

MIDTOWN ENDOSCOPY —— & SURGICAL CENTER ——

147 E 26th St, New York, NY 10010 (212) 389-1341 Midtownendoscopy.com

COLONOSCOPY PREPARATION WITH SUPREP		
PLEASE PURCHASE	SUPREP Kit (by prescription)	
7 DAYS BEFORE	Stop fiber supplements and iron supplements, including multivitamins	
3 DAYS BEFORE	 Begin a LOW FIBER Diet including: White or sour dough bread White Rice, Pasta Eggs, Chicken, Turkey, Fish Cheese, Yogurt, Milk, Ice Cream, Pudding Canned or cooked fruit/vegetables without skin or peel (carrots, cucumbers, potatoes) Pureed fruits/vegetables (smoothies, strained puree soups) Creamy peanut or almond butter 	High Fiber Foods to AVOID: Raw fruits/vegetables with seeds, skin, membranes Cooked/canned fruit/vegetables with skin/seeds/peel Whole wheat or multigrain bread or crackers Nuts, Seeds Popcorn Oatmeal, bran cereal Brown rice, quinoa
2 DAYS BEFORE	 Continue LOW FIBER Diet Avoid solid foods after midnight 	
1 DAY BEFORE	 MORNING: Start a CLEAR LIQUID Diet Water Apple, White Grape, White Cranberry Juices without Pulp Clear Soup/Broth Tea or Black coffee (no milk/creamer) Gatorade/Powerade (no red, purple or orange color) Jello (no red, purple, or orange color) Popsicles (no red, purple, or orange color) 6PM: Take SUPREP Dose 1 Pour one bottle of SUPREP liquid into the mixing container. Add cold drinking water to the 16-ounce container and mix. Drink ALL the liquid in the container. You MUST drink two more 16-ounce containers of water over the next hour. Bowel movements should begin 1-2 hours after starting SUPREP but effect can sometimes be delayed by up to 4-6 hours 	

DAY OF COLONOSCOPY		
5 HOURS BEFORE	 Take SUPREP Dose 2 Follow the same instructions as outlined for Dose 1 By the end of the cleanse your stool should be a clear liquid with yellow or green tinge 	
3 HOURS BEFORE	 Stop drinking/eating clear liquids Do not chew gum or mints Take regular medications with a small sip of water the morning of your procedure unless otherwise instructed by your physician 	
30 MIN BEFORE	 Arrive at endoscopy suite 30 MIN PRE PROCEDURE (no later!) Bring list of current medications including doses Bring a Photo ID and Insurance Card Bring any applicable Referrals Please do not bring any valuables 	

GENERAL INSTRUCTIONS:

URINE PREGNANCY TESTING	If you are a premenopausal woman, you will need to submit a urine sample upon office check in
IF YOU HAVE DIABETES	 Contact your primary care doctor or endocrinologist for instructions regarding your medications
IF YOU TAKE MEDICATION TO THIN YOUR BLOOD	 Contact your gastroenterologist for further instructions at (212) 427-8761 Medications include but are not limited to: Heparin, Lovenox, Warfarin (Coumadin), Rivaroxaban (Xarelto), Apixaban (Eliquis), Edoxaban (Lixiana, Savaysa), Betrixaban (Bevyxxa), Clopidigrel (Plavix), Prasugrel (Effient), Brilinta (Ticagrelor)
IF YOU TAKE WEIGHT LOSS	Alert your GI provider to discuss holding your
MEDICATIONS	medication(s) prior to your procedure
IF YOU TAKE ASPIRIN OR BLOOD	You may continue to take these medications
PRESSURE MEDICATIONS	
ESCORT	 Please ensure that you have an escort (responsible adult over the age of 18) to pick you up at the end of the procedure