



COLONOSCOPY INSTRUCTIONS with SUPREP (Split-Dose Prep)

If you have questions regarding your medications or preparation,
call 850-747-0825 between the hours of 7 a.m. and 3 p.m.

Name: _____ Chart#: _____ Dr: _____

Date: _____ Estimated Arrival Time: _____

FACILITY	LOCATION	FACILITY	LOCATION
Northwest Florida Gastro Center	204-B East 19 th St (Main Office)	Gulf Coast Hospital	Outpatient Surgery Center
Bay Medical Center	2 nd Floor Registration	Jackson Hospital	Main (Front) Entrance

Arrange a ride to and from procedure: You **WILL NOT** be permitted to drive for 24 hours after procedure(s) due to anesthesia. Make arrangements for a family member or friend to drive you home.

Length of stay at facility: 3 to 4 hours

7 days before procedure(s): Have prescription filled at your pharmacy.

3 days before procedure(s): STOP the following medications: VITAMIN E, GINKO, GINGER, FISH OIL, GARLIC IRON, FIBER SUPPLEMENTS, NSAIDs (Examples: Ibuprofen, Motrin, Celebrex, Mobic, Naproxen/Naprosyn)

2 days before procedure(s): Begin a low-residue diet. (See attached)

Day before procedure(s):

DO NOT EAT ANY SOLID FOODS, you are to drink **CLEAR LIQUIDS ALL DAY** (See attached) until Midnight.

Begin the prep at 5:00pm on the evening before procedure (or when your doctor tells you to begin.) Complete steps 1 through 4 using one 6 oz bottle before going to bed.

STEP(1) Pour ONE (1) 6oz bottle of SUPREP liquid into the mixing container. **STEP(2)** Add cool drinking water to the 16 oz line on the container and mix. **STEP(3)** Drink ALL liquid in the container. **STEP(4)** You must drink two(2) more 16 oz containers of water within the next 1 hour. *Sometimes "chugging" the prep can cause you to throw up*

Morning of procedure(s): DO NOT EAT OR DRINK ANYTHING OTHER THAN PREP

FIVE (5) HOURS before arrival time, **DRINK** remaining prep **WITHIN ONE (1) HOUR**, repeating steps 1 through 4 using the other 6 oz bottle of prep.

FOUR HOURS before arrival, **TAKE** blood pressure, heart, seizure, breathing, anti-reflux and/or thyroid medications with 2 ounces of water. **NO LIQUIDS AFTER THIS POINT!!!!**

Bring with you to your procedure(s): **PICTURE I.D., INSURANCE CARD(S)**, a list of your current medications, and a contact number for your ride.

***If you are a smoker, please refrain from smoking the day of your procedure. This includes – e-cig, cigars, pipe, cigarettes, and marijuana.**