

Colonoscopy SUPREP Instructions

Please Report to:
Northside Endoscopy Center
8424 Naab Road, Suite 3-G
Indianapolis, IN 46260

Procedure Date: _____ **Procedure Time:** _____

1 Week Prior	3 Days Prior	1 Day Prior	Procedure Day
<p>* You should have already filled your SUPREP prescription. Please check GoodRX for coupons. Prior authorizations will not be done for colon prep medications.</p> <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>* If you have had significant illness/respiratory illness in the last week, please call 317-872-7396 to speak with the medical assistant.</p>	<p>* Stop eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, celery, potato skins, and green salads</p> <p>* Complete your paperwork.</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 one option only from the low residue breakfast list on page 3.</p> <p>* Eat one option only from the low residue lunch list on pg. 3. Lunch must be completed by 2 pm.</p> <p>NO SOLID FOOD AFTER 2 PM!</p> <p>* You may have liquids from the clear liquid list on page 3 until you end dose two of SUPREP. No food!</p> <p>* Start dose one of SUPREP at 5 pm and have it completed by 6 pm.</p> <p>Follow the instructions listed below and not the ones in the prep kit.</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>*If you vomit or have difficulty with your prep, call 317-872-7396</p>	<p>** NO FOOD! **</p> <p>* Start dose two of SUPREP 5 hrs prior to your scheduled procedure time. (This must be completed within 1 hour of starting the prep).</p> <p>Follow the instructions listed below and not the ones in the prep kit.</p> <p>Pour the contents of the 2nd 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 317-872-7396</p> <p>*Stop all clear liquids and absolutely nothing to drink, chew, or smoke 4 hours prior to your procedure!</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

Name of Medication	Stop taking the medication this number of days prior to procedure date
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

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

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

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

Name of WEEKLY Medication	Stop taking the medication this number of days prior to procedure date
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

BREAKFAST	Option 1: Two Eggs & 2 slices of white bread with butter Option 2: One cup of plain yogurt and a banana
LUNCH	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!