JUAN BENITEZ, M.D. Phone: (865) 539-5372 Option 2 Fax: (865) 539-5369 BOWEL PREPARATION INSTRUCTIONS FOR AFTERNOON SCOPES (SUPREP)-DR BENITEZ YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON ARRIVAL TIME AT REPORT TO PARKWEST HOSP (MAIN ENTRANCE) FT. LOUDOUN HOSP (ER/REG DESK) \*\*\*\* LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE \*\*\*\* \*\*\*\*\*PRE-PROCEDURE INSTRUCTIONS: DO NOT EAT CORN, VEGETABLES, FRUITS, SEEDS, NUTS, POPCORN OR HIGH FIBER FOODS FOUR DAYS PRIOR TO YOUR EXAMINATION. YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS, ONLY BEGINNING ON CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED. AT 4:00 P.M.: POUR ONE 6 oz BOTTLE OF SUPREP SOLUTION INTO THE MIXING CONTAINER. FILL TO THE TOP OF 16 oz LINE WITH COLD WATER. YOU MAY ADD CRYSTAL LIGHT OR ANY FLAVOR PACKET TO PREP. CHILL IN REFRIGERATOR. AT 6:00 P.M. YOU WILL DRINK THE SUPREP SOLUTION, BE SURE TO DRINK ALL THE SOLUTION, REFILL

- THE CONTAINER WITH A CLEAR LIQUID TWO MORE TIMES WITHIN THE NEXT HOUR AND DRINK IT.
- NOTHING TO EAT OR DRINK AFTER 10PM EXCEPT PREP INSTRUCTIONS FOR NEXT MORNING \*\*\*\*\*\*\*MORNING OF PROCEDURE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*
- ON THE MORNING OF THE PROCEDURE AT 6:00 A.M. POUR THE SECOND 6 oz BOTTLE OF SUPREP SOLUTION INTO THE MIXING CONTAINER. FILL TO THE TOP OF 16 oz LINE WITH COLD WATER. YOU MAY ADD CRYSTAL LIGHT OR ANY FLAVOR PACKET TO PREP. DRINK THE SUPREP SOLUTION AND REPILL THE CONTAINER WITH A CLEAR LIQUID TWO MORE TIMES WITHIN THE NEXT HOUR AND DRINK IT. NOTHING TO DRINK AFTER THIS.

IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE 1/2 YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY OF YOUR PROCEDURE.

## MEDICATIONS TO STOP PRIOR TO PROCEDURE

#### 7 DAYS PRIOR:

Trulicity Ozempic Mouniaro Bydureon beise Byetta Victoza, Saxenda Adlyxin Rybelsus

#### 7 DAYS PRIOR:

Aspirin Efficut Fish Oil Flaxseed Oil Supplements Fiber

## 5 DAYS PRIOR:

Iron Supplements Coumadin Warfarin Brilinta Plavix

## 3 DAYS PRIOR:

Pradaxa Eliquis Savaysa Xarelto

## 2 DAYS PRIOR:

Ibuprofen Naproxen Meloxicam Anti-inflammatory

#### BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY.

\*\*\*\*IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE, GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS. \*\*\*\*

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865)-539-5372 OPTION 2.

\*\*\* PLEASE BRING I.D., INS. CARDS AND LIST OF CURRENT MEDICATIONS WITH YOU \*\*\*

(OVER)

# **CLEAR LIQUID DIET**

DAY BEFORE PROCEDURE

TEA (decaffeinated or regular)
BLACK COFFEE (NO CREAMER/MILK)
CARBONATED BEVERAGES (clear or light colored only)
FRUIT FLAVORED DRINKS
GREEN TEA
LEMONADE
GATORADE (NO RED OR PURPLE)
POWERADE (NO RED OR PURPLE)

**BOUILLION (BEEF OR CHICKEN)** 

WATER

JELL-O (NO RED OR PURPLE)
POPSICLE (NO RED OR PURPLE)

SUGAR HONEY SYRUP HARD CANDY (NO RED OR PURPLE) SALT

4 DAY PRE-PROCEDURE DIET—FOODS ALLOWED

MEAT—FISH, CHICKEN, PORK, TURKEY AND GROUND BEEF

PASTA—NO RED SAUCE

WHITE RICE

DAIRY-CHEESE, MILK, PLAIN YOGURT

**EGGS** 

WHITE BREAD