

## Instructions for SUPREP Bowel Prep

**Dartmouth Hitchcock Manchester**  
**Endoscopy Center**  
**100 Hitchcock Way, 3<sup>rd</sup> Floor**  
**Manchester, NH**  
**(603) 629-8299**

**Elliot Hospital**  
**1 Elliot Way, Pavilion Entrance- 2<sup>nd</sup> Floor**  
**Manchester, NH**  
**(603) 663-2170**

<b>Patient Name:</b>	<b>Date:</b>	<b>Provider:</b>
<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— <b>please rely solely on a call from our scheduler for an accurate arrival time.</b></p>		

<i>7 DAYS PRIOR</i>																																									
<p><b>CHECK MEDICATIONS:</b></p> <p><b><u>Do not stop taking all your medications.</u></b></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 border="0"> <tr> <td>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><b>Do NOT take:</b></p> <table border="0"> <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><b>You may continue to take:</b></p> <table border="0"> <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
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<p><b>DO NOT EAT:</b></p> <ul style="list-style-type: none"> <li>• cucumbers</li> <li>• nuts</li> <li>• seeds or peels (tomatoes, grapes, seeds in breads)</li> <li>• popcorn</li> <li>• corn</li> </ul> <p>*if you want apples, pears, or peaches, you must peel them first.</p>	<p><b>Drink</b> at least 2 quarts of allowed clear liquids throughout the day. <b>**NO SOLID FOOD</b></p> <p><b>Please DISREGARD prep instructions included in your prep kit and proceed as follows:</b></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 <b>pulp</b> : apple, white cranberry, white grape, lemonade (sweeteners are permitted)	Solid Food
Water, clear broth and bouillon (any flavor)	Alcohol
Coffee or tea ( <b>without</b> 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><b>Drink</b> only allowed clear liquids.</p> <p><b>4 HOURS PRIOR TO ARRIVAL:</b> 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><b>2 HOURS PRIOR TO ARRIVAL:</b></p> <ul style="list-style-type: none"><li>· Nothing by mouth</li><li>· No gum or candy</li><li>· No smoking</li><li>· No water</li></ul> <p><u>Take ALL medications as prescribed by your physician for:</u></p> <ul style="list-style-type: none"><li>· cardiac</li><li>· anti-hypertensive (blood pressure)</li><li>· respiratory</li><li>· anti-anxiety</li><li>· anti-seizure</li><li>· gastrointestinal medications</li></ul> <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.**