Colonoscopy Over-the-Counter (OTC) Prep Instructions

Please report to:

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

Procedure Date: _____ Arrival Time: _____ Procedure Time: _____

1 Week Prior	3 Days Prior	1 Day Prior	Procedure Day
* Review the medication list on Pg. 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. * If you have had significant illness/respiratory illness in the last week, please call 317-872-7396 to speak with the medical assistant. * You need to purchase the following (no prescriptions are needed): 1) One (10 oz) bottle of magnesium citrate (No red) 2) 4 Dulcolax (bisacodyl) laxative tablets 3) 2 bottles (119 grams each) Miralax (polyethylene glycol 3350) 4) 2 (32 oz) bottles of Gatordade, Powerade, Smartwater, or Propel	* Stop eating popcorn, corn, beans, nuts, fruits with small seeds, tomatoes, celery, potato skins, and green salads * Complete your paperwork. * Please confirm your driver. Public transportation such as bus, taxi, Uber/Lyft are prohibited. If you don't have a driver & are receiving anesthesia, your procedure will be cancelled.	* Eat **one option only** from the low residue breakfast list on page 3. * Eat **one option only** from the low residue lunch list on page 3. **Lunch must be completed by 2 pm. NO SOLID FOOD AFTER 2 PM!** * At 4 pm: Take 4 Dulcolax tablets with 8 oz water * At 5 pm: Take 1 bottle of magnesium citrate * At 6 pm: Mix 1 bottle of Miralax (119 grams) with 32 oz of one of the liquids you purchased. Begin drinking one (8 oz) glass of this solution every 10-20 minutes until solution is gone. If you become nauseated, stop or slow down the frequency and try drinking the solution through a straw. * You may continue to have liquids from the clear liquids list on pg. 3 until you begin dose two of your prep. If you vomit or have difficulty with your prep, please call 317-872-7396	*** NO SOLID FOOD!** * We understand that after yesterday, you may feel cleaned out. However, you will need to complete the 2nd dose today to ensure the right side of your colon is clean. * 6 hours prior to your procedure time, mix the 2nd bottle of Miralax (119 grams) with 32 oz of your purchased liquid. Begin drinking one (8 oz) glass of the solution every 10-20 minutes until solution is gone. If you become nauseated, stop or slow down the frequency and try drinking the solution through a straw. * Following the prep, your stool should be liquid that is clear/yellow/tea colored. If your stool is thick liquid or formed, please call 317-872-7396 ***Stop all clear liquids and absolutely nothing to drink, chew, or smoke 4 hours prior to your procedure!** * Arrive 1 hr before your scheduled procedure time with your completed paperwork.

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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
Ticlid/Ticlopidine	10 Days
Aggrenox/Dipyridamole/ASA	7 Days
Coumadin/Warfarin/Jantoven, Effient/Prasugrel, Plavix/Clopidogrel	5 Days
Arixtra/Fondaparinux	2-4 Days
Brilinta/Ticargelor, Savaysa/Edoxaban	3 Days
Eliquis/Apixaban, Pletal/Cilostazol, Pradaxa/Dabigatran, Xarelto/Rivaroxaban	2 Days
Persantine/Dipyridamole	1 Day

DIABETIC MEDICATIONS

Name of Medication	Stop taking the medication this number of days prior to procedure
Steglatro/Ertuglifozin	4 Days
Brenzavvy/Bexaglifozin, Glyxambi/Linagliptin, Farxiga/Dapagliflozin, Invokamet, Invokana/Canagliflozin, Jardiance/Empagliflozin, Segluromet, Synjardy/Januvia, Steglujan, Xigduo	3 Days

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

***If you take an oral (pill form) GLP1 or GIP, please STOP these medications 1 day prior to your procedure.**

***If you take an injectable (shot form) GLP1 or GIP, please STOP these medications 1 week prior to your procedure.**

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 banana
LUNCH	Option 1: Turkey sandwich on white bread with NO condiments, lettuce or tomato Option 2: One cup of macaroni & cheese Option 3: Five chicken tenders, NO condiments

***NO SOLID FOOD AFTER 2 PM**

***ABSOLUTELY 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

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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, Discover, American Express, 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!