# WEST CHESTER G.I. ASSOCIATES Procedure Date: / /

## Performing Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time

**PM Bowel Preparation with SUPREP**

* **You must be accompanied by a friend or relative to drive and assist you home. We WILL NOT discharge you** to a cab, bus, uber or other transportation service **without** a responsible party with you. You may not drive until the day after your procedure.

# Special Instructions Regarding Medications

* If you are on an **anticoagulant/blood thinner** our nurse will contact you with instructions after contacting your prescribing physician. If you have not heard from the nurse 1 week prior to your procedure please contact our office.
* **Do Not** take **Iron supplements** for **one week prior** to the procedure date. Multivitamins are OK.

## Diabetic patients:

* **Do Not** take **Water Pill/Diuretic** (Lasix **(**furosemide), HCTZ (Hydrochlorothiazide),Dyazide, Diovan HCT, Spironolactone)**, on** the **day of the procedure**
* **Heart/Blood Pressure/Thyroid/Seizure/Anxiety Medications can** be taken **on the day of the procedure** with a sip of water.
* **Stop Effexor one day before** the procedure **(**if applicable)
* **Asthmatic patients** should bring their **INHALERS** with them on the day of the procedure
* **Do Not use Cannibis 12 hours prior to procedure**
* **All Facial Piercings MUST be removed prior to procedure**

# THE DAY BEFORE YOUR PROCEDURE

**IMPORTANT NOTE: follow the instructions below, NOT** the instructions on the prep’s packaging

## You MAY Eat a light breakfast until 11:00 am

##  (ex: scrambled eggs, plain white toast, orange juice. NO whole grains, cereals, oatmeal, etc.)

* + YOU MAY NOT HAVE ANY SOLID FOOD AFATER 11:00 am ONLY CLEAR LIQUIDS
	+ Take all of your normal prescription medications, **unless advised otherwise**.
	+ **At 6 pm -** □ yes □ no Take 2 Dulcolax (Bisacodyl) Laxative tablets with water **2** hours before first dose of prep
	+ **At 8 pm –** Pour (1) 6 oz bottle of **Suprep** liquid into the mixing container

 Add cool drinking water to the 16 oz line on the container and mix.

* + Begin drinking the **Suprep** solution. Drink all the liquid in the container
	+ You MUST drink two (2) more 16 oz containers of clear liquid over the next 2 hours

# DAY OF YOUR PROCEDURE

* + **At 6 am -**

Pour (1) 6 oz bottle of Suprep liquid into the mixing container

Add cool drinking water to the 16 oz line on the container and mix.

* + Drink all the liquid in the container
	+ You MUST drink two (2) more 16 oz containers of clear liquids over the next 2 hours.

**All prep and clear liquids MUST be completed by 8:30 am. No additional liquids, hard candy, chewing gum after 8:30 am**

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Prep instructions, patient forms and FAQ’s can also be found on our website: Westchesterendocenter.com

General or reschedule questions call 610-431-3122

Suprep PM Instructions.doc 2/6/23