

MIDWEST ENDOSCOPY CENTER, LLC

www.sgihealth.com

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SUPREP PREPARATION 1 DAY - SPLIT DOSE

Your doctor has ordered a colonoscopy, which is an examination of the entire intestine (colon). This procedure takes about 20-30 minutes. A flexible tube (colonoscope) is passed into the rectum then gently advanced through the large intestine, examining the inner lining.

<u>10 days</u> before procedure	<u>5 days</u> before your procedure	The morning of the day before your procedure	The day before your procedure	After midnight prior to your procedure	Start at: _____	The morning of your procedure
			Start at: 6:00 P.M.		A.M. P.M.	
			And finish within 2 hours.		And finish within 2 hours.	
Purchase SUPREP from your local pharmacy Avoid any foods with OLESTRA (found in low fat snack foods) Avoid popcorn, nuts or seeds.	Contact a relative or friend to arrange for transportation from the clinic after your procedure. BECAUSE YOU WILL BE SEDATED YOU MUST HAVE SOMEONE AVAILABLE TO TAKE YOU HOME. YOU MAY NOT TAKE A TAXI HOME UNLESS YOU HAVE SOMEONE, OTHER THAN THE TAXI DRIVER, TO BE YOUR RESPONSIBLE ADULT.	<u>STAY ON CLEAR LIQUID DIET THE ENTIRE DAY</u> See Clear liquid diet instructions	<u>STAY ON CLEAR LIQUID DIET THE ENTIRE DAY</u> <u>1st 6oz bottle</u> 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. DRINK ENTIRE CONTAINER You must drink two more 16oz of water over the next 1 hour.	Do Not Eat or Drink anything except for the Second dose of SUPREP	Start your second bottle of SUPREP. <u>2nd 6oz bottle</u> 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. DRINK ENTIRE CONTAINER You must drink two more 16oz of water over the next 1 hour.	DO NOT EAT ANYTHING! Remember to wear comfortable clothing Women please avoid high heels

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. **DO NOT** drink milk or dairy products.

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If for any reason you are unable to complete your preparation of SUPREP, please call our office and the answering service will page the doctor on call for you.

Do not eat or drink after midnight
EXCEPT the second 1/2 of your prep

DAY OF EXAM

IF YOU ARE TAKING BLOOD THINNERS SUCH AS COUMADIN OR THE EQUIVALENT, OR DIABETIC MEDICATIONS, PLEASE INFORM THE DOCTOR, AS YOU WILL NEED SPECIAL INSTRUCTIONS.

If you are taking medicine for high blood pressure, asthma, or heart disease you will want to take these as usual with a sip of water. All medications must be taken at least 2 hours prior to your procedure. All other medications must be reviewed with the doctor.

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.

-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) you should not travel by airplane for 1 week. You should not travel overseas for 2 weeks.

Please call the office (630) 527-6450 if you have any questions regarding the instructions.

Procedures scheduled at MIDWEST ENDOSCOPY CENTER, LLC will commence approximately 1 hour after the Arrival Time of your procedure.

Please be aware not all preps have the same effect on everyone. Following the above instructions is not a guarantee that you will be properly prepared for your colonoscopy. There is a possibility that you will need to be rescheduled at a later date with additional instructions if your prep is inadequate.

Your procedure time is not a guarantee; we will make every effort to keep you informed regarding the start time of your procedure.

Patient Name: _____ **DOB:** ____/____/____ is scheduled for a Colonoscopy on:

Date: _____ **Arrival Time:** _____

Report to: MIDWEST ENDOSCOPY CENTER, LLC
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Special Instructions: _____

Inst Given By: _____ **Date:** _____