
- At **MIDNIGHT** you will begin the second dose of SUPREP. Pour ONE 6oz. bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16oz. line on the container and mix. Drink all the liquid in the container. You **MUST** drink 2 more 16oz. containers of water over the next 1 hour.
- DO NOT EAT anything until after your procedure.
- No colored fruit juices or colored gelatin such as Jell-O.



**Please call the office if you have to cancel or reschedule your procedure; not doing so will result in a fee from the office and surgery center. Thank you.**

# PREPARING FOR YOUR COLONOSCOPY WITH SUPREP

Patient Name

Date of COLONOSCOPY  Time  Facility

I am confirming that I **DO NOT** have the following medical conditions or medical history in order to receive OsmoPrep:

- Diabetes
- Renal Disease
- High Blood Pressure
- Gastric Bypass

**I acknowledge that I understand the following additional instructions as they pertain to my procedure:**

**Blood Pressure medication must be taken 2 hours prior to my procedure**

If applicable, the following meds will be taken before the procedure:

**All blood thinners, such as Iron, Coumadin (Warfarin), Plavix, Pradaxa, Aspirin, must be stopped 3 days prior to the procedure**

If applicable, the following meds will be stopped 3 days before the procedure:

**A chaperone must drive me to the facility, wait for me at the facility and drive me home from the facility**

By signing this form, I hereby understand all that is written:

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Please call the office if you have to cancel or reschedule your procedure; not doing so will result in a fee from the office and surgery center. Thank you.**