

Instructions for SUPREP Bowel Prep

Dartmouth Hitchcock Manchester
Endoscopy Center
100 Hitchcock Way, 3rd Floor
Manchester, NH
(603) 629-8299

Elliot Hospital
1 Elliot Way, Pavilion Entrance- 2nd Floor
Manchester, NH
(603) 663-2170

| | | |
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| Patient Name: | Date: | Provider: |
| <p>If you are scheduled at D-H, you will receive a call 1 week prior to your procedure from our scheduler to assign your arrival time. Since schedules are subject to change, "myD-H" online often times is not a reliable source for an accurate time to arrive— please rely solely on a call from our scheduler for an accurate arrival time.</p> | | |

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|--|---|------------|---------------|--------|---------|--------|---------|---------|----------|--|--|-------|--------------|---------|-----------|-----------|-----------|------------|-------|-----------|---------|---------|---------------|--------|----------|--------|-------|-------|--------|--------|----------|---------------------|--|--------|-----------|----------|-------------------------|--------------|-----------|---------------------|---------|
| <i>7 DAYS PRIOR</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>CHECK MEDICATIONS:</p> <p><u>Do not stop taking all your medications.</u></p> <p>Call your prescribing physician for instructions on how to take your medications prior to procedure if you take any blood thinning medications, including but not limited to:</p> <table style="width:100%; border: none;"> <tr> <td style="padding-right: 20px;">Aggrenox</td> <td>Coumadin</td> </tr> <tr> <td>Effient</td> <td>Plavix</td> </tr> <tr> <td>Pradaxa</td> <td>Ticlid</td> </tr> <tr> <td>Xaralto</td> <td>Lovenox</td> </tr> <tr> <td>Jantoven</td> <td></td> </tr> </table> | Aggrenox | Coumadin | Effient | Plavix | Pradaxa | Ticlid | Xaralto | Lovenox | Jantoven | | <p>Do NOT take:</p> <table style="width:100%; border: none;"> <tr> <td>Advil</td> <td>Alka-seltzer</td> <td>Anaprox</td> <td>Ibuprofen</td> </tr> <tr> <td>Arthrotec</td> <td>Vitamin E</td> <td>Iron pills</td> <td>Mobic</td> </tr> <tr> <td>Escorting</td> <td>Feldene</td> <td>Relafen</td> <td>Multivitamins</td> </tr> <tr> <td>Motrin</td> <td>Narcosis</td> <td>Orudis</td> <td>Unpin</td> </tr> <tr> <td>Aleve</td> <td>Daypro</td> <td>Iodine</td> <td>Naproxen</td> </tr> <tr> <td>Fish oil (Omega -3)</td> <td></td> <td>Lodine</td> <td>Piroxicam</td> </tr> </table> <p>You may continue to take:</p> <table style="width:100%; border: none;"> <tr> <td>Celebrex</td> <td>Maintenance medications</td> </tr> <tr> <td>Methotrexate</td> <td>Plaquenil</td> </tr> <tr> <td>Seizure medications</td> <td>Tylenol</td> </tr> </table> <p>*DO NOT STOP TAKING ASPIRIN</p> | Advil | Alka-seltzer | Anaprox | Ibuprofen | Arthrotec | Vitamin E | Iron pills | Mobic | Escorting | Feldene | Relafen | Multivitamins | Motrin | Narcosis | Orudis | Unpin | Aleve | Daypro | Iodine | Naproxen | Fish oil (Omega -3) | | Lodine | Piroxicam | Celebrex | Maintenance medications | Methotrexate | Plaquenil | Seizure medications | Tylenol |
| Aggrenox | Coumadin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Effient | Plavix | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pradaxa | Ticlid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Xaralto | Lovenox | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jantoven | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Advil | Alka-seltzer | Anaprox | Ibuprofen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Arthrotec | Vitamin E | Iron pills | Mobic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Escorting | Feldene | Relafen | Multivitamins | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Motrin | Narcosis | Orudis | Unpin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aleve | Daypro | Iodine | Naproxen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fish oil (Omega -3) | | Lodine | Piroxicam | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Celebrex | Maintenance medications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Methotrexate | Plaquenil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seizure medications | Tylenol | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>3 DAYS PRIOR</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>DO NOT EAT:</p> <ul style="list-style-type: none"> • cucumbers • nuts • seeds or peels (tomatoes, grapes, seeds in breads) <p>*if you want apples, pears, or peaches, you must peel them first.</p> | <p><i>1 DAY PRIOR</i></p> <p>Drink at least 2 quarts of allowed clear liquids throughout the day. **NO SOLID FOOD</p> <p>Please DISREGARD prep instructions included in your prep kit and proceed as follows:</p> <p>Between 4 and 6 pm, prepare the SUPREP solution by first pouring (1) 6-ounce bottle of SUPREP liquid into the mixing container. Add cool drinking water to the 16-ounce line on the container and mix. Drink all the liquid in the container. Once finished, drink at least two more 16-ounce containers of water within an hour.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FOOD AND DRINK

| ALLOWED: Clear Liquids Only. <i>We encourage you to drink plenty of the allowed liquids.</i> | NOT ALLOWED |
|---|-----------------------|
| CLEAR fruit juices without pulp : apple, white cranberry, white grape, lemonade (sweeteners are permitted) | Solid Food |
| Water, clear broth and bouillon (any flavor) | Alcohol |
| Coffee or tea (without milk or nondairy creamers) | Milk or Milk products |
| Carbonated soft drinks-regular or diet (Sprite, Ginger Ale, 7-Up, Coke, Pepsi) | Orange Juice |
| Gatorade, Kool-Aid, Jell-O, or other fruit flavored drinks (<i>avoid red, purple or blue food color</i>) | |
| Ice Popsicles (<i>avoid red, purple or blue food color</i>), Italian Ice | |

| PROCEDURE DAY |
|--|
| <p>Drink only allowed clear liquids.</p> <p>4 HOURS PRIOR TO ARRIVAL: prepare the SUPREP solution as you did the previous evening. Drink all the liquid in the container. Once finished, drink at least two more 16-ounce containers of water within an hour. You must finish drinking the final glass of water at least 2 hours before your colonoscopy.</p> <p>2 HOURS PRIOR TO ARRIVAL:</p> <ul style="list-style-type: none">· Nothing by mouth· No gum or candy· No smoking· No water <p><u>Take ALL medications as prescribed by your physician for:</u></p> <ul style="list-style-type: none">· cardiac· anti-hypertensive (blood pressure)· respiratory· anti-anxiety· anti-seizure· gastrointestinal medications <p>Take inhalers as prescribed and bring them with you to your appointment. Do not take diuretic (water pills) medications.</p> |

TRANSPORTATION

You MUST make arrangements for someone to drive you home, if you will be receiving any type of anesthesia or sedation. This person must be with you at check-in to confirm time for pick up. If you need to take a taxi, you MUST have a responsible person to accompany you in the taxi. **If you do not have a ride, your procedure will be cancelled.** If you are responsible for small children, make arrangements for their care during your procedure as well as for the remainder of the day.

BILLING

Please note that you will be billed separately from Amoskeag Anesthesia, PLLC for the anesthesia services provided during your procedure. Questions regarding these charges can be directed to (800) 242-1311.

INSURANCE INFORMATION

Please know your insurance guidelines! If your insurance requires a PCP authorization (insurance referral), please be sure our office has received this prior to your procedure. Please do not assume that your primary care physician's office has taken care of this. This is not necessary if your primary care physician is a Dartmouth-Hitchcock provider. Please note that we do not accept the following Medicare plans: Medicare Humana, Martin's Point Generation and New England Community Care. **Ask your insurance company:** *Am I 100% covered for a colonoscopy? Have I met my deductible and what can I expect for out of pocket expenses?*

Notify D-H Gastro Scheduling at 603-629-8299 immediately of any health changes, such as a cold with a fever, within 48 hours of your scheduled procedure, or call if you have any questions.