

**COLONOSCOPY INSTRUCTIONS FOR PATIENTS**

**ALL PATIENTS ARE TO STOP TAKING GLP-1/SEMAGLUTIDE WEIGHT LOSS MEDICATIONS  
REVIEW PAGE 8 FOR ADDITIONAL INFO.**

Procedure Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Procedure Time: \_\_\_\_\_

Procedures are only done at one of the following locations. Circle/highlight your location:

Raleigh Endoscopy Center, Cary  
1505 SW Cary Parkway, Suite 202 Cary, NC 27511

Raleigh Endoscopy Center, Main  
2417 Atrium Drive, Suite 101, Raleigh, NC 27607

Raleigh Endoscopy Center, North  
8300 Health Park Drive, Suite 210, Raleigh, NC 27615

Raleigh Endoscopy Center, Holly Springs  
2061 Ralph Stephens Road, Holly Springs, NC 27540

WakeMed Cary Hospital  
1900 Kildaire Farm Road, Cary, NC 27518

**Raleigh Endoscopy Center Patients:**

Please arrive at the endoscopy center **60 minutes** prior to your procedure. All patients of Dr. Furs and Dr. Abichandani must arrive **90 minutes** before their procedure.

**WakeMed Cary Hospital Patients:**

WakeMed requires that you arrive **90 minutes** before your scheduled appointment time for check in.

**Please Read and Follow These Directions Very Closely.**

**Failure to complete prep correctly may result in rescheduling your procedure.**

**ITEMS TO PICK UP FROM YOUR PHARMACIST**

- **Prescription Prep Solution:** This medication is sent directly to your pharmacy by the scheduling team immediately after your procedure is scheduled.

**Please note:**

- You must **pick up your prescription within 5 business days** of it being sent.
- If not picked up within that time frame, the pharmacy will **void the prescription**, regardless of when your procedure is scheduled. We recommend picking it up as soon as possible to avoid delays or cancellation.

**List of Prep Medications Sent Out by Cary GI**

Patients scheduled for procedures at Cary GI may receive one of the following bowel prep medications, depending on their provider's instructions and medical needs:

- Suprep  
(Generic: Sodium Sulfate, Potassium Sulfate, Magnesium Sulfate)
- Suflave
- Clenpiq
- Plenvu
- Sutab (pill prep)
- Golytely / Nulytely / Trilyte / PEG 3350

**Additional over the counter items to purchase:**

- Miralax – Please pick up a small bottle from your pharmacy. No prescription is required.
- Zinc Oxide Barrier Cream – We recommend a product like Desitin to help soothe any skin irritation that may occur during the prep process.

Please follow the instructions provided with your specific prep carefully. If you have questions about which prep you've been prescribed or how to take it, contact our office directly.

## **Important Pre-Procedure Requirements**

If you answer **“yes”** to any of the following, please notify us immediately.

1. If you are required to take any Antibiotics for any invasive procedures.
2. If you have a latex allergy, you must notify the doctor’s care team in advance.
3. If you are taking prescribed blood thinners (e.g., Coumadin, Pradaxa, Xarelto, Eliquis, Arixtra, Plavix, Effient) or more than 81mg of aspirin daily, please inform us immediately.
4. If you are taking any weight loss medications, they must be stopped 7 days prior to your procedure. If you started taking any weight loss medications after you originally scheduled your procedure, notify us immediately.

Additionally, please ensure you follow an all-clear liquid diet the day before your procedure. Failure to follow these instructions may result in cancellation. If you have any questions or need clarification, please contact our office.

### **ABSOLUTE REQUIREMENTS FOR RALEIGH ENDOSCOPY CENTER/WAKEMED**

These requirements must be followed to avoid cancellation of your procedure:

- A licensed driver (aged 18 or older) must accompany you at check-in and remain at the facility for the duration of your procedure.
- Taxis, ride-shares, walking, biking, or driving yourself are not permitted.
- Plan to spend up to 3 hours at the procedure center. Please do not bring jewelry or valuables.
- Wear comfortable clothes. Do not wear contact lenses. Bring warm socks for your comfort.
- All medical clearances must be received by our office prior to your procedure.
- Nothing by mouth (including water, gum, or mints) for 4 hours prior to your procedure time.

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## PART 1 OF 3 FOR PREP INSTRUCTIONS (IMPORTANT)

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**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.
- **STOP: ALL GLP-1/QSYMIA/ WEIGHT LOSS/DIABETIC MEDICATIONS. REVIEW PAGE 8.**
- 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 prior to your procedure. Check with Cary Gastroenterology to clarify this.

**3 DAYS PRIOR TO YOUR PROCEDURE:** Day/Date: \_\_\_\_\_

**IMPORTANT DIETARY RESTRICTIONS:**

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

**2 DAYS PRIOR TO YOUR PROCEDURE AT 6:00PM:** Day/Date: \_\_\_\_\_

➤ **Required MiraLAX Preparation:**

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 BEFORE TO YOUR PROCEDURE (PREPERATION DAY):** Day/Date: \_\_\_\_\_

You are to only consume **CLEAR LIQUIDS** the day before your procedure.

- **DO NOT** drink anything red or purple or dark color.
- **DO NOT** drink dark colas. (example: Coca Cola, Pepsi)
- **DO NOT** drink milk.
- **DO NOT** drink alcohol.
- **DO NOT** drink coffee.

Approved Sample Clear Liquids	
➤	Water, Lemon Gatorade, Sprite, Ginger Ale and or Mountain Dew
➤	Chicken broth or Vegetable broth
➤	Popsicles (without pulp or fruit pieces; no red or purple)
➤	White grape, Apple, or White cranberry juice.
➤	Clear hard candy (lemon drops only)

## **PART 2 OF 3 FOR PREP INSTRUCTIONS (IMPORTANT)**

**TAKE THE FIRST DOSE OF YOUR PREP AT 6:00 PM NIGHT BEFORE YOUR PROCEDURE.**

**Follow the instructions below for the prep you were prescribed:**

☐ **SUPREP:** (Generic Name: Sodium Sulfate, Potassium Sulfate and Magnesium Sulfate)

- 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.

☐ **SUFLAVE:**

- Open 1 flavor-enhancing packet and pour the contents into 1 bottle
- Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. DO NOT FREEZE. Use it within 24 hours.
- Drink 8 ounces of the solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water during the evening.

☐ **SUTAB:**

- Open one bottle of 12 pills.
- Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water, drinking the entire amount over 15 to 20 minutes.
- One hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- Approximately 30 minutes after finishing the second container of water, fill the provided container with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes. Continue drinking water only until the second dose.

☐ **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, PEG3350:**

- 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.

## **Medication Adjustments Prior to Your Procedure**

- **Blood Pressure and Heart Medications:** Take these at your normal times with small sips of water, unless otherwise instructed by your physician.
- **Diabetes Medications (Insulin or Oral):** Please consult your physician for guidance. In general, do not take diabetes medications on the day of your procedure, as you will be on a clear liquid diet.
- **Diuretics (Water Pills):** Stop taking diuretics the day before your procedure. Do not take them on the day of your procedure.

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### **PART 3 OF 3 FOR PREP INSTRUCTIONS (IMPORTANT)**

**MUST TAKE 6 HOURS PRIOR TO ARRIVAL TIME FOR PROCEDURE**

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PROCEDURE DAY/Date: \_\_\_\_\_ Time to Start 2<sup>nd</sup> Part \_\_\_\_\_

#### **❖ 6 HOURS PRIOR TO YOUR ARRIVAL TIME**

**Take the 2<sup>nd</sup> PART of your prep, as follows:**

☐ **SUPREP:** (Generic Name: Sodium Sulfate, Potassium Sulfate and Magnesium Sulfate)

- 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 4 (FOUR) 8-ounce cups of clear liquid (upper line).
- Drink the entire container over 60-minutes.

☐ **SUFLAVE:**

- Open 1 flavor-enhancing packet and pour the contents into 1 bottle
- Fill the provided bottle with lukewarm water up to the fill line. After capping the bottle, gently shake the bottle until all the powder has mixed well (dissolved). For best taste, refrigerate the solution for an hour before drinking. DO NOT FREEZE. Use within 24 hours.
- Drink 8 ounces of the solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water.

☐ **GOLYTLEY, NULYTELY, GAVILYTE, HALFLYTELY OR TRILYTE, PEG3350:**

- Drink the remaining HALF of the prep solution, drinking a minimum of 8 ounces of the solution every 10 minutes.

☐ **PLENVU: Please use the 2-day SPLIT dose instructions**

- 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 a few minutes to mix.
- Drink the contents slowly over 30 minutes. Drink an ADDITIONAL 16-ounces of clear liquid or water.

☐ **SUTAB:**

- Open the second bottle of 12 tablets.
- Fill the provided container with 16 ounces of water (up to the fill line). Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes.
- One hour after the last tablet is ingested, fill the provided container a second time with 16 ounces of water (up to the fill line) and drink the entire amount over 30 minutes.
- 30 minutes after finishing the second container of water, fill the provided container again with 16 ounces (up to the fill line) and drink the entire amount over 30 minutes.
- If you experience preparation related symptoms such as nausea, bloating, cramping, pause or slow the rate of drinking the additional water until symptoms diminish.

**\*\*\* IMPORTANT \*\*\***

You are to have **NOTHING BY MOUTH**  
beginning **4 hours** prior to your procedure.

This includes clear liquids, breath mints, gum, and candies.

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

If you do have any questions regarding your prep process,  
please call us at 919-816-4948 option 3.

**IF YOU DO NOT HAVE A BOWEL MOVEMENT BY 9:00PM,  
PLEASE CALL OUR ON-CALL PROVIDER AT 919-816-4948**



## **Weight Loss/Diabetic Medications:**

If you are taking any of the following diabetic and or weight loss medications or intend to take any of these medications prior to your scheduled procedure and have not notified us that you are on these medications when scheduling, please contact us immediately at 919-816-4948 option 3 and ask to speak with your doctor's medical assistant.

- Adipex-P/Lomaira/Qsymia (Phentermine)
- Adlyxin / Lyxumia (Lixisenatide)
- Bydureon (Exenatide)
- Byetta (Exenatide)
- Mounjaro (Tirzepatide)
- Ozempic (Semaglutide)
- Rybelsus (Oral Semaglutide)
- Saxenda (Liraglutide)
- Trulicity (Dulaglutide)
- Victoza (Liraglutide)
- Wegovy (Semaglutide)
- Zepbound (Tirzepatide)

## **FOR YOUR SAFETY**

Failure to stop the medications listed above 7 days prior to your procedure will result in cancellation and rescheduling: Please ensure you have communicated with our office regarding any medications you are currently taking. It is essential that you follow all preparation instructions carefully to avoid delays or complications. If you have any questions or need clarification, contact our office as soon as possible.

If you do have any questions regarding your prep process,  
please call us at 919-816-4948 option 3.

## Cary Gastroenterology Reschedule/Cancellation Policy

To best serve all patients, we are informing you of our reschedule, cancellation and no-show policy. Please note that failing to cancel or reschedule an office visit or procedure in a timely manner leads to negative impacts on Cary Gastroenterology and our patients. We ask that you honor your scheduled appointment and ensure prompt communication with our office should an appointment of any kind need to be cancelled or rescheduled. All patients must provide at minimum notice for cancellation as per below.

**Rescheduling, Cancellation, No Show Policy - Office Visits and Procedures** Cary Gastroenterology allows no more than three reschedules or cancellations per patient, for both office visits and procedures. If you have reached your allotted reschedule and/or cancellation limit, per our policy, no further appointments will be scheduled with Cary Gastroenterology. You will be charged for late cancellations/reschedules and no-show appointments, as indicated below.

**Office Visits:** We require a 72-hour notice to reschedule or cancel an office visit. Failure to provide adequate notice will result in a late reschedule/cancel fee of \$100.00. Failure to show for a scheduled appointment will be charged \$100.00. We will allow one no-show per patient. After the second no-show, no further appointments will be schedule with Cary Gastroenterology.

**Procedures:** We require a 5-business day notice to reschedule/cancel a procedure. Failure to provide adequate notice will result in a late reschedule/cancel fee of \$100.00. If you have rescheduled your procedure twice, we will require a deposit of \$200 for the final reschedule. Deposits for procedures that are not cancelled per this policy are nonrefundable. Failure to show for a scheduled procedure will be charged \$200.00. We will allow one no-show per patient. After the second no-show, in addition to the no show fee, no further appointments will be schedule with Cary Gastroenterology.

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Patient Signature

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Date