

Procedure Date \_\_\_\_\_

Arrival time \_\_\_\_\_ Procedure time \_\_\_\_\_

- **PICK UP YOUR PREP KIT AT YOUR PHARMACY NOW** and keep it in your cabinet at home until needed
- You will receive a **phone call one week prior** to your appointment. **YOU MUST SPEAK WITH THEM** OR YOUR PROCEDURE MAY BE CANCELLED. Jennifer's phone number to confirm your appointment is **234-6679**.
- If you have problems while prepping please call our office to speak with our on call service, they will have someone call you. Our office phone number is (315) 234-6677.

**PLEASE REPORT TO OUR NEW ADDRESS:  
5000 CAMPUSWOOD DR, SUITE 100  
EAST SYRACUSE, NY 13057**



# COLONOSCOPY PREP INSTRUCTIONS

Your doctor has ordered this test to screen for colon cancer including finding and removing potentially harmful polyps. You will need to follow the instructions included to be properly prepped/clean for your procedure or the procedure will need to be rescheduled and a \$150 cancellation fee will be charged to you.

This is an important screening tool, we understand the prep can be difficult for some, but we ask that you follow these instructions so we can provide you with the best care we can in a timely manner.



Can you see the pot holes in the above picture? This is the equivalent of your doctor trying to see polyps during your colonoscopy if your prep is not done correctly.



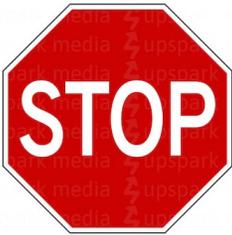
This is a clear road that allows for easily seeing the pot holes in the road. This is the difference of a prep done completely and following our instructions and a poor prep. This picture would allow your doctor to do a more thorough exam because they best view the colon.

Diabetic <b>ON</b> INSULIN	MRSA	VRE	C-DIFF test ordered	Pacer/Defib: copy card - cardio's name	Blood thinners: Prescribing dr	Clotting disorder	Translator needed	Oxygen - how many liters?	Malignant hyperthermia	On Dialysis	Had COVID in the last month	Patient has meds to hold
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Staff: Circle for yes. Cross off for no.

# 7 DAYS BEFORE YOUR COLONOSCOPY

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- A week before your appointment you will receive a call to review instructions and confirm your appointment. **If you miss the call, you must call them back as soon as possible at 315-234-6679.**
  - **Start following the Low Fiber/Low Residue diet included in this packet.**
  - Make sure you have your prep from the pharmacy.
  - **You will not be allowed to drive after your procedure or the remainder of the day.** Please arrange for a responsible adult to drive you home. If it is necessary for you to use a Taxi or Uber, you still MUST have a responsible adult, like a family member or friend, accompany you on the drive home.
    - If your appointment is at 2:00 or later we require that your driver stay in the waiting room during your procedure. Taxis and Ubers can NOT be used for these late day appointments.
  - If you take a blood thinner (such as Coumadin, Plavix, etc.), please be sure the office is aware.
  - If you have a pacemaker or defibrillator, please be sure the office is aware.
  - If you have had **COVID** within the **month prior to your procedure** please call the office.
  - **Please call the office if you have had any new symptoms, diagnoses, medications, surgeries, or hospitalizations since we last spoke with you.**



## DO NOT TAKE ANY OF THE FOLLOWING 7 DAYS PRIOR:

Phentermine (Adipex-P, Suprenza), Phentermine/Topiramate (Qsymia), Orlistat (Xenical, Alli), Lorcaserin (Belviq), Diethylpropion, Methamphetamine (Desoxyn), Liraglutide (Saxenda), Benzphetamine (Didrex, Regimex), Phendimetrazine (Bontril PDM), Carafate.  
Also stop any Iron, Multivitamins, Herbal meds, Fish oil, and Vitamins A&E.

**If you are a diabetic patient, please call the doctor that manages your diabetes and let them know you will be prepping for a colonoscopy.**

**Advise them of the medication changes you need to make and work with your doctor on how to manage your blood sugar during your prep time.**

## DIABETIC AND WEIGHT LOSS MEDICATIONS

**The following medications MUST BE STOPPED as instructed below**

### GLP-1 MEDICATIONS

- If you are taking a GLP-1 medication on a **DAILY BASIS** you will need to skip your dose the day of the procedure.
- If you are taking a GLP-1 medication on a **WEEKLY BASIS** you will need to skip your dose the week before your procedure.

Trulicity (Dulaglutide)  
Bydureon BCise or Byetta (Exenatide)  
Ozempic, Wegovy or Rybelsus (Semaglutide)  
Saxenda or Victoza (Liraglutide)  
Adlyxin or Lyxumia (Lixisenatide)  
Mounjaro or Zepbound (Tirzepatide)  
Soliqua (Insulin glargine/Lixisenatide)  
Beinaglutide  
PEG-loxanatide

### SGLT2 MEDICATIONS

- **Hold these medications for 3 days**

Jardiance (Empagliflozin)  
Brenzavvy (Bexagliflozin)  
Invokana (Canagliflozin)  
Farxiga or Xigduo (Dapagliflozin)  
Inpefa (Sotagliflozin)  
Suglat (Ipragliflozin)  
Invokamet (Canagliflozin plus Metformin HCl)  
Synjardy (Empagliflozin plus Metformin HCl)  
Qtern (Dapagliflozin and Saxagliptin)

Steglatro (Ertugliflozin) • **Hold this medication for 4 days**

## 2 DAYS BEFORE YOUR COLONOSCOPY

- Do not take any Viagra (Sildenafil), Cialis (Tadalafil), or any erectile dysfunction medications.
- Do not take any type of Marijuana or recreational drugs.
- Do not take any Adderall (Dextroamphetamine and Amphetamine) or Vyvanse (Lisdexamfetamine)
- Do not take any ADHD medications.

## 1 DAY BEFORE YOUR COLONOSCOPY STARTING WHEN YOU WAKE UP:

- Clear liquid drinks only all day today. Drink extra amounts of CLEAR liquids today to help you feel full, to keep hydrated and help flush your system.
- **DO NOT EAT FOOD TODAY. CLEAR LIQUIDS ONLY THE ENTIRE DAY.**

### **CLEAR LIQUIDS INCLUDE:**

Gelatin (NO pudding) (NO red or purple)  
Water  
Tea with no cream  
Broths such as chicken or beef (until 8 hrs prior)  
White grape or white cranberry juice  
Soda - no colas or dark soda  
Gatorade or Kool Aid (NO red or purple)  
Popsicles (NO red or purple)  
One cup of black coffee is ok in the morning (*the DAY BEFORE your procedure ONLY*)  
Clear, orange, yellow, green, and blue colors are okay.

### **WHAT YOU CAN NOT EAT/DRINK**

Milk or milk products  
Anything with Red or Purple dyes or colors  
Any form of alcohol  
Protein shakes

## SUGGESTIONS WHILE PREPPING

- Mix your prep earlier in the day & refrigerate until prep time
- Do not sip your prep.
- Drink each glass as rapidly as possible with a straw toward the back of your mouth.
- If you become sick to your stomach while drinking your prep, STOP until the nausea passes. Then resume at the rate specified
- You may use topical ointments or flushable wipes to help prevent skin irritation.



If you have **problems** while prepping please call our office to speak with our on call service, they will have someone call you. Our office phone number is (315) 234-6677.

# PREP INSTRUCTIONS

**YOU MUST  
FOLLOW OUR  
INSTRUCTIONS...  
NOT THE  
PHARMACY'S**

## **2:00pm THE DAY BEFORE YOUR PROCEDURE:**

**MIRALAX PREPS ONLY!** Take 4 Dulcolax (bisacodyl) tablets (over the counter medication) Do not crush or chew.

## **5:00pm THE NIGHT BEFORE YOUR PROCEDURE:**

**\*\*\*Find your specific prep instructions below (only ONE of these will apply to you).**

### **CLENPIQ:**

Drink one 5.4oz bottle of CLENPIQ. Over the next two hours drink at least five (5) eight ounce glasses of clear liquids. More fluids will help the prep work better.

### **GoLYTELY, Gavilyte, NuLYTELY, Peg 3350-electrolytes, or any 128oz Generic prep:**

Add warm tap water to the top of the FILL line, add flavor packet if desired (NO RED or PURPLE). Shake well. Begin drinking the solution at the rate of 8oz every 10-15 minutes until you have consumed half of the container, or 64oz.

### **PLENVU:**

Empty [**Dose 1 pouch**] into mixing container. Fill to the line with water and mix with a spoon until completely dissolved. Drink entire contents of the container over 30 minutes. Then drink 16 ounces of clear liquids over 30 minutes.

**SUTAB** (see next page)

### **MIRALAX PREP:**

Dissolve **HALF** of the 238g bottle of Miralax in 28oz of Gatorade (NO RED or PURPLE). Drink the entire mixture within 1 hour.

### **SUFLAVE PREP:**

Pour one flavor packet into one bottle of prep. Fill to line with lukewarm water, after capping the bottle gently shake the bottle until all powder has dissolved. Drink 8 ounces of solution every 15 minutes until the bottle is empty. Drink an additional 16 ounces of water over the next hour.

### **SUPREP:**

Pour (1) bottle into the supplied mixing cup. Add cold water to the fill line. Drink the entire cup. Using the cup provided, drink 2 full cups of water within the next hour.  
DO NOT ADD FLAVORING

## **THE MORNING OF YOUR APPOINTMENT:**

- Blood pressure medications take as directed

## **8 HOURS BEFORE YOUR ARRIVAL TIME:**

- No more BROTH!

## **6 HOURS BEFORE YOUR ARRIVAL TIME:**

- **SUPREP, CLENPIQ, GoLYTELY, or any 128oz Generic prep:** Continue drinking at the rate specified above and finish the solution.
- **PLENVU PREP:** Empty both [**Dose 2 Pouch A and B**] into the mixing container. Fill to the line with water and mix with a spoon until completely dissolved. Drink entire contents of the container over 30 minutes. Then drink 16 ounces of clear liquids over 30 minutes.
- **MIRALAX & SUFLAVE PREP:** Repeat the above steps

## **4 HOURS BEFORE YOUR SCHEDULED ARRIVAL:**

- You should **STOP** drinking all liquids, including water.  
(you may take your medications with 1-2 sips of water up to 2 hours before your arrival time)
- **No gum chewing**, no hard candy, and no chewing tobacco.

**TO PREVENT DEHYDRATION  
AND HEADACHE...  
CONTINUE DRINKING  
CLEAR LIQUIDS**



# PREP INSTRUCTIONS FOR SUTAB

**YOU MUST FOLLOW OUR  
INSTRUCTIONS...  
NOT THE PHARMACY'S**

## **5:00pm THE NIGHT BEFORE YOUR PROCEDURE:**

- Open one(1) bottle of twelve(12) pills and fill provided cup with plain water to the fill line of 16 ounces.
- Over 15 to 20 minutes, use this water to take each pill with a good sip and then finish the entire 16 ounces. Use more water if needed. Take pills and water slower if you begin to feel uncomfortable. (Take one(1) pill at a time, wait 1-2 minutes before taking next pill).
- Use the provided cup to drink at least 32 ounces of plain water over the next two(2) hours. Spread your water-drinking over this time instead of drinking it all immediately after taking the pills.
  - For example drink 16 ounces around an hour after the start of dose one(1), then another 16 ounces around an hour and a half after the start of dose one(1).
- **IMPORTANT: for dose two(2),** keep in mind all the water must be consumed before the fasting period, which begins four(4) hours before the arrival time.
- After dose one(1), continue the clear liquid diet for the evening in order to stay hydrated.

## **THE MORNING OF YOUR APPOINTMENT:**

- Blood pressure medications take as directed

## **8 HOURS BEFORE YOUR ARRIVAL TIME:**

- No more BROTH!

## **6 HOURS BEFORE YOUR ARRIVAL TIME:**

- Start dose 2. Repeat the steps above.
- NOTE: You must consume all water at least 4 hours before your arrival time.

## **4 HOURS BEFORE YOUR SCHEDULED ARRIVAL:**

- You should **STOP** drinking all liquids, including water. (you may take your medications with 1-2 sips of water up to 2 hours before your arrival time)
- No gum chewing, no hard candy, and no chewing tobacco.

**TO PREVENT DEHYDRATION  
AND HEADACHE...  
CONTINUE DRINKING  
CLEAR LIQUIDS**



## GOOD PREP

This is a similar color and similar consistency of stool for a well prepped patient



**YOU MUST**  
**FOLLOW OUR INSTRUCTIONS...**  
**NOT THE PHARMACY'S**



## POOR PREP

This would be what your stools would look like with poorly followed prep instructions. Call our office before coming in if your stools are like this.



### The following foods are generally **ALLOWED** on a low-fiber diet:

- Any white pasta, rice, crackers, bread or anything made with white flour
- White rice, plain white pasta, noodles and macaroni
- Canned or cooked fruits or vegetables without skins, seeds or membranes, or juices with no pulp
- Ground beef, chicken, fish, eggs, tofu
- Creamy peanut butter
- Milk and milk products (yogurt, pudding, ice cream, cheeses and sour cream), 2 cups a day
- Butter, margarine, & oils

### You should **AVOID** the following foods:

- Whole-wheat or whole-grain breads, cereals and pasta
- Brown or wild rice and other whole grains such as oats, kasha, barley, quinoa
- Dried fruits and prune juice
- Raw fruit
- Raw or undercooked vegetables, including corn
- Dried beans, peas and lentils
- Seeds and nuts, and foods containing them
- Coconut
- Popcorn
- Raisins

The diet includes foods that will reduce (not eliminate) the residue in the colon. This diet is smooth in texture and is mechanically and chemically nonirritating.

Keep in mind that you may have fewer bowel movements and smaller stools while you're following a low-fiber diet. To avoid constipation, dehydration, and headaches, you need to drink extra fluids.

**LOW FIBER/LOW RESIDUE DIET**