

## Colonoscopy SUPREP Instructions

**Please report to:**

Northside Endoscopy Center  
8424 Naab Rd, Suite 3G  
Indianapolis, IN 46260

Ascension St. Vincent Hospital  
Endo Center Entrance #1  
2001 W. 86<sup>th</sup> St.  
Indianapolis, IN 46260

Ascension St Vincent Hospital  
Digestive Health Center Ent #1  
13500 N. Meridian St.  
Carmel, IN 46032

On (Date): \_\_\_\_\_

Procedure Time: \_\_\_\_\_

1 Week Prior	3 Days Prior	1 Day Prior	Procedure Day
<p>* Review the medication list on Page 2 and follow instructions to determine if you need to hold any medications and/or how to take your medications on the day of the procedure.</p> <p>* You were given a health history form. If you answered “Y” to any of the questions on pg. 1 of that form and haven’t yet spoken to the pre-call nurse, please call <b>317-224-0167</b> for screening.</p> <p>* If you have been ill or had a respiratory illness in the last week, please call <b>317-872-7396</b> to reschedule.</p> <p>* You should have already received and purchased your SUPREP prescription.</p>	<p>* Stop eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, celery, potato skins, and green salads</p> <p>* Complete your paperwork or online health questionnaire</p> <p>* Please confirm your driver. Public transportation such as bus, taxi, Uber/Lyft are prohibited. If you do not have a driver and are receiving anesthesia, your procedure will be cancelled.</p>	<p>* Eat <b>one option only</b> from the low residue breakfast list on page 3.</p> <p>* Eat <b>one option only</b> from the low residue lunch list on pg. 3. <b>Lunch must be completed by 2 pm. NO SOLID FOOD AFTER 2 PM!</b></p> <p>* Start dose one of SUPREP at 5 pm and have it completed by 6 pm. <b>Follow the instructions listed below and not the ones in the prep kit.</b></p> <p>Take dose one of SUPREP at 5 pm. Pour the contents of one bottle of SUPREP bowel prep kit into the mixing container provided, then fill the container with water or ginger ale to the 16 oz line and drink the entire amount. Next, drink 2 more containers filled to the 16 oz line with water only. This must be completed by 6 pm</p> <p>* You may continue to have liquids from the clear liquids list on page 3 until you begin dose two of SUPREP.</p> <p>*If you vomit or have difficulty with your prep, call <b>317-872-7396</b></p>	<p style="text-align: center; color: red;"><b>** NO FOOD! **</b></p> <p>* Start dose two of SUPREP 6 hrs prior to your scheduled procedure time. (This <b>must</b> be completed within 1 hour of starting the prep). <b>Follow the instructions listed below and not the ones in the prep kit.</b></p> <p>Pour the contents of the 2<sup>nd</sup> bottle of SUPREP bowel prep kit into the mixing container provided, then fill the container with water or ginger ale to the 16 oz line and drink the entire amount. Next, drink 2 more containers filled to the 16 oz. line with water only.</p> <p>* Following the SUPREP, your stool should be a liquid that is clear/yellow/tea colored. If your stool is thick liquid or formed, please call <b>317-872-7396</b></p> <p style="text-align: center; color: green;"><b>*STOP ALL CLEAR LIQUIDS 4 HRS PRIOR TO YOUR PROCEDURE</b></p> <p>*Arrive 1 hour before your scheduled procedure time with your completed paperwork.</p>

**IF YOU TAKE A BLOOD THINNER, DIABETIC MEDICATION, OR WEIGHT LOSS MEDICATION (ORAL OR INJECTABLE), PLEASE FOLLOW THE INSTRUCTIONS BELOW:**

**\*\*PLEASE CHECK WITH THE PHYSICIAN WHO PRESCRIBED YOUR MEDICATION, PRIOR TO DISCONTINUING IT!\*\***

**BLOOD THINNERS**

<b>Name of Medication</b>	<b>Stop taking the medication this number of days prior to scheduled procedure date</b>
Brilinta/Ticagrelor	3 Days
Coumadin/Warfarin/Jantoven	5 Days
Effient/Prasugrel	5 Days
Eliquis/Apixaban	2 Days
Plavix/Clopidogrel	5 Days
Pradaxa/Dabigatran	2 Days
Savaysa/Edoxaban	3 Days
Xarelto/Rivaroxaban	2 Days

**DIABETIC MEDICATIONS**

<b>Name of Medication</b>	<b>Stop taking the medication this number of days prior to scheduled procedure date</b>
Brenzavvy/Bexagliflozin	3 Days
Farxiga/Dapagliflozin	3 Days
Invokana/Canagliflozin	3 Days
Jardiance/Empagliflozin	3 Days
Synjardy	3 Days

**GLP1/GIP's (ADDITIONAL DIABETIC AND WEIGHT LOSS MEDICATIONS – ORAL & INJECTABLE)**

<b>Name of DAILY Medication</b>	<b>Stop taking the medication this number of days prior to scheduled procedure date</b>
Byetta/Bydureon/Exanetide	1 Day
Rybelsus/Semaglutide	1 Day
Saxenda/Victoza/Liraglutide	1 Day
Soliqua/Lixisenatide/Insuline glargine	1 Day
Xultophy	1 Day

<b>Name of WEEKLY Medication</b>	<b>Stop taking the medication this number of days prior to scheduled procedure date</b>
Byetta/Bydureon/Exanetide	1 Week
Mounjaro/Tirzepatide/Zepbound	1 Week
Trulicity/Dulaglutide	1 Week
Wegovy/Ozempic/Semaglutide	1 Week

**ALL OTHER MEDICATIONS**

If you're taking medication for pain, high blood pressure, seizures, asthma, thyroid disease, irregular heartbeat, or on prednisone, you may take these with a **SMALL SIP** of water, 4 hours prior to your procedure.

Stop taking iron pills, such as ferrous sulfate, polysaccharide iron complex, or a multi-vitamin with iron **1 WEEK** before your procedure.

If you use an inhaler on a regular basis, please **USE IT THE MORNING OF THE PROCEDURE** and bring it with you.

# Low Residue Breakfast and Lunch

**Choose 1 option for breakfast and one option for lunch**

<b>BREAKFAST</b>	Option 1: Two Eggs & 2 slices white bread with butter Option 2: One cup of plain yogurt and banana
<b>LUNCH</b>	Option 1: Turkey sandwich on white bread (NO condiments, lettuce or tomato) Option 2: One cup of macaroni & cheese Option 3: Five chicken tenders, NO condiments

**\* ABSOLUTELY NO SOLID FOOD AFTER 2 PM \***  
**\* NO FOOD SUBSTITUTIONS**

## Approved Clear Liquids:

- Black coffee or Tea (NO cream, milk, or non-dairy creamer)
- Apple or White grape juice
- Jello (NO red, orange, or purple)
- 99% Fat Free chicken or beef broth (NO bouillon cubes)
- Propel, Gatorade, or Powerade (clear or lemon lime only)
- Ginger Ale, 7 Up, Sprite, or Diet soda
- Water

# **ADDITIONAL IMPORTANT** **INFORMATION**

For questions or to cancel call: 317-872-7396  
(Choose scheduling option or leave voicemail)

Please bring your completed paperwork, photo ID, insurance cards, and a form of payment for your deductible/co-pay. (We accept VISA, Mastercard, American Express, Discover, Cash and check)

If you have a Living Will or Advanced Directive, please bring a copy with you.

**THANK YOU FOR CHOOSING**  
**NORTHSIDE GASTROENTEROLOGY**  
**and**  
**NORTHSIDE GASTROENTEROLOGY ENDOSCOPY CENTER, LLC**

**WE WOULD LIKE TO WELCOME YOU TO OUR PRACTICE**  
**and**  
**HOPE WE EXCEED ALL OF YOUR EXPECTATIONS!**