

**COLONOSCOPY INSTRUCTIONS FOR PATIENTS | RALEIGH ENDOSCOPY LOCATION**

**ALL PATIENTS ARE TO STOP TAKING GLP-1/SEMAGLUTIDE WEIGHT LOSS AND OR DIABETIC MEDICATIONS 7 DAYS PRIOR TO THEIR PROCEDURE. 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

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

\*\*\*\*\*

**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.

**WakeMed Cary Hospital Patients:**

WakeMed requires that you arrive **ONE HOUR & 30 MINUTES** before your scheduled appointment time for check in. Example: if your procedure is at 9:30am you will need to arrive at 8:00am for check in.

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

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

**ITEMS TO PURCHASE:**

- 1) **Prescription Prep Solution:** This is the medication sent directly to your pharmacy. If not picked up within 5 business days, the pharmacy will void your prescription so please pick immediately, regardless of when your procedure is scheduled.

You will receive one of the following kinds of prep from your pharmacy:

- Suprep (Generic Name: Sodium Sulfate, Potassium Sulfate and Magnesium Sulfate)
  - Suflave
  - Clenpiq
  - Plenvu
  - Sutab
  - Golytely/Nulytely/Trilyte and or PEG 3350
- 2) Pick up a small bottle of Miralax from your pharmacy. No prescription required.
  - 3) We suggest a zinc oxide barrier cream such as Desitin. This helps soothe any skin irritation.

**CALL CARY GASTROENTEROLOGY IF YOU:**

- 1) Require **ANTIBIOTICS** for invasive procedure.
- 2) Have a **LATEX ALLERGY.**
- 3) Are on a blood thinner (ex: Coumadin, Pradaxa, Xarelto, Eliquis, Arixtra, Plavix, Effient) or if you take more than 81mg of ASPIRIN per day.
- 4) **Are taking any weight loss medications.**

**Please remember, your procedure will be cancelled if you do not stop weight loss medications 7 days prior to your procedure and/or you do not have an all clear liquid diet the day before your procedure date. Please read all directions carefully.**

**THE FOLLOWING ARE ABSOLUTE REQUIREMENTS FOR YOUR PROCEDURE:**

- A licensed driver (age 18 and older) **MUST** accompany you at check-in and remain during the entirety of your procedure.
- **Taxis are prohibited. Driving yourself is prohibited.** You cannot walk or ride a bike home. Plan on spending up to 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.
- **NOTHING BY MOUTH** 4 hours prior to your procedure.

.....

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

.....

**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/SEMAGLUTIDE 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: \_\_\_\_\_

**CLEAR LIQUIDS ONLY**

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

- **DO NOT** drink anything colored red or purple.
- **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 THE NIGHT BEFORE YOUR PROCEDURE.**

**Follow the instructions below for the particular 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 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.

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

**MEDICATION ADJUSTMENTS:**

Please take your blood pressure or heart medications at your normal times 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 on clear liquids that day. **STOP** all diuretics (water pills) the day before your procedure; do not take diuretics the day of the procedure.

\*\*\*\*\*

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

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

\*\*\*\*\*

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.

☐ **GOLYTTY, NULYTTY, GAVILYTY, HALFLYTTY OR TRILYTY, 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.

## **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 (Phentermine)
- 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 these medications 7 days prior to your procedure **WILL** result in cancellation and rescheduling. Please ensure proper communications with our office if you are taking these medications, and please ensure proper preparation for your procedure, following all of our instructions.

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.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date