

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, Prepopik, Moviprep, 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)
- ❖ 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 prefer 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.

❑ **PREPOPIK:**

- FILL the dosing cup with water up to the lower line (5 oz).
- Pour in the contents of 1 packet.
- STIR for 2-3 MINUTES until powder is dissolved. DRINK it all.
- Drink 5 (FIVE) 8-ounce cups of clear liquid (upper line) over the next 5 hours.

❑ **MOVIPREP:**

- Empty ONE (1) pouch A and ONE (1) pouch B into the disposable container.
- Add water to the top line of the container.
- MIX to dissolve. DRINK the entire container over 60-minutes.
- Drink an ADDITIONAL 16-ounces of clear liquid or water.

❑ **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.

❖ **If you do not have a bowel movement by 9:00PM** call our on-call provider (919-816-4948)

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

PROCEDURE DAY:

Day/Date _____

❖ **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.

PREPOPIK:

- FILL the dosing cup with water up to the lower line (5 oz). Pour in contents of 1 packet.
- STIR for 2-3 MINUTES until powder is dissolved. DRINK it all.
- Drink an ADDITIONAL 3 (THREE) 8-ounce cups of clear liquid (upper line).

MOVIPREP:

- Empty ONE (1) pouch A and ONE (1) pouch B into the disposable container.
- Add water to the top line of the container. MIX to dissolve.
- DRINK the entire container over 60-minutes.
- Drink an ADDITIONAL 16-ounces of clear liquid or water.

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 or Dr. McGowan, please arrive one and a half (1 ½) 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.