



Colonoscopy Prep Instructions

Split Dose Prep

<input type="checkbox"/>	MoviPrep	<input type="checkbox"/>	SuPrep
<input type="checkbox"/>	Trilyte (or Generic)	<input type="checkbox"/>	Half Lytely
<input type="checkbox"/>	OsmoPrep	<input type="checkbox"/>	_____

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Your procedure is scheduled with: (Check one): Gregory S. Smith, M.D. _____

Patient Name: _____ DOB: _____
 Procedure Date: _____ Arrival Time: _____ AM/ PM

Plan to be in the endoscopy facility up to 3- 5 hours depending on your case and recovery.

Your procedure will be performed at this facility:

<input type="checkbox"/> Athens Endoscopy, LLC 21 Jefferson Place – Suite 2 Athens, GA 30606 706-433-0788	<input type="checkbox"/> St. Mary’s Hospital 1230 Baxter Street , Athens, GA 30606 Check in @ Main Entrance across from parking deck 706-389-3000	<input type="checkbox"/> Piedmont Athens Regional Medical Center 1199 Prince Avenue , Athens, GA 30606 Check in @ Talmadge Entrance 1, 1 st floor, across from garage 706-475-7000
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Step 1. Special Instructions: Your medical provider will let you know if you need to hold some medications prior to your procedure.—so please advise your medical provider if you are currently taking any of these:

- **Diabetic:** Hold morning dose of insulin the day of the procedure, but bring it with you to the hospital. Other instructions: _____.
- **Heart:** If you have an artificial heart valve, or have a previous history of endocarditis, or other specific indication, your doctor may need to prescribe pre-procedure antibiotics. Other instructions: _____.
- **Blood Thinners:** Stop Coumadin, Plavix, Lovenox, Effient, Aggrenox, Pradaxa, and Xarelto _____ days before the procedure.
- **Please take your heart, blood pressure, thyroid and or seizure medications** the morning of the procedure with a SMALL sip of water, just enough water to swallow the pill. See Special Instructions for medications you can and can’t take.
- **Other Medications:** Stop Aspirin Therapy, anti-inflammatory medications such as ibuprofen (Advil, Aleve, and Motrin) iron, Fish Oil, Alka-Seltzer, NSAIDS, and Herbal Supplements at least _____ days before the procedure.
- You may take Tylenol or other brands of Acetaminophen are safe to use prior to this procedure.
- **Asthma:** If you have asthma, please bring your Rescue Inhaler to your procedure as a precaution.
- **Your Info & All Medications:** Bring your license and insurance cards. Bring an updated list of your prescriptions, over-the-counter medications, vitamins and herbal medications. Include the dosages next to each medication. List allergies to any medications, including conditions that would make you sensitive to sedation.
- **Additional Instructions:** _____
- Please make necessary arrangements to keep your scheduled procedure. Out of consideration for other patients who could have had their procedure scheduled sooner, a \$100 non-refundable fee will be charged (prior to rescheduling your procedure again) for canceled/rescheduled procedures if not canceled/rescheduled within 72 hours. This fee will be separate from your current balance or any due deductible.

Step 2. One Day Before The Procedure:

- Have a CLEAR LIQUID DIET throughout the day, NO SOLID FOODS.

Updated kp.01.2018

CLEAR LIQUID DIET GUIDE

AVOID	ALLOWED
red, purple, orange colors	Jello, gelatin
Milk, cream, dairy products	popcicles
juices with pulp	broth
meats	water
grains, starches, rice, pasta, oats, bread, crackers	ginger ale, sprite, mountain dew, carbonated beverages
beans, potatoes	apple juice, white grape juice, lemonade,
fats	Gatorade/ Powerade, flavored drinks
vegetables	Tea, black coffee
solid foods	sugar, honey, syrup, salt

- It is very important that you drink as much fluid as you can throughout the day.
- The prep you will be drinking is checked at the top of this page. See page 2 for that prep’s instructions. You may mix the solution ahead of time and refrigerate to keep cold (all solution must be used within 24 hours).

Step 3. Day Of Procedure:

- Please plan to have a **babysitter** as children not allowed in the endoscopy area and may not be left unattended.
- You may brush your teeth. Wear comfortable clothing. Do not jewelry.
- Be sure to bring your **Driver’s License, Insurance Cards and current medications** to the Center.
- You MAY NOT drive or go home in a taxi or bus. You **must be accompanied by a friend or relative to drive you home or your procedure may be cancelled.** Please ask them to stay with you to speak with the doctor following your procedure.
- Be prepared to leave cell phones & electronic devices with your friend or relative as your electronic devices may interfere with facility devices/machines.
- No working, driving or doing anything important for the rest of the procedure day.
- If you have an **afternoon** procedure, you may have clear liquids ONLY up to **2 hours before your arrival to facility.**

Step 4. Mix both Pouch A & B together into the container and fill with lukewarm water and shake

PART 1: Start EVENING prior to your Colonoscopy

Date: _____

- At **6:00 PM** drink **MoviPrep** solution down to each mark every 15 minutes until gone. Mix Pouch A and B again and put in the refrigerator for the next morning. Drinking with a straw helps.
- Continue to drink clear liquids until bedtime or midnight.

MoviPrep Coupon (*does not expire*)
BIN: 610020 GROUP: 99992405
ID: 45632002507

PART 2: Start Date: _____

- Begin Prep at (*circle 2nd prep time according to procedure arrival time*): **11:00 PM** or at: _____ **PM/AM**
- Drink solution down to each mark every 15 minutes until gone.
- You **MUST** drink at least 2 (two) more 16 oz. containers of water over the next 1 (one) hour

NOTE: You MUST finish drinking the final glass of water at least 2 (two) hour's prior to Colonoscopy.

MoviPrep

Step 4. Pour 1 (one) 6 oz. bottle of SuPrep into mixing container, add drinking water to 16 oz. Line & mix

PART 1: Start EVENING prior to your Colonoscopy

Date: _____

- At **6:00 PM** begin **SuPrep** drink ALL the liquid in the container
- You **MUST** drink at least 2 (two) more 16 oz. containers of water over the next 1 (one) hour
- Continue to drink clear liquids until bedtime.

PART 2: Start Date: _____

Begin Prep at (*circle*): **11:00 PM** or at: _____ **PM/AM**

- Pour 1 (one) 6 oz. bottle of **SuPrep** into mixing container. Add cool drinking water to 16 oz. line on the container & mix
- Drink ALL the liquid in the container
- You **MUST** drink at least 2 (two) more 16 oz. containers of water over the next 1 (one) hour

NOTE: You MUST finish drinking the final glass of water at least 2 (two) hour's prior to Colonoscopy.

SuPrep

Step 4. Fill with lukewarm water to the line and shake

PART 1: Start EVENING prior to your Colonoscopy

Date: _____

- At **6:00 PM** drink an 8 oz. glass of the **TriLyte/Colyte/Nulytely/Golytely** prep every 15 minutes until half the container is gone. Put the other half of the solution in the refrigerator for the next morning. Drinking with a straw helps.
- Continue to drink clear liquids until bedtime or midnight.

PART 2: Start Date: _____

Begin Prep at (*circle*): **11:00 PM** or at: _____ **PM/AM**

- Drink an 8 oz. glass of the prep every 15 minutes until the remaining (1/2) prep solution is gone.
- You **MUST** drink at least 2 (two) more 16 oz. containers of water over the next 1 (one) hour

NOTE: You MUST finish drinking the final glass of water at least 2 (two) hour's prior to Colonoscopy.

TriLyte

Step 4. Fill with lukewarm water to the line and shake, you may add flavor pack

PART 1: Start EVENING prior to your Colonoscopy

Date: _____

- At **4:00 PM**: Take 1 **Bisacodyl** tablet with a glass of water. DO NOT chew or crush.
- At **6:00 PM** drink an 8 oz. glass of the **HalfLyte** prep every 15 minutes until half the container is gone. Put the other half of the solution in the refrigerator for the next morning. Drinking with a straw helps.
- Continue to drink clear liquids until bedtime or midnight.

PART 2: Start Date: _____

Begin Prep at (*circle*): **11:00 PM** or at: _____ **PM/AM**

- Drink an 8 oz glass of the prep every 15 minutes until the remaining (1/2) prep solution is gone.
- You **MUST** drink at least 2 (two) more 16oz containers of water over the next 1 (one) hour

NOTE: You MUST finish drinking the final glass of water at least 2 (two) hour's prior to Colonoscopy.

HalfLyte

Step 4. Fill with lukewarm water to the line and shake, you may add flavor pack

PART 1: Start EVENING prior to your Colonoscopy

Date: _____

- Count out 20 **OsmoPrep** tablets for the first part of the prep.
- Starting at **6:00 PM** take 4 tablets with 8 oz. of clear liquids every 15 minutes until you've taken 20 tablets total.
- Continue to drink clear liquids until bedtime or midnight.

PART 2: Start Date: _____

Begin Prep at (*circle*): **11:00 PM** or at: _____ **PM/AM**

- Take 4 tablets with 8 oz. of clear liquids every 15 minutes until the remaining 12 tablets are gone.
- You **MUST** drink at least 2 (two) more 16 oz. containers of water over the next 1 (one) hour

NOTE: You MUST finish drinking the final glass of water at least 2 (two) hour's prior to Colonoscopy.

OsmoPrep