



GASTROENTEROLOGY SPECIALISTS, INC.

Date of Exam: _____
Check In Time: _____
Exam Time: _____
Provider: _____

Colonoscopy SuPrep

*** You must bring a driver who can remain in the office throughout your entire procedure. If your driver is not present at your check-in time, your procedure will be rescheduled. ***

*** If you are taking any of the blood thinning medications listed below, you must have a blood thinner release signed by your prescribing physician ***

Follow instructions listed below. **DO NOT** follow the instructions on the box provided by the pharmacy.

• **7 DAYS BEFORE THE EXAMINATION:**

-Stop Plavix (Clopidogrel), Aggrenox, Effient (prasugrel), and Brilinta (Ticagrelor).

• **5 DAYS BEFORE THE EXAMINATION:**

-Stop Coumadin (warfarin), anti-Inflammatories (NSAID's), and fish oil.

• **3 DAYS BEFORE EXAMINATION:**

-Stop iron and bulk laxatives (Metamucil, Effersyllium, etc.) and avoid foods that are high in fiber (whole wheat breads, nuts, seeds, breaded/fried foods, corn, peas, beans).

- Last day to cancel or reschedule your appointment.

• **2 DAYS BEFORE EXAMINATION:**

-Stop blood thinners Eliquis, Pradaxa, and Xarelto

• **1 DAY BEFORE EXAMINATION:**

-Upon awakening, **Begin RESTRICTED LIQUID DIET only ***

-**4:00 PM:** Mix first bottle of bowel prep with 16 ounces of water to the fill line and drink. Drink two additional containers filled to the 16 ounce line with water over the next hour.

-**8:00 PM:** Mix second bottle of bowel prep with 16 ounces of water to the fill line and drink. Drink two additional containers filled to the 16 ounce line with water over the next hour.

-**Diabetic Patients:** Take 1/2 dose of your PM insulin the day before your examination; do not take any insulin or diabetic medication by mouth the day of your procedure **UNLESS** your blood sugar is higher than 300g/dL. If this occurs, take insulin according to your sliding scale.

• **DAY OF EXAM:**

-**NOTHING BY MOUTH AFTER MIDNIGHT** including water, coffee, cigarettes, or chewing tobacco.



-You may brush your teeth.

-You may take your other medications with a small sip of water as directed by your physician.

-**High Blood Pressure Patients:** Take your morning dosage of blood pressure medication.

*** Any female who has had a menstrual period within the last year will be required to take a urine pregnancy test upon arrival. Please do not urinate immediately before admission. ***

***RESTRICTED LIQUID DIET:** (NO red or purple!) (NO solid foods, dairy products, alcohol!)

Approved clear liquids:

- | | |
|--------------------------|-----------------------------|
| -Soda | -Black coffee |
| -Sports drinks | -Popsicles |
| -Clear broth or bouillon | -Plain jello |
| -Water | -White grape or apple juice |



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Home Care Instructions for Sedation Procedures

During your procedure you will be given medication that may affect your memory of the day's events. Other normal side effects of the medicine may include confusion, irritability, drowsiness or a drunken-like state. Resting at home is the best way to recover.

Your speech, posture, hand control and ability to work may be affected for 24 hours.
A responsible person needs to drive you home after the procedure, and someone should stay with you for your safety until the effects of the medication have subsided.
Do not make any important decisions or sign important documents for 24 hours.
Do not drive or operate any machinery for 24 hours.

IF THIS ARRANGEMENT HAS NOT BEEN MADE, YOUR PROCEDURE WILL BE CANCELLED.

After your procedure, resume your usual diet unless instructed otherwise by your physician.
Do not drink alcoholic beverages for 24 hours.

If you take blood thinning medication you should ask your physician when it is safe to resume.

If you take prescription medicines on a regular basis, ask your physician which ones you should take after your procedure.
Do not take any muscle relaxants, sedatives, hypnotics or mood altering medicines for 24 hours unless ordered by your physician.
If you have pain, you may take over the counter medicines such as Tylenol.

Call Your physician for any questions or if you notice any of the following:

**Blue skin color
Unable to arouse
Bleeding**

**Difficulty breathing
Pain not relieved by medicine
Fever or chills**

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