

Outpatient Colonoscopy Split Dose Instructions

You have been scheduled for a colonoscopy (*examination of your colon with a flexible lighted tube*). The **bowel prep is the MOST important factor**. In order to minimize your discomfort and ensure the best results from your procedure, please follow these instructions for preparation. **DO NOT FOLLOW THE MANUFACTURER'S INSTRUCTIONS.**

- **You will need to pick up the prescribed preparation kit within one week of the office visit.** Kit prescriptions are sent to the pharmacy the day of your office visit appointment. If the preparation kit is not picked up within the pharmacy's established time frame, the prescription may be filed away. In the event the pharmacy states there is no prescription on file, ask them to check for a filed preparation kit prescription.
- **You will need to arrange for an adult representative (18+) to accompany you to the procedure.** The representative **MUST** be able to remain at the facility until discharge, make medical decisions regarding your care, be able to speak with a physician, receive procedure diagnosis, understand post procedure instructions and drive you home.
- **On _____, SEVEN (7) days prior to the procedure, discontinue the consumption any seed like material (popcorn, sunflower seeds, etc.).**
- **Discontinue the use of medication(s) listed below, unless otherwise directed.** Before discontinuing any medication(s) check with your prescribing physician.

<input type="checkbox"/> Plavix/Clopidogrel/ Effient/Aggrenox/Brillinta: _____ (7 DAYS PRIOR)	<input type="checkbox"/> Phentermine/ Adipex: _____ (7 DAYS PRIOR)	<input type="checkbox"/> Medication(s) containing iron: _____ (7 DAYS PRIOR)	<input type="checkbox"/> Coumadin/ Warfarin/Jantoven: _____ (5 DAYS PRIOR)	<input type="checkbox"/> Pradaxa/ Xarelto/Equis: _____ (3 DAYS PRIOR)	<input type="checkbox"/> Diabetic Medication(s): _____ (NIGHT PRIOR)
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- **Blood pressure, heart or seizure medication(s) can be taken the morning of your procedure. They MUST be taken at least FOUR (4) hours before your procedure with a small sip of water, unless otherwise directed, nothing else by mouth until after the procedure.**
- **Appointment confirmation phone calls will be made TWO (2) days prior to your procedure date.** It is advised to review your preparation instructions prior to this call. Our associates will be able to assist you with questions at this time.
- **Cancellations should be made at least two business days prior to the procedure date,** in order to avoid a cancellation fee of \$100.00. This fee is not covered by insurance and will be your responsibility.
- It is advised to **wear comfortable clothing** to your procedure and leave valuables at home. The procedure center will not be responsible for any lost items.

Procedure Contact Information:	
<p style="text-align: center;"><u>Gastroenterology Associates of Gainesville:</u></p> <p style="text-align: center;">Main Office: 770-536-8109 Procedure Scheduling, Questions & Benefits: 678-696-8966 Billing Department: 678-997-2100 Urgent After-Hours Questions: 770-536-8109 option 1</p>	<p style="text-align: center;"><u>Procedure Affiliates:</u></p> <p style="text-align: center;">Northeast Georgia Physicians Group: 770-219-8420 Gastroenterology Anesthesia Associates, LLC: 404-666-4703 SEPA Labs: 912-279-1926 Habersham Medical Center: 706-754-2161 NGMC: Gainesville 770-219-9000 Braselton 770-848-8000</p>



STOP AND READ: Follow the prescribed preparation kit instructions on the back of this page, **DO NOT FOLLOW THE MANUFACTURER'S INSTRUCTIONS.** Failure to accurately and completely prepare for your exam may result in the need for an additional procedure.

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FLIP THE PAGE FOR PREPARATION KIT INSTRUCTIONS
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THE DAY BEFORE YOUR PROCEDURE YOU MAY NOT HAVE ANY SOLID FOODS.

You will **only** be able to have **CLEAR LIQUIDS** the entire day. **You may have** the following: chicken broth, beef broth, yellow or green Jell-O, clear grape juice, non-pulpy apple juice, black coffee, tea, yellow or green popsicles, Sprite, and ginger ale. **DO NOT** ingest liquids that are **RED** or **PURPLE** in color. **No milk or creamers, chewing gum, mints, tobacco products, or alcoholic beverages.** If you are a smoker, please **refrain from smoking the day of your procedure.** Includes: *e-cigarettes, cigars, pipe, cigarettes, and marijuana.*



STEP ONE: THE NIGHT BEFORE YOUR PROCEDURE ON _____ AT 6:00PM, COMPLETE THE PRESCRIBED KIT INSTRUCTIONS BELOW.

○ CLENPIQ	○ PLENVU	○ SUTAB	○ SUPREP	○ TRILYTE
<ul style="list-style-type: none"> • Drink ONE (1) bottle of CLENPIQ directly from the bottle. The entire bottle must be completed. • Follow with FIVE (5) glasses (8oz each) of water within the next FIVE (5) hours. <div style="text-align: center; margin-top: 10px;"> </div>	<ul style="list-style-type: none"> • Use the mixing container to mix the contents of the Dose 1 pouch with at least 16oz of water by shaking or stirring until it's completely dissolved. This may take 2 to 3 minutes. Slowly finish the dose within 30 minutes. • Refill the container with at least 16oz of water. Slowly finish all of it within 30 minutes. • ONE (1) hour after the second container, refill the container with at least 16oz of water. Slowly finish all of it within 30 minutes. 	<ul style="list-style-type: none"> • Open the first bottle of 12 tablets. Fill the provided container with 16oz of water. Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. • ONE (1) hour after the last tablet is ingested, fill the provided container a second time with 16oz of water and drink the entire amount. • 30 minutes after finishing the second container, fill the provided container again with 16oz of water and drink the entire amount. <p style="font-size: small; text-align: center;">*If preparation-related symptoms occur (e.g. nausea, bloating, cramping), pause or slow down the rate of drinking the additional water until symptoms diminish.</p>	<ul style="list-style-type: none"> • Pour ONE (1) 6oz bottle of SUPREP liquid into the mixing container. Add cool water to the 16oz line on the container and mix. Drink ALL the liquid in the container. • Follow with TWO (2) 16 oz glasses (16oz each) of water, within the next hour. <div style="text-align: center; margin-top: 10px;"> </div>	<ul style="list-style-type: none"> • The solution can be mixed in the morning and refrigerated. Do not add other ingredients to the solution and keep out of reach of children. Mix the solution as directed on the box. • Drink ONE (1) 8oz glass of Trilyte every 15 minutes until the first THREE (3) liters are complete. • Follow with ONE (1) 16oz glass of water. <div style="text-align: center; margin-top: 10px;"> </div>

STEP TWO: THE MORNING OF YOUR PROCEDURE AT _____, (6) SIX HOURS BEFORE YOUR PROCEDURE, COMPLETE THE PRESCRIBED KIT INSTRUCTIONS BELOW.

<ul style="list-style-type: none"> • Drink the second bottle of CLENPIQ directly from the bottle. The entire bottle must be completed. • Follow with FOUR (4) glasses (8oz each) of water within the next TWO (2) hours. <div style="text-align: center; margin-top: 10px;"> </div>	<ul style="list-style-type: none"> • Use the mixing container to mix the contents of the Dose 2 pouch with at least 16oz of water by shaking or stirring until it's completely dissolved. This may take 2 to 3 minutes. Slowly finish the dose within 30 minutes. • Refill the container with at least 16oz of water. Slowly finish all of it within 30 minutes. • 30 minutes after the second container, refill the container with at least 16 oz of water. Slowly finish all of it within 30 minutes. 	<ul style="list-style-type: none"> • Open the second bottle of 12 tablets. Fill the provided container with 16oz of water. Swallow each tablet with a sip of water and drink the entire amount over 15 to 20 minutes. • ONE (1) hour after the last tablet is ingested, fill the provided container a second time with 16oz of water and drink the entire amount. • 30 minutes after finishing the second container, fill the provided container again with 16oz of water and drink the entire amount. 	<ul style="list-style-type: none"> • Pour the second 6oz bottle of SUPREP liquid into the mixing container. Add cool water to the 16oz line on the container and mix. Drink ALL the liquid in the container. • Follow with TWO (2) glasses (16oz each) of water, within the next hour. <div style="text-align: center; margin-top: 10px;"> </div>	<ul style="list-style-type: none"> • Drink ONE (1) 8oz glass of Trilyte every 15 minutes until the remaining ONE (1) liter is complete. • Follow with ONE (1) 16oz glass of water. <div style="text-align: center; margin-top: 10px;"> </div>
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ABSOLUTELY NOTHING BY MOUTH WITHIN FOUR (4) HOURS OF YOUR PROCEDURE.
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NO PILLS, LIQUIDS, MEDICATIONS, ETC.