

8424 Naab Road Indianapolis, IN 46260 Phone: (317) 872-7396 IDE Fax: (317) 879-8328 O Toll Free 1-866-327-2465

Please report to:

|   | Northside Endoscopy Center               |
|---|--|
|   | 8424 Naab Road STE 3G                    |
|   | Indianapolis, In 46260                   |
| _ | St. Vincent Hospital 86 <sup>th</sup> St |
|   | Endoscopy Center                         |
|   | Entrance #1                              |
|   | 2001 West 86th Street                    |
|   | Indianapolis, In 46260                   |
| _ | St. Vincent Hospital Carmel              |
|   | Digestive Health Center                  |
|   | Entrance #1                              |
|   | 13500 North Meridian Street              |
|   | Carmel, In 46032                         |

PLEASE FILL ENCLOSED PRESCRIPTION FOR SUPREP AS SOON AS IT IS RECEIVED, AS IT HAS A LONG SHELF LIFE. IF NOT COVERED BY INSURANCE PLEASE CHECK WITH GOOD RX OR CALL OFFICE FOR ALTERNATIVE PREP

Prescription medications and when to discontinue before procedure. *Please check with your prescribing physician before you stop your medication.* 

| <b>Blood Thinners</b>        | STOP     |
|------------------------------|----------|
| Coumadin/Warfarin            | 5 days   |
| Plavix/Clopidogrel           | 5 days   |
| Effient/Prasugrel            | 5 days   |
| Eliquis/Apixaban             | 3 days   |
| Brilinta/Ticargelor          | 3 days   |
| Savaysa/Edoxaban             | 3 days   |
| Xarelto/Rivaroxaban          | 2 days   |
| Pradaxa/Dabigatran           | 2 days   |
| Aspirin/Baby Aspirin/NSAID's | Continue |
| <b>Diabetic Medications</b>  | STOP     |
| Jardiance/Empagliflozin      | 3 days   |
| Farxiga/Dapagliflozin        | 3 days   |
| Invokana/Canagliflozin       | 3 days   |
| Brenzavvy/Bexaglifozin       | 3 days   |

# Diabetic/Weight Loss Injectable/Oral Medications (GLP1/GIP)

| If taken daily:      | STOP  |
|----------------------|-------|
| Rybelsus/Semaglutide | 1 day |

## Colonoscopy Prep Instructions SU Prep

| Please check in at:  |  |  |  |  |  |
|--|--|--|--|--|--|
| Your procedure is scheduled for:   |  |  |  |  |  |
| If taken weekly:   | STOP   |  |  |  |  |
| Byetta/Bydureon/Exanetide Mounjaro/Tirzepatide Saxenda/Victoza/Liraglutide Soliqua/Lixisenatide/Insulin glargine Trulicity/Dulaglutide Wegovy/Ozempic/Semaglutide Xultophy | 1 week |  |  |  |  |

# **Daily Medications**

If you are taking a medication for pain, high blood pressure, seizures, asthma, thyroid disease, irregular heartbeat, or if you are taking prednisone, you may take these medications with a small **sip** of water, 4 hours prior to your procedure.

If you take iron pills, such as ferrous sulfate, polysaccharide iron complex, or a multi-vitamin with iron stop taking them **7 days** before the procedure.

If you use an inhaler on a regular basis, please use your inhaler the morning of the procedure and bring it with you.

# If you have diabetes

You know your blood sugar levels better than anyone, please, check your glucose level often during your prep.

Proper preparation is vital for the examination, please follow our instruction and not the instructions on/in the laxative kit.

**3 DAYS BEFORE YOUR PROCEDURE**, STOP eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, celery, potato skins and green salads.

### THE DAY BEFORE YOUR PROCEDURE,

please follow the attached <u>low residue/clear liquid diet</u>. On the day before your procedure, you are to consume nothing by mouth except what is listed on the clear liquid diet and low residual meal plan. Avoid all liquids and gelatin that contain red or orange artificial food coloring.

| chew after   | am.   |
|--|---|
|  | to eat, drink, smoke or am.   |
| of the second bottle of Si<br>the mixing container pro<br>with water or ginger ale   | am: Pour the contents UPREP Bowel Prep Kit into ovided. Fill the container to the 16 ounce fill line and Within the same hour,  |
| am.  |   |
| ONLY CLEAR LIQUIDS   | WITH PREP until   |
| THE DAY OF YOUR I  | PROCEDURE ds up to the end of step 2.   |
| At <b>5:00 pm - 6:00 pm</b> oottle of SUPREP Bowel container provided. Fill ginger ale to the 16 ounce entire amount. Within t | : Pour the contents of one<br>Prep Kit into the mixing<br>the container with water or<br>e fill line and drink the<br>he same hour, drink two<br>ed to the 16 ounce line with |
| Step 1: Date:  |   |
| ompicica widiin one ne   | our for each step.  |
| Upon starting the laxative completed within one ho   | ve solution, please have it   |

After you finish the laxative solution, you are to have ABSOLUTLY NOTHING to eat, drink smoke, or chew 4 hours prior to your procedure time.

Your stool should be liquid. If your stool is still formed, please call 317.872.7396, between 8:30 am – 12 pm and 1 pm – 3:30 pm.

Your doctor has scheduled you for a colonoscopy. To have a successful colonoscopy your colon must be clear of any stool. This allows your doctor to see your entire colon. It is extremely important to follow these preparation instructions to clear your colon of any stool.

Failure to follow these instructions limits the value of this procedure and may result in your procedure being rescheduled. If you need to cancel your procedure for the next day and it is after hours, please call 317.872.7396 and leave a voicemail. **If you need to reschedule,** please call 317.872.7396 **during business hours** and choose the option for scheduling.

Thank you for choosing Northside Gastroenterology. We would like to welcome you to our practice and hope we exceed all your expectations.

#### Must read

- You MUST have an adult companion (family member or friend) to take you home. You are not allowed to drive or leave the facility alone. Public transportation by yourself (bus, taxi, Uber/Lyft) is not allowed.
- Your procedure will be canceled if you do not have a responsible adult to take you home.
- Please bring your photo ID, insurance cards, and forms included in your packet on the day of the procedure. If you have a living will or advanced directive, please bring a copy with you as well.
- If you have ostomy, please bring replacement supplies with you.
- You will be receiving IV (intravenous) sedation.
- The actual procedure will last approximately 30 minutes, but you must remain in the recovery area until you recover from sedation.
- Expect to be here for about 2-2 1/2 hours from <u>arrival</u> to discharge.
- Please do not bring any jewelry or other valuable items with you.
- A form of payment required to pay your deductible/co-pay. We accept Visa, MasterCard, Discover, cash, and check.
- **If you have any questions** concerning your procedure or the above instructions, please call 317.872.7396.

On the **day before** your procedure, please select one option for breakfast and lunch on the low residue meal planner, along with items from the clear liquid diet.

## Clear Liquid Diet

You may have these items all day the day prior and up until the end of the second dose of laxatives!

Water

### NO RED, ORANGE, OR PURPLE DYES

Apple juice

100% Cranberry juice (ok because it is naturally red)

White grape juice

Propel fitness water (any flavor) Gatorade (clear or lemon lime)

Any flavor water packet

7 Up/Sprite/Starry

99% fat free chicken or beef broth (canned) NO bouillon cubes

Jell-O (NO red or orange)

Popsicles (NO red or orange)

Black coffee NO MILK or CREAMER

Tea, Soda, Diet soda (OK even if dark in color)

**NO ALCOHOL** 

## Low Residue Diet

The day before your procedure **ONLY!** 

# CHOOSE ONE OPTION FOR EACH MEAL IF A FOOD IS NOT ON THE LIST BELOW, DO NOT EAT IT

| Breakfast | <ol> <li>2 eggs (fried, over easy, scrambled or boiled) and 2 slices white bread with butter or jelly</li> <li>1 plain bagel with butter, cream cheese OR jelly</li> <li>1 cup yogurt (no seeds, berries or nuts) and 1 banana</li> </ol>  |
|-----------|--|
| Lunch     | <ol> <li>1. 1 plain chicken or turkey lunchmeat sandwich on white bread with condiments only, no lettuce, tomato, etc.</li> <li>2. 1 cup macaroni and cheese</li> <li>3. baked potato with butter and/or sour cream</li> <li>NOTE: Do NOT include potato skin.</li> <li>4. 1 chicken breast (pan fried or baked) and 1 cup cottage cheese</li> <li>5. 5 chicken tenders OR 10 chicken nuggets with condiments</li> </ol> |
| Dinner    | <ol> <li>Start the bowel prep as instructed.</li> <li>Follow the clear liquid diet above.</li> <li>Please do not eat any solid foods after 2 pm.</li> </ol>  |

<sup>\*</sup>Limit your caffeine intake as it can cause dehydration.