

ASSOCIATES IN GASTROENTEROLOGY, PA

Dr. Chockalingam

Mon-Thurs (803)788-1100

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COLONOSCOPY INSTRUCTION SHEET: PREPOPIK DAY BEFORE PREP
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Location: Berkeley Endoscopy Center, L.L.C.
1072 Wildewood Centre Drive
Columbia, SC 29229
Friday Hours Only
Telephone: 803-788-1120

Need: 1. Driver: Adult (18 and above), Need to stay on the premises
2. Copay: Call Mr. Billy Prince at (803) 719-5285
3. Patient Instruction Packer: If not submitted, test will be cancelled.

Five days prior to the procedure:

A. Stop the following medications on:

1. Stop all **aspirin and aspirin containing products (Ibuprofen)** 5 days before test. IT IS OK TO TAKE EXTRA STRENGTH TYLENOL.
2. Stop all **arthritis medication** 5 days before test (Celebrex, Mobic, Ultram, Voltaren, Plaquenil, Naproxen) Do NOT take OTC Aleve, Motrin, Ibuprofen.
3. Stop all **iron supplements** 5 days before test (Tandum plus, Bifera, Ferrous Sulfate, Folic Acid, Integra Plus)
4. Stop all **Blood Thinners** 5 days before test. (Coumadin, Warfarin, Plavix, Aggrenox, Pradaxa, Xarelto, Effient)

B. Purchase the following:

1. Pick up Prescription: Prepopik Perp Kit and Zofran from the pharmacy.


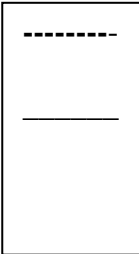
The DAY BEFORE Colonoscopy:

1. Begin a clear liquid diet (no solid food or milk) and remember to stay well-hydrated.

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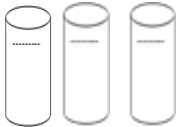

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PACKET		
1		
	STEP ONE	STEP TWO
The afternoon of the day before your procedure	<p>____ Fill the dosing cup provided with cold water to the lower (5-ounce) line.</p>	<p>Follow with FIVE (5) 8-ounce drinks of clear liquid, taken at your own pace within the next 5 hours.</p>
	<p>Date: _____/_____/_____</p> <p>____ Pour in the contents of ONE (1) packet and stir for 2-3 minutes until dissolved</p>	<p>8 ounces </p>
<p>Start Time: _____ PM</p> <p>(Between 4-6 PM)</p>	<p>____ Drink the entire contents</p>	<p>See approved clear liquids below</p>
<p>IMPORTANT</p> <p>Drink plenty of clear liquids throughout the entire day to stay hydrated.</p> <p>Take all your medications except for aspirin products, iron supplements, arthritis medications and blood thinners.</p> <p>See approved clear liquids below.</p>	<p>5 ounces -] </p>	

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PACKET		
2		
	STEP ONE	STEP TWO
The late evening of the day before your colonoscopy:	_____ Fill the dosing cup provided with cold water to the lower (5-ounce) line.	Follow with THREE (3) 8-ounce drinks of clear liquid, taken at your own pace within the next 5 hours, BEFORE the colonoscopy.
Date: _____/_____/_____	_____ Pour in the contents of ONE (1) packet and stir for 2-3 minutes until dissolved	8 ounces] 
Start Time: _____ PM (Between 10PM -12AM)	_____ Drink the entire contents	NOTE: You may continue to drink clear liquids until 2 hours before your colonoscopy.
REMINDER Drink Clear liquids to stay hydrated up until 2 hours before colonoscopy. Take all your medications except for aspirin products, iron supplements, arthritis medications and blood thinners. See approved clear liquids below.	5 ounces -] 	

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Approved Clear Liquids

YES: broth or boullion (chicken or beef); light colored juices (apple, white grape, white cranberry), Gatorade (clear, green, yellow or blue) coffee or tea (no creamer) soft drinks; jell-o; sherbert; popsicles (cannot have fruit in them)

NO: milk or dairy products (ice cream, yogurt or pudding); creamy soups or soups with rice or noodles; fruits or vegetables; bread or crackers; liquids that are **RED OR PURPLE.**

2. If you have high blood pressure: Please Do take your blood pressure medicine with a small sip of water.

3. If you have Diabetes: Hold any pill form diabetic medicine on the morning of the test. You can take it after the test when you are home and eating again. If you are insulin dependent you can take ½ of your normal dose on the morning of the procedure.

4. Arrive with a friend or family member. They must stay for the entire procedure and drive you home. The estimated time for your entire visit is 2-3 hours depending on circumstances.

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