

SUPREP (THE LONG STORY)

ONE WEEK BEFORE THE PROCEDURE

What do I need to do ONE WEEK before the procedure?

- **Arrange for a DRIVER for your procedure.**
- **If you take BLOOD THINNERS:**
 - Contact the physician who prescribes the medication to determine how to take it before and after your procedure.
 - Please do not assume that you can safely follow the same medication adjustments that have been made for your previous procedures.
 - These medications include:
 - Coumadin (warfarin)
 - Plavix (clopidogrel)
 - Brilinta (ticagrelor)
 - Effient (prasugrel)
 - Xarelto (rivaroxaban)
 - Eliquis (apixaban)
 - Pradaxa (dabigatran)
 - Savaysa (edoxaban)
 - Lovenox (enoxaparin)
 - Arixtra (fondaparinux)
 - Aggrenox (dipyridamole/aspirin)
 - Persantine (dipyridamole)
 - Ticlid (ticlopidine)
- **If you take ASPIRIN:**
 - If you are taking aspirin recommended by one of your doctors, please CONTINUE to take it.
 - If you do not have a heart, blood vessel, or clotting disorder and you are taking aspirin on your own without a doctor's advice, please stop taking aspirin 5 days before the procedure.
- **Stop taking IRON, CHARCOAL, and PEPTO BISMOL.**
- **What if I have a tendency toward CONSTIPATION?**
 - You can consider purchasing Miralax OTC (an over the counter laxative) and take 1-2 capfuls mixed in 8 oz. of fluid daily during the week prior to the procedure. This may help in clearing out a more constipated colon.
 - It seems counterintuitive, but avoiding the high fiber/high residue foods for the entire week prior to the procedure can help achieve the optimal preparation (see detailed list below).
 - You can also consider extending the time you drink clear liquids only to include two days prior to the procedure.
- **What if I am worried that I will have NAUSEA when I have to drink the preparation?**
 - Please call the office and request a prescription for an anti-nausea medication.



COMPREHENSIVE
GASTROINTESTINAL HEALTH

THREE DAYS BEFORE PROCEDURE

What do I need to do THREE DAYS before the procedure?

- **Pick up the PREPARATION SOLUTION from the pharmacy.**
- **Purchase any CLEAR LIQUIDS OR LOW RESIDUE FOODS you might want for the next few days leading up to the procedure (see detailed lists below).**
- **Also, consider purchasing baby wipes with aloe or petroleum based product or diaper rash ointment to help with skin irritation during the preparation.**
- **Begin to AVOID HIGH RESIDUE FOODS for the next three days:**
 - Nuts
 - Popcorn
 - Seeds
 - Flax seeds
 - Chia seeds
 - Poppy seeds
 - Fennel seeds
 - Whole grains or high fiber grains
 - Brown or wild rice
 - Whole grain bread, rolls, pasta, or crackers
 - Whole grain/high fiber cereal (including granola, raisin bran, oatmeal)
 - Bread or cereal with nuts or seeds
 - Legumes
 - Beans
 - Lentils
 - Dried peas, beans, or lentils
 - Fruit
 - Raw fruit with seeds, skin, or membranes
 - Any cooked or canned fruit with seeds or skin
 - Raisins or other dried fruits
 - Vegetables
 - Corn
 - Potatoes with skin
 - Tomatoes
 - Cucumbers
 - Cabbage
 - Brussels sprouts
 - Green peas
 - Summer and winter squash
 - Lima beans
 - Onions
 - Other
 - Soups with vegetables or legumes
 - Salad dressing with seeds or nuts
 - Pickles
 - Olives
 - Coconut
 - Stone ground mustard
 - These high fiber foods can make the procedure more challenging, so make every effort to avoid them in the 3 days before the procedure.
 - However, if you do accidentally eat a high fiber food, it is not necessary to contact us or cancel/postpone the procedure.



DAY BEFORE THE PROCEDURE

What foods can I eat for BREAKFAST?

- **For BREAKFAST ONLY (before 10 a.m.) you may have LOW RESIDUE FOODS — nothing that crunches in your mouth!!**

- Dairy
 - Cheese
 - Cottage cheese
 - Yogurt
 - Milk
- Protein
 - Eggs
 - Chicken
 - Turkey
 - Pork
 - Fish
 - Shrimp
 - Tofu



- Bread and grains (less than 2 grams of fiber per serving)
 - White bread or bagels (NO whole grain or any seeds)
 - White pasta (NO whole grain)
 - White rice (NO brown or wild rice)
- Condiments
 - Creamy peanut or almond butter (NO crunch)
 - Butter or margarine
 - Vegetable oil or other oils
 - Mayonnaise or sour cream
- Dessert
 - Ice cream
 - Pudding
 - Sherbet/sorbet (NO pieces of fruit or seeds)
 - Cookies or cake made with white flour and NO seeds, fruit, or nuts

What can I have to eat/drink for the REST OF THE DAY?

- **A CLEAR LIQUID diet is what you can have for the rest of the day (after 10 a.m.).**

- Water
- Coffee (no milk or cream)
- Tea (no milk or cream)
- Fruit juice without pulp (lemonade, orange, apple, white grape, white cranberry)
- Gatorade, Propel, or PowerAde
- Carbonated beverages (soda or sparkling water)
- Crystal Light or Kool-aid (or other fruit flavored beverages)
- Ensure or Boost (although not clear, these are water based, not milk based, it is okay to have 2 cans only)
- Popsicles or Italian ice (without any pieces of real fruit)
- Jell-O (lemon, lime, or orange; no fruit toppings)
- Clear soup, broth, or bouillon
- Hard candies (Jolly Ranchers, Life Savers, lemon drops) or Gummi Bears

- **Please NO RED or PURPLE liquids!**

- We prefer you avoid red and purple because the remaining liquid in your colon can be tinted red or purple. This could be confused for bleeding.
- However, if you do accidentally drink a red or purple liquid, it is not necessary to contact us or cancel/postpone the procedure.

- **As a rule, if you can see through it, you can drink it.**



DAY BEFORE THE PROCEDURE

How much of these clear liquids should I drink?

- Your body will lose a significant amount of fluid during the bowel preparation. To prevent dehydration, drink as much fluid as you can before, during, and after consuming the preparation solution.
- Drink at least 8 ounces of fluid each hour you are awake on the day you are undergoing your prep (preferably an electrolyte rich liquid like Gatorade or Propel, but if you don't care for the taste, water is fine too).

MAKE SURE TO PUT THE SUPREP AND THE CLEAR LIQUIDS YOU PLAN ON MIXING IT WITH INTO THE REFRIGERATOR SO THAT IT IS CHILLED WHEN IT IS TIME TO DRINK IT.

REMINDER:

- To have a successful colonoscopy your colon must be clear of any stool. This allows your doctor to see your entire colon.
- For your doctor, a “clean colon is like driving on a country road on a sunny day. A dirty colon is like driving in a snowstorm.”
- 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 your exam may need to be rescheduled.



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What if I have DIABETES?

- Schedule your procedure for the morning if possible.
- If you control your diabetes with ORAL medications alone:
 - Take your normal medication dose on the morning on the day prior to your procedure.
 - Do NOT take any more diabetes medications until after the procedure is complete and you have eaten.
- If you control your diabetes with INSULIN alone:
 - For a colonoscopy, take ½ of your normal insulin dose the day before the procedure.
 - Do NOT take any more diabetes medications until after the procedure is complete and you have eaten.
- If you control your diabetes with BOTH INSULIN and ORAL medications:
 - Follow both sets of instructions as above.
- If you utilize an INSULIN PUMP:
 - Please contact your endocrinologist for specific instructions.
- Check your blood sugar frequently while drinking the preparation solution and the morning of your procedure.



DRINKING THE PREPARATION

The instructions on the Suprep box are different — you must FOLLOW OURS as detailed below!

- **At 6:00 p.m. the evening before the procedure:**

- Pour one of the 6 oz. bottles of Suprep liquid into the mixing container.
 - Add a clear liquid beverage up to the 16 oz. line on the container and mix together.
 - Drink all of the mixed solution in the container over one hour.
- Drink two 16 oz. containers of clear liquid beverage over the hour following completion of the prep solution. This will help flush the solution through your system.
- After that, remember to continue drinking at least 8 oz. of fluid each hour you are awake.

- **4 hours before you plan on leaving for your procedure:**

- Pour the second 6 oz. bottle of Suprep liquid into the mixing container.
 - Add a clear liquid beverage up to the 16 oz. line on the container and mix together.
 - Drink all of the mixed solution in the container over one hour.
- Then drink two more 16 oz. containers of clear liquid.
 - You MUST FINISH the final glass of clear liquid AT LEAST THREE HOURS BEFORE YOUR PROCEDURE!

- **3 hours before your scheduled procedure time:**

- Absolutely nothing more to eat or drink!

- **40 minutes before your scheduled procedure time:**

- Check in at **40 Skokie Boulevard in Northbrook, Suite 110.**



SEE PAGE 7 FOR MORE DETAILS ON THE DAY OF THE PROCEDURE.

DRINKING THE PREPARATION

ADDITIONAL INFORMATION ABOUT DRINKING THE PREPARATION

• How can I make drinking the preparation less gross tasting?

- Keep the solution as COLD as possible.
- Consider a citrus flavored clear liquid beverage to mix with the prep solution, as Suprep attempts to have a “citrus” flavor.
 - Consider not using your favorite beverage — you may have a negative association after pairing it with the colonoscopy prep.
- Drink the prep through a straw placed far back on your tongue.
- Consider holding your nose (or holding a lemon or lime under your nose while you drink).
- Have a lemon, lime, or tart hard candy to suck on after drinking the prep solution.
 - Another option is to chew a piece of gum or gargle mouthwash to “clear out” the bad taste.

• How long until the preparation starts working?

- Individual response to the preparation medications varies from person to person. Some people will begin to have multiple urgent bowel movements within 30 minutes of drinking the solution and others may not have a bowel movement for 3-4 hours.
- I would encourage everyone to stay within close range of a bathroom after beginning to drink the preparation.



• What if I feel nauseated or I vomit during the preparation?

- Feelings of nausea, bloating, or chills are common during the preparation process. These feelings are temporary and tend to improve after bowel movements begin.
- If the nausea is significant or if you do vomit, STOP the preparation for 30-60 minutes.
- Restart the preparation when your nausea subsides and drink the remaining preparation at a slower pace. This may mean that you are awake later into the night doing the preparation, but that is preferable to vomiting and losing any progress you have made.

• What if I have taken all of the preparation and my stools are still formed/solid with only 2 hours to go before I have to leave for my procedure?

- You may use a saline enema or tap water enema to help clear out residual stool.
- These items can be purchased from Amazon, Walgreens, CVS, or Target.

• How can I prevent irritation around the anal area?

- Consider purchasing baby wipes with aloe for wiping (and/or the softest toilet paper that money can buy).
- Pat yourself clean with toilet paper/baby wipe rather than wiping.
- You may apply a petroleum based product or diaper rash ointment to the affected area and nearby skin to reduce discomfort from frequent stools.
- If you have a history of discomfort from hemorrhoids, buy some preparation H or Tucks pads to use as well.

DAY OF PROCEDURE

• Can I have anything to eat or drink today?

- Do not have anything at all to eat or drink in the three hours before your procedure is scheduled!
- It is critical that your stomach is empty prior to receiving sedation for the procedure.
- If there are solids or liquids in your stomach when you are sedated, they could be accidentally inhaled, called aspiration. Aspiration can cause significant lung injury.

• What about my medications?

- If you take medications for HIGH BLOOD PRESSURE, IRREGULAR HEART BEAT, SEIZURES, ASTHMA, THYROID, or PREDNISONE:
 - Please take your medication with a sip of water the morning of your procedure.

• What should I bring?

- The first and last names of all doctors you would like us to send a copy of procedure report.
- Someone to drive you home.
 - Sedation is given during the procedure and although you may feel clear headed, your abilities are impaired.
 - If you have not arranged for someone to drive you home, your procedure will be canceled.
 - You will not be able to drive, operate machinery, make any important or legal decisions, or return to work for the rest of the day.
- Your insurance cards.
 - If you have specific questions about coverage for your upcoming procedure, please contact your insurance company.
 - Special note: although your upcoming colonoscopy may be scheduled as a screening procedure, if during the course of your screening the physician removed a polyp or performs a tissue biopsy, the procedure may be considered diagnostic and may not qualify for coverage as a screening service.
 - Insurance company policies vary regarding these matters and we encourage you to contact your insurance company to obtain their policy on these types of procedures.
- Your medication list.

• What should I wear?

- Wear comfortable, loose fitting clothing that is easy to step into.
- Wear flat shoes (skip the heels).
- Do not wear jewelry or bring valuables.
- You may wear makeup, but please skip the fragrances and body lotion.
- You may wear contact lenses if you are able to take a 60 minute nap with your contacts in place.

• How long will I be there?

- Every effort will be made to keep your appointment at the scheduled time, but in medicine, unexpected delays and emergencies may occur and your wait time may be prolonged. We give each patient the attention needed for his or her procedure.
- Typically we run on schedule and the duration from the time of drop off until you leave to go home runs approximately 2 hours.

• What should I expect after I arrive?

- After the administrative check in, a nurse will ask questions to ensure the patient understands the procedure and the reason it is planned.
- The nurse will start an intravenous line (insert a needle into a vein in the hand or arm; feels similar to having blood drawn) to administer medications.
- The vital signs (blood pressure, heart rate, and blood oxygen level) will be monitored before, during, and after the examination.
 - The monitoring is not painful, though the first time the blood pressure cuff inflates it can be uncomfortable for 20-30 seconds.



DAY OF PROCEDURE

- **What happens in the procedure room?**

- Vital sign monitors will be placed and values checked again before starting the sedating medications.
- All patients will be given oxygen during the examination through plastic tubing prongs aimed into their nostrils.
- You will position yourself to be lying on your left side.
- The anesthesiologist will administer medications through the IV line.
- Most people have a deep sleep during the examination and are unaware that it was even performed.

- **How long does the colonoscopy actually take?**

- The average time in the procedure room is 20-30 minutes.
- Variability in the length of the procedure time depends upon an individual's anatomy (some colons are easier to navigate than others), quality of the preparation, and quantity of polyps to remove or samples to obtain.

- **What happens after the procedure?**

- You will be recovering for approximately 30-40 minutes.
- Due to the lingering effects from the sedation medication, you may not remember the physician speaking to you. If you gave permission prior to the procedure, the doctor will review the findings with your family member or responsible adult that accompanies you.
- You will be able to eat and drink right after the procedure is completed.
- You will NOT be able to drive or return to work for the remainder of the day.
 - Although you will be awake by the time you are discharged, the sedative medications cause changes in reflexes and judgment that cause a person to feel well but can interfere with the ability to make decisions, similar to the effects of alcohol.



DAY OF PROCEDURE

ADDITIONAL FREQUENTLY ASKED QUESTIONS

- **What if I have a cold?**

- If your symptoms are mild and you have no fever, feel free to use Tylenol or other over the counter cold medications and proceed as scheduled.
- If you have a fever, shortness of breath, or severe cough, please call and we can discuss if you need to reschedule the procedure when you are feeling better.

- **What if I have my period on the day of the procedure?**

- No problem at all.
- Feel free to use a tampon and/or a pad.

- **What if I do not want information shared with my ride?**

- No problem at all.
- Your doctor will confirm just prior to the procedure what you are comfortable with.
- Although you may not remember the details of the procedure findings due to the sedation, all of the information is typed up and attached to the photos that were taken. If you have any questions later on when you are clear-headed, just call the office and we can review the details.

- **Are colonoscopies safe?**

- Colonoscopy is a safe procedure and complications are rare, but they can occur.
- Risks include:
 - Adverse reactions to the medications used to sedate you are possible. By learning about your previous medication allergies or reactions and about health problems such as heart, lung, kidney, or liver disease, we will try to minimize the likelihood of an adverse reaction.
 - Medications can also cause irritation in the vein at the site of the intravenous line. If redness, swelling, or warmth occur, applying a warm wet towel to the site may relieve the discomfort. If the discomfort persists, please call the office.
 - Aspiration (inhaling) of food or fluids into the lungs, the risk of which can be minimized by not eating or drinking for the recommended period of time before the examination.
 - The colonoscope can cause a tear or hole in the tissue being examined, which is a serious problem, but fortunately, very uncommon (approximately 1 in every 3,000-5,000 colonoscopies).
 - Bleeding can occur from biopsies or the removal of polyps, but it is usually minimal and stops quickly or can be controlled.
 - Lastly, colonoscopy is the best test for preventing colon cancer, but it is not perfect. Due to visual limitations that can occur, it is possible to miss seeing a polyp.

