

THIS PROCEDURE WILL BE CANCELLED
IF THE PERSON THAT ACCOMPANIES
YOU LEAVES THE PREMISES

COLONOSCOPY PREPARATION
THE SUPREP

FIVE DAYS PRIOR TO PROCEDURE

Restricted residue diet- DO NOT EAT nuts, seeds, popcorn and corn. Discontinue fiber supplements including Metamucil, Citrucel, Fiberall, etc. Avoid Iron, aspirin compounds and Ibuprofen/Similar Anti-Arthritic Drugs

DAY BEFORE EXAMINATION

1. Drink only “clear liquids” for breakfast, lunch and dinner.
Solid foods and milk products are not allowed.
CLEAR LIQUIDS INCLUDE:
 - Soft drinks (orange, ginger ale, cola, sprite, 7-up, etc.), Gatorade, Kool-Aid.
 - Strained fruit juices without pulp (apple, white grape, orange, lemonade, etc.)
 - Water, tea or coffee (No milk or non-dairy creamer)
 - Clear Broth or bouillon
 - Hard Candies
 - Jell-O and Popsicles
 - **Do NOT drink or eat anything colored red or purple**

2. **IF YOUR COLONOSCOPY IS SCHEDULED AFTER 10:00AM**
 - a) At **6:00p.m (the evening before the procedure)**, pour one (1) 6-oz. bottle of **SUPREP** liquid into the mixing container.
 - b) Add cool drinking water to the 16-oz. fill line on the container and mix.
 - c) Drink all the liquid in the container.
 - d) You must drink two (2) more 16- oz. containers of clear liquid of your choice.
 - a) At **5:00 a.m. (the morning of the procedure)**, pour the other (1) 6-oz. bottle of **SUPREP** liquid into the mixing container.
 - b) Add cool drinking water to the 16- oz fill line of the container and mix.
 - c) Drink all the liquid in the container.
 - d) You must drink two (2) more 16-oz containers of clear liquid of your choice over the next 2 hours.

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3. IF YOUR COLONOSCOPY IS SCHEDULED BEFORE 10:00AM

- a) At **5:00 p.m. (the evening before the procedure)**, pour one (1) 6-oz. bottle of **SUPREP** liquid into the mixing container.
 - b) Add cool drinking water to the 16-oz. fill line on the container and mix.
 - c) Drink all the liquid in the container.
 - d) You must drink two (2) more 16- oz. containers of clear liquid of your choice.
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- a) At **9:00 p.m. (the evening before the procedure)**, pour the other (1) 6-oz. bottle of **SUPREP** liquid into the mixing container.
 - b) Add cool drinking water to the 16- oz fill line of the container and mix.
 - c) Drink all the liquid in the container.
 - d) You must drink two (2) more 16-oz containers of clear liquid of your choice before retiring.

DAY OF EXAMINATION

- 4. **If your test is scheduled in the morning**, do not drink any liquids after midnight. (excluding the bowel prep). Heart and Blood pressure medications may be taken with a small glass of water around 6:00am
- 5. **If your test is scheduled after 12:00P.M. (Noon)**, you may have clear liquids before 8:30a.m. You may take your morning dose of medication routinely.
- 6. If polyp removal is required, the patient must stay in the Detroit area overnight after the procedure so that any bleeding, pain, or other untoward symptoms may be brought to the attention of the examining doctor promptly and proper treatment given.
- 7. Report to: _____
- 8. Date: _____
- 9. Arrival Time: _____

IF THERE ARE ANY QUESTIONS ABOUT THE PROCEDURE OR IF YOU HAVE TO CANCEL THIS TEST, PLEASE CALL (248) 273-9930 EXT. 3034 OR EXT. 3036

You must be accompanied to the procedure by someone who can stay there as long as you are there and who will be able to drive you home after the exam.