



COLONOSCOPY INSTRUCTIONS
 ♦ 419-227-0341 ♦

**** CANCELLATIONS UNDER 48 HOURS OR NO SHOWS may result in a FEE or INABILITY TO RESCHEDULE (please refer to our Financial Policy)****

PLEASE READ THESE INSTRUCTIONS CAREFULLY, AS SOON AS YOU RECEIVE THEM!!!

DATE: _____ ARRIVAL TIME: _____ PROCEDURE TIME: _____

**The Endoscopy Center of West Central Ohio
 2793 Shawnee Road
 Lima, Ohio**

Additional Instructions:

General Instructions:

Please let us know if you have an ***Implantable Defibrillator***
 (a device that will shock the heart if it stops beating)

- **Discontinue** iron medications, vitamins with iron, and fiber supplements: Metamucil, Citrucel, Fiber-Sure, etc. one week before your procedure.
- **DO NOT** eat corn or popcorn 1 (one) week before your procedure.
- **DIABETIC PATIENTS** please follow these guidelines:
 - Oral antidiabetic medications** – **do not** take the day before or day of your procedure
 - Insulin** –day before exam take ½ a dose in the morning or afternoon, **NO evening** doses of insulin the day before exam
 - Sliding Scale Insulin** – check blood sugar and follow the scale
- You will need to **have a designated driver, WHO REMAINS IN THE FACILITY AT ALL TIMES on the day of your procedure**, (not a taxi) as you will be sedated and too sleepy to drive yourself home.
- Consider preparing/purchasing items from the clear liquid list ahead of time (ex. preparing Jell-O).
- You will need to **PURCHASE THE FOLLOWING PRESCRIPTION from a drug store:**
 - 1 SUPREP Bowel Prep Kit

Day Before Examination:

1. Drink **ONLY “Clear Liquids”** for the **ENTIRE** day prior to the procedure (from the time you wake up until the time you go to bed). **Drink at least 2 quarts of “Clear Liquids”**. Solid foods, milk or milk products are **NOT** allowed!
2. At _____ the day before the colonoscopy, mix one (1) 6oz. bottle of SUPREP with 10oz. of water in the provider container (will equal 16oz) and drink. Drink two additional containers filled with 16oz. water over the next hour. **Continue drinking Clear Liquids.**
3. At _____ take the second 6oz. bottle of SUPREP with 10oz. of water in the provider container (will equal 16oz) and drink. Drink two additional containers filled with 16oz. water over the next hour.

YOU MUST STOP DRINKING ANY CLEAR LIQUIDS FOUR (4) hrs BEFORE YOUR PROCEDURE

Day of Examination:

1. **NO** chewing gum or any tobacco products (smoking, chewing, snuff, etc.).
2. If you use an inhaler, please bring it with you.
3. **4 hours before you leave for your procedure:** If you take heart, blood pressure and/or seizure medication (if normally taken in the morning), please take these pills with ONLY a small SIP of water.

YOU MUST STOP DRINKING ANY CLEAR LIQUIDS FOUR (4) hrs BEFORE YOUR PROCEDURE

SUPREP Times – All patients must be on CLEAR LIQUIDS the ENTIRE day before.

| Procedure Time | Arrival Time | Start Prep (Day Before) | Second Dose | Last Liquids |
|----------------|--------------|-------------------------|-------------|------------------------------|
| 7:30 am | 6:30 am | 1:00 pm | 11:00 pm | 2:30 am meds with SIP water |
| 8:00 am | 7:00 am | 1:30 pm | 11:30 pm | 3:00 am meds with SIP water |
| 8:30 am | 7:30 am | 2:00 pm | 12:00 mdnt | 3:30 am meds with SIP water |
| 9:00 am | 8:00 am | 2:30 pm | 12:30 am | 4:00 am meds with SIP water |
| 9:30 am | 8:30 am | 3:00 pm | 1:00 am | 4:30 am meds with SIP water |
| 10:00 am | 9:00 am | 3:30 pm | 1:30 am | 5:00 am meds with SIP water |
| 10:30 am | 9:30 am | 4:00 pm | 2:00 am | 5:30 am meds with SIP water |
| 11:00 am | 10:00 am | 4:30 pm | 2:30 am | 6:00 am meds with SIP water |
| 11:30 am | 10:30 am | 5:00 pm | 3:00 am | 6:30 am meds with SIP water |
| 12:00 noon | 11:00 am | 5:30 pm | 3:30 am | 7:00 am meds with SIP water |
| 12:30 pm | 11:30 am | 6:00 pm | 4:00 am | 7:30 am meds with SIP water |
| 1:00 pm | 12:00 noon | 6:30 pm | 4:30 am | 8:00 am meds with SIP water |
| 1:30 pm | 12:30 pm | 7:00 pm | 5:00 am | 8:30 am meds with SIP water |
| 2:00 pm | 1:00 pm | 7:00 pm | 5:30 am | 9:00 am meds with SIP water |
| 2:30 pm | 1:30 pm | 7:00 pm | 6:00 am | 9:30 am meds with SIP water |
| 3:00 pm | 2:00 pm | 7:00 pm | 6:30 am | 10:00 am meds with SIP water |

***YOU MUST STOP DRINKING ANY CLEAR LIQUIDS
FOUR (4) hrs BEFORE YOUR PROCEDURE***

CLEAR LIQUIDS INCLUDE:

- Strained fruit juices, without pulp
(apple, white grape, white cranberry)
- Water
- Clear broth (chicken or beef)
- Gatorade (**NO RED**)
- Black Coffee
- Ice Popsicles
- Clear carbonated and non-carbonated Soft drinks (7-Up, Sprite, etc.)
- Kool-aid & fruit flavored drinks
- Plain Jell-O (NO RED and without added fruits or toppings)
- Unsweetened Tea