STILLWATER MEDICAL CENTER
SUPREP Split Dose Prep for Colonoscopy Patient Instructions
Adult Gastroenterology of Stillwater

Adult Gastroenterology OF STILLWATER

Your procedure is scheduled for:
Date: _____ Place: _____
Arrival Time: _____ Procedure Time: _____
Physician: _____

HAVE YOUR PRESCRIPTION FILLED AT THE PHARMACY.

Day Before the Procedure:

1. DO NOT EAT.
2. Drink only clear liquids (no red or purple dye).

   Acceptable: Water, coffee, tea, apple juice, white grape juice, soda such as Sprite, 7-UP and ginger ale, Jell-O, popsicles, broth and Gatorade or sports drinks.

   - **DO NOT** drink milk or use non-dairy creamer.
   - **DO NOT** eat or drink anything colored red or purple.
   - **DO NOT** drink alcoholic beverages.

Evening Before the Procedure at 5:00 or 6:00 PM:

1. Pour one of the six (6) ounce bottles of Suprep liquid into the mixing container.
2. Add cool drinking water to the 16 ounce line on the container and mix.
3. Drink all the liquid in the container.
4. You must drink two (2) more 16 ounce containers of water over the next hour.

Day of the Procedure:

1. DO NOT EAT.
2. You may drink clear liquids up to 2 hours before your arrival time.
3. Four (4) hours before your scheduled procedure time, repeat steps 1-4 from the Evening Before using the other six (6) ounce bottle of Suprep. For morning procedures, this means waking up very early, but it will ensure the best possible prep. Studies have shown that taking part of the prep the morning of the procedure gives the doctor the best possible view of the colon. A clean colon is essential for finding and removing polyps that may cause cancer. If the prep is excellent and no polyps are found, a colonoscopy may not be needed for 5-10 years.

***IMPORTANT*:**

1. You will not be able to drive after your procedure. You will need a driver to stay during your procedure and to drive you home after the procedure.
2. No Iron containing medication for at least one (1) week before the procedure.
3. If you take Aspirin for heart protection, DO NOT STOP taking it.
4. If you take any medications for blood pressure, heart, seizure and/or anxiety: Please take these medications the morning of the exam with just sips of water.
5. Before scheduling the procedure, please notify the doctor or nurse if you take any of the following medication: Diabetic Medicine, Aspirin, Coumadin, Warfarin, Plavix or any blood thinner.
6. Verbal and written instructions will be given to you and your driver after the procedure although you may not remember due to the medications given at the time of your procedure.

Please call the office during regular business hours for any questions.
405.533.1695 Monday–Friday 8:00 AM–4:30 PM

I understand the above discharge instructions and have been given the opportunity to ask questions.

_____ _____ _____
Patient's Signature and/or Other Responsible Person Date Time

_____ _____ _____
Nurse's Signature Date Time

_____ _____ _____
Physician's Signature Date Time