

COLONOSCOPY INSTRUCTIONS

Preparation is key to a successful colonoscopy. Please read and follow these directions very closely.

MY PROCEDURE INFORMATION:

Procedure Date: _____ Procedure Time: _____

Arrival Time: _____ Location: _____

ITEMS TO PURCHASE:

1. **Prescription Prep Solution:** This is a medication we sent directly to your pharmacy. You will receive one of the following: Suprep, Clenpiq, Plenvu, or Golytely/Nulytely/Trilyte.
2. Flushable wet wipes are suggested and helpful.
3. A zinc oxide barrier cream, such as Desitin, is also helpful to soothe any skin irritation.

CALL CARY GASTROENTEROLOGY IF YOU:

- ❖ Require ANTIBIOTICS for invasive procedures ❖ Have a LATEX ALLERGY
- ❖ Are on a blood thinner (Coumadin, Pradaxa, Xarelto, Eliquis, Arixtra, Plavix, Effient) or Take more than 81mg of ASPIRIN per day.

THE FOLLOWING ARE ABSOLUTE REQUIREMENTS FOR YOUR PROCEDURE:

- ❖ A licensed driver (age 18 and older) MUST accompany you at check-in and remain during your test.
- ❖ Taxis are prohibited. Driving yourself is prohibited. You cannot walk or ride a bike home. Plan on spending 3 hours at the procedure center. Do not bring jewelry or valuables.
- ❖ Wear comfortable clothing. Do NOT wear contact lenses. Bring warm socks.
- ❖ All medical clearances must be in our office prior to your procedure.
- ❖ You should have NOTHING BY MOUTH for 3 hours prior to your procedure.

PREPARING FOR YOUR PROCEDURE – THE PREP

7 DAYS PRIOR TO YOUR PROCEDURE:

Day/Date _____

- ❖ **STOP:** Iron supplements, Vitamin E., St. John’s Wort, Fish Oil, and Gingko products
- ❖ **STOP:** Anti-inflammatory drugs (NSAIDS): Ibuprofen, Advil, Motrin, Aleve, Celebrex, Mobic.
- ❖ TYLENOL may be used freely, including the day of procedure.
- ❖ **Your physician may ask you to stop blood thinners, including aspirin, between now and 5 days pre-procedure.** Check with Cary Gastroenterology to clarify this.

3 DAYS PRIOR TO YOUR PROCEDURE:

Day/Date _____

❖ IMPORTANT DIET RESTRICTIONS:

- **NO** fruits/vegetables with seeds: cucumbers, tomatoes, squash, broccoli, beans, kiwi, strawberries, and raspberries.
- **NO** granola bars, high grain cereals/breads, oatmeal, nuts, corn, or popcorn.

1 DAY PRIOR TO YOUR PROCEDURE (PREP DAY):

Day/Date _____ ❖

Breakfast: You may have a light, low-fiber breakfast. **NO** fruit, vegetables, nuts, seeds, granola, or multi-grain breads. See samples below.

❖ **Snack:** You may enjoy a small, low-fiber snack before 12pm. See samples below.

Sample Breakfast Foods	Sample Snacks (Before 12pm)
❖ 1 Cup low-fiber cereal (e.g. corn flakes)	❖ 4 ounces lean meat (1/2 chicken breast)
❖ 2 Eggs	❖ Small baked potato, no skin
❖ 1 Plain bagel with cream cheese	❖ 1 Cup of pasta
❖ 2 Pieces white toast	❖ 10 small pretzels
❖ 1 cup milk; fruit juice without pulp	❖ 1/2 cup cottage cheese
❖ 1 cup yogurt without fruit	❖ 1 cup fruit or vegetable juice without pulp

- ❖ **12:00PM:** You should only consume CLEAR LIQUIDS for the remainder of the day.
- ❖ DO NOT eat or drink anything colored red or purple; avoid dark colas. ❖ DO NOT drink milk. DO NOT drink alcohol.

Sample Clear Liquids
❖ Water, tea, Gatorade, Sprite, ginger ale, or Mountain Dew
❖ Chicken broth or vegetable broth
❖ Popsicles (without pulp or fruit pieces; no red or purple)
❖ Grape, apple, or white cranberry juice.
❖ Clear hard candy (lemon drops, lifesavers, Jolly Ranchers; no red or purple)
❖ Black coffee – NO CREAMER. (We <u>prefer</u> you do NOT drink coffee at all)

❖ **6:00PM: COMPLETE THE FIRST PART OF YOUR PREP.** Follow the instructions below for the particular prep you were prescribed:

☐ **SUPREP:**

- Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container provided.
- ADD cool drinking water to the 16-ounce line on the container and mix.
- Drink ALL the liquid in the container.
- You MUST drink two (2) more 16-ounce containers of water over the next hour.

☐ **CLENPIQ:**

- The kit includes two (2) bottles of premixed solution.
- Drink ALL of one pre-prepared bottle. No need to mix with anything. (Either bottle is fine, as they are the same solution).
- Using the cup included with your kit, drink 5 (FIVE) 8-ounce cups of clear liquid (upper line) over the next 5 hours.

☐ **PLENVU (please use the 2-day SPLIT dose instructions):**

- Use the mixing container to mix contents of the DOSE 1 POUCH with 16 ounces of water by shaking or using a spoon until completely dissolved.
- Slowly drink the 16-ounce mixed solution. Try to finish it within 30 minutes.
- Refill the container with 16 OUNCES of clear liquid, and drink over 30 minutes.

☐ **GOLYTLEY, NULYTELY, GAVILYTE, HALFLYTELY OR TRILYTE:**

- ADD water to the "Fill To" level mark of the prep container. SHAKE until completely dissolved (this can be done in advance, then chilled).
- Drink HALF the prep solution. You should drink a minimum of 8-ounces of the solution every 10 MINUTES. You can drink it faster if you are able.

❖ Continue drinking clear liquids until bedtime.

❖ It is important to remain active, as the prep will work better if you are upright and moving.

❖ If you do not have a bowel movement by 9:00PM, we recommend taking 4 doses of Miralax mixed in 16 ounces of clear liquid (such as Gatorade or water), if you have this available.

MEDICATION ADJUSTMENTS:

❖ Please take your blood pressure or heart medications at your normal time with sips of water

❖ If you are on insulin or oral diabetes medications, please consult with your physician to discuss adjusting these medications. Typically, we recommend NOT taking your diabetes medications the day of the procedure, as you will be fasting that day.

❖ STOP all diuretics (water pills) the day before your procedure. Do not take them the day of the procedure.

CONTINUE TO FOLLOW SECOND HALF OF PREP INSTRUCTIONS BELOW

❖ **5 HOURS PRIOR TO YOUR ARRIVAL TIME:** Drink the 2nd PART of your prep, as follows:

☐ **SUPREP:**

- Pour ONE (1) 6-ounce bottle of SUPREP liquid into the mixing container provided.
- ADD cool drinking water to the 16-ounce line on the container and mix.
- Drink ALL the liquid in the container.
- You MUST drink two (2) more 16-ounce containers of water over the next hour.

☐ **CLENPIQ:**

- Drink the second bottle of premixed solution.
- Drink an ADDITIONAL 3 (THREE) 8-ounce cups of clear liquid (upper line).

☐ **PLENVU:**

- Use the mixing container to mix the contents of Dose 2 (Pouch A and Pouch B) with at least 16 ounces of water until dissolved. This may take 2-3 minutes to mix.
- Drink the contents slowly over 30 minutes.
- REFILL the container with an additional 16 ounces of water or clear liquid. Drink slowly over 30 minutes.

☐ **GOLYTLEY, NULYTELY, GAVILYTE, HALFLYTELY OR TRILYTE:**

- Drink the remaining HALF the prep solution. You should drink a minimum of 8-ounces of the solution every 10 MINUTES.

❖ **IMPORTANT:** You should have **NOTHING BY MOUTH** beginning **3 hours** prior to your procedure. This includes water, breath mints, gum, and candies.

Failure to follow these instructions will result in delay or cancellation of your procedure.

LOCATION AND ARRIVAL TIMES:

❖ **Raleigh Endoscopy Center Patients:** Please arrive at the endoscopy center **ONE HOUR** prior to your procedure. ** If your procedure time is 7:30am, please arrive at **6:45am**. The endoscopy center opens at 6:45am, please do not arrive any earlier than 6:45am.

If your physician is **Dr. Furs, please arrive **one and a half (1 ½)** hours prior to your procedure time, but no earlier than 6:45am.

** If your physician is **Dr. McGowan**, please arrive **two (2) hours** prior to your procedure time, but no earlier than 6:45am.

WakeMed Cary Patients: Please arrive 2 hours prior to procedure time. **If you have any questions or need additional information, please contact us at (919) 816-4948.**