



SUPREP (Sodium Sulfate, Potassium Sulfate, Magnesium Sulfate) SPLIT DOSE COLONOSCOPY PREPARATION

****If you have any changes in medications, medical history or surgical history after your procedure has been scheduled, please contact our office immediately to speak with one of our schedulers. Failure to notify us of these important changes could result in the cancellation of your procedure.****

Your appointment is:

DATE: _____ **CHECK IN/ARRIVAL TIME:** _____

- **You will need a driver to accompany you on the day of your procedure.** It must be someone that you know (no taxi or public transportation). Your driver must check in with you and must remain until your procedure is complete.
- If you are taking any weight loss medication, please do not take it two weeks before your procedure.
- Women of child bearing age will be asked to do a urine pregnancy test when being admitted for your procedure; please wait and empty your bladder after this test has been completed.
- **PLEASE DO NOT WEAR COLOGNES, PERFUMES, OR SCENTED LOTIONS DUE TO PATIENT AND STAFF ALLERGIES. DO NOT USE THE INSTRUCTIONS ON THE PREP BOX**
- If you use any form of marijuana (Including smoking, vaping, or prescription forms) or byproducts such as CBD or Delta 8, 9, these must be discontinued 12 hours prior to procedure.

Please read the following information very carefully. It contains information that is necessary to best prepare you for your upcoming test. DO NOT FOLLOW THE DIRECTIONS ON THE BOX OF SUPREP

Your doctor will send a prescription for one package of SUPREP to your local pharmacy. A prescription for Zofran will be sent to the pharmacy to use if you are experiencing any nausea

IF YOU ARE TAKING ASPIRIN FOR YOUR HEART OR TO PREVENT A STROKE, CONTINUE TAKING ASPIRIN UP UNTIL THE DAY OF YOUR COLONOSCOPY.

MEDICATIONS TO STOP PRIOR TO PROCEDURE:

1. **UNLESS OTHERWISE INSTRUCTED**, five days prior to procedure STOP taking any iron medication.
2. **UNLESS OTHERWISE INSTRUCTED**, please stop taking blood thinning medications prior to your procedure. Many medications have blood thinning properties including **Coumadin, Xarelto, Pradaxa, Eliquis, Effient, Plavix, Ticlid, Trental, and Brillinta.**

3. Stop _____ days prior to your procedure.

DIABETIC PATIENTS: Two days prior to your procedure STOP: **Glucophage, Metformin, Fortamet, Janumet, Actoplus met, Glucovance, and Avandamet.**

For the following medications: Wegovy, Ozempic, Rybelsus, Trulicity, Victoza, Saxenda, Byetta, SyndreonBCise, Mounjaro, Foundayo, Retatrutide, and Soliqua

- If you are taking the pill form or daily injection, do not take these the day before or the day of the procedure.
- If you are taking a weekly injection, you will need to hold these for seven days prior to the procedure.

If you are on ANY OTHER diabetic medication or insulin, decrease your dosage by half (1/2) a dose THE DAY BEFORE YOUR PROCEDURE. DO NOT TAKE ANY ON THE DAY OF YOUR PROCEDURE. Please check your blood sugar before coming for your procedure.

Two days prior to your procedure: DATE _____

Please eat 3 light meals. If eating fruits and vegetables with skin such as apples, pears, plums, grapes, etc., peel before eating. Avoid foods such as celery, cabbage and onions unless they are cooked. Do not eat foods with husk such as corn, beans, peas, or foods with seeds (okra, tomatoes, watermelon, etc.) and salads. You may eat meats and soft foods such as potatoes, macaroni, dairy products, bread, and pasta, etc.

- Start to increase your fluid intake, drink an 8 ounce glass of fluid every hour this day. Hydrating your body will help reduce the side effects such as cramping and nausea once you begin the prep tomorrow.

Day prior to procedure: DATE _____

1. **ABSOLUTELY NO SOLID FOODS BEGINNING THIS DAY. YOU MAY ONLY HAVE CLEAR LIQUIDS AS LISTED BELOW.**
 2. Have clear liquids all day which includes coffee, tea, water, soft drinks, apple juice, clear cranberry juice, white grape juice, clear soups, bouillon or broth, Jello and other gelatins, Gatorade, PowerAde, and popsicles. **(No red or purple liquids, no milk products, or non-dairy creamers.)**
 3. DO NOT TAKE ANY OTHER MEDICATION WITHIN ONE HOUR OF DRINKING THE SOLUTION. (It will flush out of your system).
 4. Drink at least 8 ounces of clear liquids every hour during the waking part of the day. Hydrating your body will help reduce side effects of cramping and nausea once you begin the prep.
- At **6:00pm** pour one of the 6-ounce bottles of SUPREP laxative preparation into the provided mixing cup and fill with water to the 16-ounce fill line that is marked on the cup. Please drink all the liquid in the cup over the next 10 minutes.

- At **7:00pm** fill the same cup with water to the fill line. Drink all of the water in this cup over the next 10 minutes.
- At **8:00pm** add water to the fill line. Drink all of the water in this cup over the next 10 minutes.
- At **10:30pm** pour the second 6-ounce bottle of SUPREP laxative preparation into the provided cup and add water to the fill line. Please drink all the liquid over the next 10 minutes.
- At **11:00pm** fill the same cup with water to the fill line. Drink all of the water in this cup over the next 10 minutes.
- At **11:30pm** add water to the fill line. Drink all the water in this cup over the next 10 minutes.
 - The first bowel movement may occur within one hour of taking SUPREP.
 - Some nausea and cramping is normal. If a lot of nausea occurs, stop drinking the laxative solution for 30 minutes, sip on clear liquids and rest until feeling better. Then continue with the laxative solution.
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT. THAT INCLUDES PEPPERMINT, HARD CANDY, CHEWING GUM, OR ANY TOBACCO PRODUCTS. CANDIES AND TOBACCO PRODUCTS WILL INCREASE STOMACH SECRETIONS (JUICES).**

Day of Procedure: DATE _____

- If you take medications for **BLOOD PRESSURE, HEART, SEIZURE, ANXIETY, BREATHING OR STOMACH (Prilosec, Nexium, Protonix, Prevacid, Dexlansoprazole or the generic equivalent)**, please take the medication early in the morning with a sip of water.
- Please do not wear denture adhesive the day of your procedure: your dentures will be removed for a brief period.

If you have questions about your procedure or the above instructions, please call our scheduling department.

**RHONDA---230-3169
AMBER. C... – 857-1161
RENEE —230-3185**

**AMBER. J... – 857-1151
HEATHER -230-3186
SHIRLEY – 230-3171**

**TRISH—857-1167
DEBBIE C—857-1156
MARLENA – 246-6777 Ext 328**