

BOWEL PREP INSTRUCTIONS (Suprep)

DIGESTIVE MEDICINE ASSOCIATES * 8895 BROADWAY * MERRILLVILLE, IN 46410

Scheduling Dept. Phone: 219-736-4219

ima-med.com

DATE OF PROCEDURE: _____ LOCATION OF PROCEDURE: _____

ARRIVE AT THE FACILITY: _____ FACILITY WILL CALL YOU WITH AN ARRIVAL TIME

- You **must** have a driver present at all times at the facility who will take you home.
- *Public transportation or cabs are not allowed.*
- **STAY HYDRATED. DRINK ADDITIONAL CLEAR LIQUIDS DURING THIS PREP**

Blood Thinner Medications:

If you take a blood thinner, notify Internal Medicine Scheduling Dept. for your Special Instructions (Coumadin, Plavix, Brilinta, Eliquis, Lovenox, Xarelto, Aggrenox, Effient, Pradaxa, Zontivity or Savaysa). You may stay on your Aspirin.

PREP INSTRUCTIONS:

- **START YOUR PREP THE DAY BEFORE YOUR PROCEDURE ON _____(DATE)**
 - **STOP EATING SOLID FOOD AND START HYDRATING WITH A CLEAR LIQUID DIET. IT IS IMPORTANT TO HYDRATE BEFORE YOU TAKE THE PREP, WHILE YOU'RE TAKING THE PREP, AND AFTER THE PREP.** Please see additional page "Just what is a Clear Liquid". Do **NOT** drink any dairy products, smoothies or anything containing artificial red dye.
 - **If you are a Diabetic**, take ½ your usual dose of insulin/diabetes medication while on this Clear Liquid diet.
 - **At 6:00 p.m.**, mix **ONE BOTTLE** of prep according to Package directions and **DRINK it**. Follow with **TWO (2) 16-OZ glasses of water over the next 2 hours.**
- **DAY OF YOUR PROCEDURE _____(DATE)**
 - **5 HOURS PRIOR TO YOUR ARRIVAL TO THE FACILITY** mix **SECOND BOTTLE** of prep according to Package directions and **DRINK it**. Follow with **TWO 16-OZ containers of water.**
 - **STOP DRINKING LIQUIDS 3 HOURS BEFORE YOU ARRIVE AT THE FACILITY OR THE PROCEDURE WILL BE CANCELLED AND RESCHEDULED. NOT EVEN A SIP!!!**
 - **IF YOU ARE A DIABETIC**
 - **Do NOT take insulin** or other diabetes medication the morning of the procedure. Please check your blood sugar the morning of the procedure and report it to the nurse.
 - **IF YOU ARE ON BLOOD PRESSURE OR HEART MEDICATION**
 - Take your blood pressure and/or heart medication as prescribed **4 HOURS BEFORE the procedure.**

IF YOUR BOWEL MOVEMENTS ARE NOT CLEAR AND FREE FROM STOOL, CALL THE FACILITY YOU ARE SCHEDULED AT AND INFORM THEM. THEY MAY NEED TO RESCHEDULE YOU.

Rv 02/18