PLEASE report to the Admitting Department at _______________ on __________________________ at __________ a.m./p.m. Procedure time: __________ a.m./p.m. Plan to be there 2 – 4 hours. The purpose of this procedure is to directly view the lining of the colon to inspect for disease. The main risk is the remote possibility of perforation. Immediately prior to the passage of the instrument, you may be given intravenous Demerol and Versed, or possibly other sedating agents. If you are ALLERGIC to either of these medications, or to LATEX, please be certain you have notified the office.

SOMEONE MUST DRIVE YOU TO YOUR PROCEDURE, STAY WITH YOU, THEN DRIVE YOU HOME. IF YOU HAVE TO TAKE A BUS OR CAB AS LAST RESORT, YOU MUST BE ACCOMPANIED BY RESPONSIBLE ADULT. NO EXCEPTIONS! YOU MAY NOT RESUME DRIVING OR OPERATE HEAVY EQUIPMENT FOR THE REST OF THE DAY.

PATIENT INSTRUCTIONS – for the SUPREP BOWEL KIT:
1. Obtain SUPREP BOWEL KIT from the pharmacy. You will need a prescription.

INSTRUCTIONS – FOR DAY BEFORE PROCEDURE:
* PLEASE DRINK FLUIDS THROUGHOUT THE DAY, ENSURING YOU ARE WELL HYDRATED.

* DIABETIC PATIENTS: USE ½ YOUR INSULIN DOSE. DO NOT TAKE YOUR DIABETIC PILLS TODAY.

1. Start a clear liquid diet at breakfast, continue all day and until after the colonoscopy.
2. Drink only clear liquids for breakfast, lunch and dinner. NO FOOD ALLOWED. No Alcohol. DO NOT DRINK OR EAT ANYTHING RED.
3. At 6:00 p.m., empty contents of the first 6 oz. bottle of Suprep into mixing container provided. Fill up the rest of the container with water, to the fill-line. Consume entire container.
4. Drink two additional containers of water over the next hour.
5. You MUST drink all required solution and water.

DAY OF PROCEDURE:
*You may take any heart or blood pressure medications in the morning.*
5 hours before your colonoscopy time: _______________, empty contents of the second 6 oz. bottle of Suprep into mixing container. Fill the rest of the container with water, to the fill-line. Consume entire container. **Drink two additional containers of water over the next hour.**
Prep must be finished 3 hours before your colonoscopy procedure time.
After you complete the prep, do not take any other liquid or food.

* DIABETIC PATIENTS: PLEASE CHECK YOUR BLOOD SUGAR, IF ABLE, AND TAKE YOUR MEDICATION WITH YOU TO THE HOSPITAL. USE ½ YOUR USUAL INSULIN DOSE.
DO NOT TAKE YOUR DIABETIC PILLS THIS MORNING.

* You can eat or drink as soon as you feel you are alert enough to.
  • If you have severe ulcerative colitis, consult your physician before using this product.
  • If you have severe discomfort or distention (bloating), stop drinking the solution for a while or wait longer between drinking each glass until the discomfort goes away.
  • Do not take any other medicines within one hour of starting to drink the solution.
  • Nausea, cramping and abdominal fullness are the most common adverse reactions.

*** See page Two (2) for medications to stay away from prior to your procedure.***
*** See page Three (3) for full list of diet requirements.***
If you are on any blood thinners, e.g. PLAVIX, LOVENOX, TICLID, COUMADIN, please be certain you have notified the office. Stop medication as directed.

If you are taking any of the medications listed below, they would need to be stopped prior to any scheduled procedure either 1 or 2 weeks before.

**MEDICATIONS TO STOP ONE (1) WEEK BEFORE**

ALL over-the-counter medications (EXCEPT TYLENOL products). *This can include any of the following (and some that may not be listed):*
- ASPIRIN
- EXCEDRIN
- IRON PILLS
- VITAMIN E (Alone)
- MOTRIN
- ADVIL
- ALEVE
- IBUPROFEN

Stop NON-STERoidal / ANTI-INFLAMMATORY medications such as:
- DAYPRO
- VOLTAREN
- FELDENE
- CLINORIL
- NAPROSYN
- RELAFEN

**HERBALS & MEDICATIONS TO BE OFF TWO (2) WEEKS PRIOR TO GENERAL ANESTHESIA, PER DEPARTMENT OF ANESTHESIA**

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
<th>HERBALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DIET PILLS</td>
<td>1. GINSENG</td>
</tr>
<tr>
<td>2. FENFLURAMINE</td>
<td>2. FEVERFEW</td>
</tr>
<tr>
<td>3. PHENTERMINE</td>
<td>3. GINGER</td>
</tr>
<tr>
<td>4. EPHEDRA</td>
<td>4. GOLDSEAL</td>
</tr>
<tr>
<td>5. PONDIMIN</td>
<td>5. LICORICE</td>
</tr>
<tr>
<td>6. IONAMIN</td>
<td>6. VALERIAN</td>
</tr>
<tr>
<td>7. FASTIN</td>
<td>7. GARLIC</td>
</tr>
<tr>
<td>8. METABOLIFE</td>
<td>8. KAVA KAVA</td>
</tr>
<tr>
<td>9. Redux</td>
<td>9. ST. JOHNS WORT</td>
</tr>
<tr>
<td>10. CENTRUM PERFORMANCE</td>
<td>10. GINKO BILOBA</td>
</tr>
<tr>
<td>11. MERIDIA</td>
<td></td>
</tr>
</tbody>
</table>
CLEAR LIQUID DIET

Description: The clear liquid diet provides clear fluids, which leave minimal residue and require a minimum of digestive action.

*** NO RED or PURPLE, jell-o, pop or popsicles ***

<table>
<thead>
<tr>
<th>FOOD GROUPS</th>
<th>FOODS ALLOWED</th>
<th>FOOD TO AVOID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beverages</td>
<td>Black Coffee only (NO CREAM), tea, 7-up, ginger ale</td>
<td>Milk and milk drinks</td>
</tr>
<tr>
<td>Breads and Cereals</td>
<td>NONE</td>
<td>ALL</td>
</tr>
<tr>
<td>Desserts</td>
<td>Fruit-flavored gelatin and popsicles (NO RED or PURPLE)</td>
<td>All others</td>
</tr>
<tr>
<td>Fats</td>
<td>NONE</td>
<td>ALL</td>
</tr>
<tr>
<td>Fruit Juices</td>
<td>Apple or white grape juice</td>
<td>All others</td>
</tr>
<tr>
<td>Meats</td>
<td>NONE</td>
<td>ALL</td>
</tr>
<tr>
<td>Soups</td>
<td>Clear broth and consommé</td>
<td>All others</td>
</tr>
<tr>
<td>Sweets</td>
<td>Sugar, honey, syrup and hard candy</td>
<td>All others</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Salt and flavorings</td>
<td>All others</td>
</tr>
</tbody>
</table>

SAMPLE MENU

Morning
Clear Juice
Broth
Flavored Gelatin
Coffee or Tea
Sugar

Noon
Clear Juice
Broth
Flavored Gelatin
Coffee or Tea
Sugar

Evening
Clear Juice
Broth
Flavored Gelatin
Coffee or Tea
Sugar
What to expect when arriving at the hospital for your scheduled colonoscopy:

On the day of your examination, when you arrive at the hospital at your admitting time, please let the nurses know that you are here. Usually an intravenous (IV) is started to give you medication just before the examination to make you drowsy. You will then be brought to the Endoscopy Room for your examination. The examination usually takes about one hour. You will have some discomfort and feeling of fullness, but you should not have any pain. After the exam, you will be observed in the outpatient surgery department for a short time, and then allowed to go home with someone who can drive you.

Most people feel tired for one or two days after the exam, so it is important to REST. Because of the preparation, you may not have a bowel movement for up to several days after the colonoscopy.

It is not unusual to see small amounts of blood in the stool after the examination for seven to ten days, especially if a polyp has been removed or biopsied.

Usually the colonoscopy goes smoothly and there are no problems after the exam. However, if you see more than a streak or spot of blood in the stool; notice steady or increasing pain in the abdomen; or more than mild nausea, please call (517) 372-0500 anytime to speak to either Dr. Coffey, Dr. Julien or Dr. Opreanu. Please do not hesitate to call us for any concerns or questions you have about the procedure.

Please let our office know at least one week in advance if this procedure needs to be rescheduled or cancelled. *We reserve the right to charge a fee of $100.00 for procedures that are missed or repeatedly cancelled with less than the required notice as defined.*

*Thanks in advance from the offices of Dr. Coffey, Dr. Julien and Dr. Opreanu*