

## SUPREP PREPARATION FOR COLONOSCOPY

**\*\*\*\*PLEASE MAKE SURE YOU ARE FOLLOWING THESE INSTRUCTIONS ONLY! (NOT BOX INSTRUCTIONS) \*\*\*\***

**PREP INSTRUCTIONS:** *To avoid a failed prep or the need for a repeat procedure due to poor prep, please follow all of these instructions carefully.*

*\*If you are on Coumadin or other blood thinning medication, and you do not have specific instructions for stopping this medication prior to your procedure, please contact our office.*

**\*TWO WEEKS BEFORE:** *Stop taking any medications containing Phentermine & Diethylpropion*

**\*ONE WEEK BEFORE- PURCHASE:**

**IF YOU TAKE ONE OF THESE:** Dulaglutide (Trulicity) (weekly); Exenatide extended release (Bydureon bcise) (weekly); Exenatide (Byetta) (twice daily); Semaglutide (Ozempic) (weekly); Liraglutide (Victoza, Saxenda) (daily); Lixisenatide (Adlyxin) (daily); Semaglutide (Rybelsus) (taken by mouth once daily); Wegovy (Semaglutide; **Mounjaro (tirzepatide)**) You will start the clear liquid diet the whole day before your procedure. You must hold this medication for a week (7days) prior to your procedure.

*\*Vaseline or Desitin ointment to apply generously to peri-anal area prior to prep*

*\*One disposable Fleet Enema (Saline only-no mineral oil enemas)*

*\*Simethicone tablets (1-2 depending on brand) to total 250 mg (You may purchase Gas-X, Mylicon, Phazyme or generic Simethicone in the anti-gas area of your pharmacy)*

**\*FIVE DAYS BEFORE:** *Stop taking Iron, Vitamins, and Herbal Supplements unless otherwise directed.*

**\*THREE DAYS BEFORE:** *Stop eating raw vegetables including all salads, corn, nuts, seeds, smoothies and fiber supplements*

**\*TWO DAYS BEFORE:** *Stop using any medical marijuana products including CBD oils and other products.*

### **DAY BEFORE PROCEDURE**

**7:00 A.M.** Begin the clear liquid diet

**6:00 P.M.:** Empty one bottle of SUPREP into the clear container provided. Fill it to the 16oz fill line with water, pulp free lemonade, Sprite or Ginger ale. Drink this over the next 30 minutes. You may use a straw, hold your nose, chase the medicine with another clear liquid or bite on a lemon if you do not like the taste of the prep. If you feel nauseous take a 10 minute break. The goal is to keep your prep down. Once finished you must consume 2 more 16 oz cups of clear liquid.

### **DAY OF PROCEDURE**

**6 HOURS PRIOR TO YOUR PROCEDURE TIME** empty the remaining bottle of SUPREP into the clear container provided. Fill it to the 16 oz fill line with water, pulp free lemonade, Sprite or Ginger ale. Drink this over the next 30 minutes. You may use a straw, hold your nose, chase the medicine with another clear liquid or bite on a lemon if you do not like the taste of the prep. If you feel nauseous take a 10 minute break. The goal is to keep your prep down. Once finished you must consume 2 more 16 oz cups of clear liquid. **YOU MUST COMPLETE YOUR PREP 4 HOURS PRIOR TO YOUR PROCEDURE** and have *nothing to drink after that or your procedure may be delayed or cancelled.*

**\*FOUR HOURS PRIOR TO YOUR PROCEDURE ARRIVAL TIME:**

-Take the Simethicone tablets (1-2 to equal 250 mg.) and all of your regular medications at this time with enough water to safely swallow your pills.

-If your bowel movements are not clear, please use the Fleet enema to rinse out any remaining stool

-Report to the facility for your procedure at your scheduled arrival time.

## **CLEAR LIQUID DIET FOLLOW THIS THE WHOLE DAY BEFORE YOUR PROCEDURE**

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed.

### **DRINKS ALLOWED**

Water/Flavored Water  
Tea (decaffeinated or regular)  
Coffee, Fruit flavored drinks  
Carbonated beverages like Coke & Pepsi

**Strained** fruit juices; apple,  
White grape, orange white cranberry, lemonade  
Iced tea, Gatorade

Clear broth, consommé or  
Bouillion (chicken, beef or vegetable)  
Jello, Popsicles (Ice)

Sugar, Honey, Syrup or sugar substitute,  
Clear hard candy, salt

### **NOT ALLOWED**

**(NO RED, PURPLE OR BLUE JELLO OR POPSICLES)**

**NO MILK OR DAIRY PRODUCTS**

**(USE NON-DAIRY CREAMER FOR COFFEE OR TEA)**

## **YOU MAY HAVE NOTHING BY MOUTH FOR FOUR (4) HOURS PRIOR TO YOUR PROCEDURE**

**DIABETIC PATIENTS: \*Patients on Lantus or Levemir remain on your normal dose throughout prep and procedure.**

**\*Patients on NPH and regular Insulin should remain on regular dose on the day before (prep day), but reduce the usual dose by 20% the morning of the procedure.**

**\*Patients on oral diabetic medications DO NOT TAKE these on the day of the procedure**

**\*If you have an Insulin pump or have any other questions about your diabetic medications, please call your primary care physician or endocrinologist for further instructions.**