

COLONOSCOPY INSTRUCTIONS (PREPOPIK)

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. **Prepopik solution:** This is a prescription medication we sent directly to your pharmacy.
2. **Dulcolax:** This is an over-the-counter laxative. You will only need two (2) tablets.
3. Miralax – OPTIONAL. If recommended by your nurse or doctor. You will need 1 small bottle.
4. Flushable wet wipes are suggested and helpful.

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. Walking or riding a bike home is prohibited.
- ❖ 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. No lotions or body oils the day of your procedure.
- ❖ All medical clearances must be in our office prior to procedure or your procedure will be delayed or cancelled.
- ❖ 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) such as ibuprofen, Advil, Motrin, Aleve, Celebrex, Mobic, Orudus, Nuprin.
- ❖ 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, or oatmeal.
 - **NO** corn, popcorn, or nuts.

2 Days Prior to Procedure – IF instructed by your nurse

- ❖ *At 6:00pm, dissolve 2 capfuls (34 grams) of Miralax in 16oz of liquid and drink over 5 – 10 minutes. Repeat the mixture 1 hour later.*

1 DAY PRIOR TO YOUR PROCEDURE (PREP DAY):

Day/Date _____

- ❖ **FOLLOW A CLEAR LIQUID DIET ALL DAY.** No solid food.
- ❖ DO NOT eat or drink anything colored red or purple.
- ❖ DO NOT drink milk.
- ❖ DO NOT drink alcoholic beverages.
- ❖ **4:00PM:** Take 2 Dulcolax tablets by mouth with water. Do not crush or chew tablets.
- ❖ **6:00PM:** Complete the first part of the **PREPOPIK** prep as follows:
 - 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.
 - HYDRATE: drink an ADDITIONAL 5 (five) 8-ounce cups of clear liquid (upper line) over the next 5 hours.

EXAMPLES OF CLEAR LIQUIDS THAT YOU CAN DRINK:

- ❖ Water, tea, Gatorade, Sprite, Ginger Ale or Mountain Dew
- ❖ Chicken, Vegetable or Beef Broth.
- ❖ Popsicles (no pulp or fruit pieces, no red or purple)
- ❖ White grape, white cranberry, and apple juice. Jell-O without fruit (NO pudding)
- ❖ Clear hard candy – no red or purple (lemon drops, Lifesavers, Jolly Ranchers)
- ❖ Black coffee – NO CREAMER. (We **prefer** you do NOT drink coffee at all)

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.

PROCEDURE DAY:

Day/Date _____

- ❖ **5 hours prior to your arrival time:** Complete the 2nd part of the **PREPOPIK** prep:
 - 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.
 - HYDRATE: drink an ADDITIONAL 3 (three) 8-ounce cups of clear liquid
- ❖ **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.