

# Gastroenterology CONSULTANTS, P.A.

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## Suprep Bowel Prep Kit

**DO NOT TAKE ASPIRIN, ANTI-INFLAMMATORY MEDICATION, BLOOD THINNERS, OR IRON SUPPLEMENTS ONE WEEK PRIOR TO YOUR PROCEDURE!**


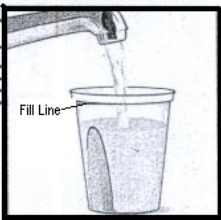


### Split-Dose (2-Day) Regimen

(Both 6-ounce bottles are required for a complete prep.)

- Day before the procedure stay on **Clear Liquid** diet all day (see back for details).
- **First Dose:** Begin Step 1 at \_\_\_\_\_ P.M. the evening before your procedure. You must complete steps 1 through 4 using one(1) 6-ounce bottle before going to bed.
- **Second Dose:** Begin Step 1 at \_\_\_\_\_ A.M. the morning of your procedure, repeat steps 1 through 4 using the other 6-ounce bottle at least **5 hours** prior to the procedure.
- Dosages should be taken 12 hours apart

**NOTE:** You must finish drinking the final glass of water at least **4 hours** before your procedure

NOTE: Dilute the solution concentrate as directed prior to use.

STEP 1		STEP 2		STEP 3		STEP 4	
<b>Pour ONE(1) 6-ounce</b>	<b>Add cool drinking water</b>	<b>Drink ALL the liquid in</b>	<b>You must drink</b>				
two(2)	bottle of SUPREP liquid	the 16-ounce line on the	the container.	more 16-ounces containers			
into the mixing container.	Container and mix.			Of water ONLY over the			
				next 1 hour.			

**NOTHING TO EAT OR DRINK AFTER MIDNIGHT, UNTIL AFTER THE PROCEDURE.**

### Day of Procedure:

- \* You may take important medicines, such as heart or blood pressure medications, etc. with a small sip of water.
- \* **FOR DIABETICS ONLY:** Reduce Insulin dose by \_ the day before, and do not take Insulin the morning of the procedure until after you eat. For any questions, call your Primary Care Physician or prescribing physician.
- \* You will be sedated. You **MUST** have someone drive you home. You should also have someone with you for 4-6 hours after you are home. Family members or driver will need to stay at the clinic until you are discharged home. The physician may need to speak with them after your procedure.
- \* Please wear comfortable clothes and shoes the day of your procedure.
- \* Please read your information pamphlet carefully. If you have any questions, discuss them with your physician or nurse.

## PROCEDURE

PLACE \_\_\_\_\_ DR. \_\_\_\_\_

DATE \_\_\_\_\_

PROCEDURE TIME \_\_\_\_\_

Check in at \_\_\_\_\_ AM/PM

At Outpatient Registration on the \_\_\_\_ floor.

At Bay Area Endoscopy Center.