# SUBURBAN GASTROENTEROLOGY, LTD

www.sgihealth.com

DINESH JAIN, M.D.
SCOTT BERGER, M.D.
SUSHAMA GUNDLAPALLI, M.D.
DARREN KASTIN, M.D.
GONZALO PANDOLFI, M.D.
SHIVANI KIRILUK. D.O.
PRAVEEN METTU, M.D.

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

#### PREPOPIK PREPARATION

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.

| 10 days<br>before<br>procedure   | 5 days before<br>your procedure   | The morning<br>of the day<br>before your<br>procedure                        | The day before your procedure  Start at: 6:00 P.M.  And finish within 2 hours.  | After<br>midnight<br>prior to<br>your<br>procedure               | Start 6 hours<br>prior to your<br>procedure<br>and finish<br>within 2<br>hours.   | The morning of your procedure  |
|--|---|--|---|--|---|--|
| Purchase Prepopik 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. | STAY ON CLEAR LIQUID DIET THE ENTIRE DAY See Clear liquid diet instructions. | -Fill the dosing cup provided with cold water up to the lower (5-ounce) line -Pour in the contents of ONE (1) packet and stir for 2-3 minutes until dissolved -Drink the entire contents -Follow with FIVE (5) 8-ounce drinks of clear liquid, taken at your own pace within the next 2 hours | PATIENTS MAY HAVE CLEAR LIQUIDS UP TO 4 HOURS PRIOR TO PROCEDURE | Finish the Second Half of Prepopik- Follow same instructions as you did for first half of prep  YOUR PREP MUST BE COMPLETED 4 HOURS PRIOR TO YOUR PROCEDURE | 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 Prepopik, please call our office and the answering service will page the doctor on call for you.

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

### 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 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 2 weeks. You should not travel overseas for 2 weeks.
- Please do not wear any facial make-up, moisturizers, body lotions or oils the day of your procedure.

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

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 start time is not a guarantee.

| Patient Name:           |                              | DOB:                          | is scheduled for a Colonoscopy on:                                       |
|-------------------------|------------------------------|-------------------------------|--|
| Date:                   |                              | Procedure Start Time:         |  |
| PLEASE ARR              | IVE 30 MINUTES I             | PRIOR TO YOUR P               | PROCEDURE START TIME. IF   |
| <b>YOU ARRIV</b>        | E EARLIER THAN               | <mark>I 30 MINUTES PRI</mark> | OR, YOU MAY BE WAITING   |
|                         |                              | LONGER.                       |  |
|                         |                              |                               | oringing you home. We will be unable to go<br>h you at time of check in. |
| Report to:              | MIDWEST ENDOSCOP             | Y CENTER, LLC                 |  |
|                         | 1243 Rickert Dr              |                               |  |
|                         | Naperville, IL 60540         |                               |  |
|                         | 630-527-6450                 |                               |  |
| Special Instructions: _ |                              |                               |  |
|                         |                              |                               |  |
| ○ □ Verbal Pre          | o Instructions Discussed wit | h Patient / Inst Given By:    | Date:  |