

SUBURBAN GASTROENTEROLOGY, LTD

1243 Rickert Drive, Naperville, IL 60540 Telephone 630-527-6450 Fax 630-527-6456

SUPREP PREPARATION

1 DAY - SPLIT DOSE + SIMETHICONE

(Location: Midwest Endoscopy Center, LLC)

Your doctor has ordered a colonoscopy, which is an examination of the large intestine (colon). A flexible tube (colonoscope) is passed into the rectum then gently advanced through the large intestine, examining the inner lining.

10 days before your procedure:

- Purchase **SUPREP** from your local pharmacy.
- Purchase 14 doses of **Miralax** powder (also known as glycolax). This is available over the counter at your pharmacy.
- Purchase **Simethicone 250 mg soft gel (Gas-X ® Maximum Strength soft gel)**
If unable to locate Gas-X ® Maximum Strength, you may use Gas-X ® Extra Strength (125 mg) and take two gel caps to equal 250 mg.
- **Avoid popcorn, nuts or seeds.**

7 days before your procedure and every day thereafter up to your procedure:

- Mix one capful / dose (17 grams) of **Miralax** powder with water or juice and drink twice daily. Reduce to once daily if stools become too loose.
- Stop all GLP1 injections (stop one day for pills)
LIST OF GLP1: Rybelsus ®, Victoza®, Saxenda®, Byetta®, and Adlyxin® Ozempic®, Wegovy®, Trulicity®, Bydureon Bcise®, Mounjaro®, Zepbound, and Tanzeum®

Hold Phentermine or other weight loss medications for 7 days.

5 days before your procedure:

- Contact a relative or friend to arrange for transportation from the Center after your procedure.
- **BECAUSE YOU WILL BE SEDATED, YOU MUST HAVE SOMEONE AVAILABLE TO TAKE YOU HOME. YOUR RESPONSIBLE ADULT MUST BE AT LEAST THE AGE OF 18. YOU MAY NOT TAKE A TAXI OR UBER HOME UNLESS YOU HAVE SOMEONE OTHER THAN THE DRIVER, TO BE YOUR RESPONSIBLE ADULT. YOUR DRIVER WILL NEED TO BE AVAILABLE FOR THE ENTIRE DAY AS YOUR PROCEDURE TIME MAY CHANGE.**

- **The patient's family or designated representative will be required to remain on the premises for the scheduled procedure(s) OR must remain within 15 minutes driving distance from the facility.**

1 day before your procedure:

STAY ON A CLEAR LIQUID DIET THE ENTIRE DAY BEFORE YOUR PROCEDURE
DO NOT EAT ANY SOLID FOODS

- **Clear liquids** mean anything that is clear in consistency: color is not as important as consistency. Drink juices such as apple, white grape or white cranberry. Avoid thick and pulpy juices. Bouillon or clear broth is fine. You can have gelatin without fruit. Avoid anything with red or orange artificial coloring. Soda, coffee and tea are fine, may add sugar or artificial sweetener. **DO NOT drink milk, dairy or non-dairy products. DO NOT consume alcohol.**

THE DAY BEFORE YOUR PROCEDURE YOU WILL BEGIN DRINKING

THE FIRST HALF OF THE PREP AT (8:00pm – 10:00pm)

- Beginning at 8:00 pm, take ONE **Simethicone 250 mg soft gel (Gas-X ® Maximum Strength soft gel)**, then pour (1) 6oz bottle of SUPREP liquid into the mixing container. Then add cool drinking water to the 16 oz line on the container and mix well. Drink the entire container. You must drink two more 16 oz of water over the next 1 hour.
- The first half of SUPREP and water must be completed within two hours.

PATIENTS MAY HAVE CLEAR LIQUIDS UP TO 4 HOURS PRIOR TO PROCEDURE

THE MORNING OF YOUR PROCEDURE YOU WILL BEGIN DRINKING

THE SECOND HALF OF THE PREP

- At ***, pour (1) 6oz bottle of SUPREP liquid into the mixing container. Then add cool drinking water to the 16 oz line on the container and mix well. Drink the entire container. You must drink two more 16 oz of water over the next 1 hour.
- The second half of SUPREP and water must be completed within two hours.
- **After completing your prep 4 hours prior to your procedure, do not eat or drink anything. If you eat or drink anything, your procedure may be delayed or cancelled.**

Please do not follow prep instructions on the bottle of your preparation received from the pharmacy. Please only follow instructions you received from your physician.

- Your preparation for this procedure will be completed after normal business hours. If for any reason you are unable to complete your preparation of SUPREP please call 630-527-6450 and the answering service will page the doctor on call for you.

- **Please be aware not all preps have the same effect on everyone. Following the instructions is not a guarantee that you will be properly prepared for your colonoscopy. After finishing your prep, your bowel movement should be clear or yellow in color. If you are passing brownish color stool, please call 630-527-6450 for additional instructions.**
- Anal irritation or hemorrhoid inflammation may occur while taking the prep solution. If this happens, you may want to treat with Vaseline, hemorrhoid cream, baby wipes, Tucks pads, Desitin or similar remedies.

MEDICATIONS

If you are taking medications for **DIABETES, HIGH BLOOD PRESSURE, HEART DISEASE, CARDIAC CONDITIONS, SEIZURES, ASTHMA or BLOOD THINNERS** please review the below section:

- **Diabetics** who are on oral diabetic medication should **NOT** take them on the morning of the procedure.
- **Diabetics** using insulin should obtain instructions from their Primary Care Physician or Endocrinologist.
- Patients taking medicine for **high blood pressure, heart disease, any heart conditions, or seizures** should take these medications, as usual, with a sip of water. All medications must be taken at least 2 hours prior to your procedure. If you take these medications in the evening, please take these as usual at nighttime and do not take any extra doses.
- Patients with **asthma** that use an inhaler daily, should take this as usual the day of the procedure.
- Patients with **asthma** that only use an inhaler as needed should bring their inhaler with to the facility.
- Patients with **asthma** that have a rescue inhaler should bring this with to the facility.
- Patients taking **blood thinners** will require special instructions prior to their procedure. Please notify your doctor if you are taking a **blood thinner**. Aspirin can be continued prior to the procedure and there is no reason to stop taking this.

Should you consume more than just a sip of water with your medications the day of your procedure, there will be a possibility of your procedure being cancelled. **All other medications must be reviewed with the doctor.**

Special Instructions: ***

RESTRICTIONS

- **If polyps are removed from your colon (or if biopsies are taken) you may be told not to perform strenuous physical activities for up to 2 weeks.**

- If polyps are removed (or if biopsies are taken) your physician may limit travel by airplane for 2 weeks.
- Please do not wear any facial make-up, moisturizers, body lotions or oils the day of your procedure.
- Please do not wear contact lenses the day of the procedure. You will be asked to remove your contact lenses prior to the procedure if worn to the facility.
- Do not smoke for 24 hours prior to procedure, per anesthesia.
- **PLEASE REFRAIN FROM ANY USE OF CANNABIS FOR 24 HOURS PRIOR TO YOUR PROCEDURE, OR YOUR PROCEDURE WILL BE CANCELLED.**

Patient Name: Test Test **DOB:** is scheduled for a Colonoscopy on:

Date: *** **Arrival Time:** *** (time is subject to change)

Your procedure time is not a guarantee.

Our office will contact you with any changes to your procedure time.

Report to: MIDWEST ENDOSCOPY CENTER, LLC
1243 Rickert Dr
Naperville, IL 60540
630-527-6450

Cancellation Policy: If for any reason you must cancel or change your Midwest Endoscopy Center procedure appointment, it is important that you give our office **at least five business days' notice** prior to your scheduled procedure date to allow us to offer the appointment to another patient. If you fail to do this or fail to show for your appointment, there will be a **\$150.00 cancellation fee** applied. We understand that true emergencies do occur. Under these circumstances a doctor's note or other appropriate documentation will be considered to have the charge waived.