



* Peter Kvapil, MD * Shail Maheshwari, MD * Apurv Varia, MD * Matthew Clark, MD * Rambabu Chalasani MD * Avais Chatha, MD

COLONOSCOPY – SPLIT PREP INSTRUCTIONS

*****Please follow these instructions rather than the instructions on the prep box*****

Facility:

Date:

Arrival Time:

(Please note you will receive a call to confirm your appointment, the arrival time may be adjusted)

FIVE DAYS PRIOR TO YOUR SCHEDULED PROCEDURE:

- Stop taking NSAIDS (Motrin, Advil, Ibuprofen), VITAMINS, MULTIVITAMINS, IRON, FISH OIL, OTHER OIL BASED SUPPLEMENTS AND BLOOD THINNERS (unless instructed otherwise by your doctor).
- FOLLOW CARDIOLOGIST INSTRUCTIONS (if needed):

SEVEN DAYS PRIOR TO YOUR SCHEDULED PROCEDURE STOP TAKING ALL PRESCRIBED WEIGHT LOSS SUPPLEMENTS (DOES NOT INCLUDE ENSURE, BOOST, ETC) OR YOUR PROCEDURE WILL BE CANCELLED.

THE DAY BEFORE YOUR PROCEDURE:

Wake up to a CLEAR LIQUID diet as instructed by your doctor. *A list is provided on the back of this sheet.*
Hydration is part of your prep! Drink 8-oz of CLEAR LIQUIDS every hour throughout the day before you start your prep.

- Do not drink anything colored RED, PURPLE, ALCOHOLIC or DAIRY PRODUCTS the day before your procedure.
- At 7 PM drink your first dose of PREP.
- Follow with at least three 8-oz of CLEAR LIQUIDS.
- Keep drinking CLEAR LIQUIDS until you go to sleep.

THE DAY OF YOUR PROCEDURE:

- At 5 AM drink your second dose of PREP.
- Follow with at least three 8-oz of CLEAR LIQUIDS.

**** Especially if diabetic and/or constipated ****

**** Use Pedialyte instead of water to avoid inadequate preparation and hypoglycemia ****

When you have completed the PREP and you are still not going clear, you may take MiraLAX (32 grams) with 4 oz of liquid every hour until clean, up to 3 hours prior to your scheduled procedure time.

THE DAY OF YOUR PROCEDURE:

- Stop clear liquids 4 hours prior to procedure.
- Bring your morning medications with you and take them after the procedure.
- If on insulin, take ½ the normal dose. Hold oral diabetic meds till after procedure.



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YOU MUST HAVE SOMEONE 18 YEARS OR OLDER TO DRIVE YOU AFTER

THE PROCEDURE AS YOU WILL BE SEDATED

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity.

NO RED or PURPLE LIQUIDS should be consumed.

CLEAR LIQUIDS:

- Water (*plain or flavored*), tea and coffee (*no milk, no creamer or other dairy*)
- Pedialyte (*no red or purple coloring*)
- Ensure Clear (*no red or purple coloring*)
- Boost Breeze (*no red or purple coloring*)
- Clear chicken broth and consommé
- Apple juice and white grape juice
- Lemonade and limeade (*no pulp*)
- Sprite, 7-up and Ginger Ale
- Gatorade, Powerade and Kool-Aid (*no red or purple coloring*)
- Jell-O and ice popsicles (*no red or purple coloring, no fruit or pulp, no dairy*)
- Coconut water (*no coconut milk*)

NO SOLID FOODS: NO meats, NO vegetables, NO dairy, NO grains, and NO starches.

NO JUICES WITH PULP: NO orange juice, NO vegetable juice, NO nectars, NO smoothies.

If biopsies are taken, please allow 14 business days to obtain results.

For any questions, please call 936-321-5440

****IF THE PREP IS NOT COVERED BY YOUR INSURANCE OR TOO EXPENSIVE
THEN FOLLOW THE MIRALAX PREP BELOW****

THE DAY BEFORE YOUR PROCEDURE wake up to a CLEAR LIQUID diet as instructed by your doctor. Do not drink anything colored RED, PURPLE, ALCOHOLIC or DAIRY PRODUCTS.

- At **6 PM** you will take a **DOUBLE DOSE** (2 capfuls) of MiraLAX mixed with 4oz of Gatorade/Pedialyte.
- At **7 PM** you will take a **DOUBLE DOSE** (2 capfuls) of MiraLAX mixed with 4oz of Gatorade/Pedialyte.
- At **8 PM** you will take a **DOUBLE DOSE** (2 capfuls) of MiraLAX mixed with 4oz of Gatorade/Pedialyte.

THE DAY OF YOUR PROCEDURE

- At **5 AM** you will take a **DOUBLE DOSE** (2 capfuls) of MiraLAX mixed with 4oz of Gatorade/Pedialyte.
- At **6 AM** you will take a **DOUBLE DOSE** (2 capfuls) of MiraLAX mixed with 4oz of Gatorade/Pedialyte.
- At **7 AM** you will take a **DOUBLE DOSE** (2 capfuls) of MiraLAX mixed with 4oz of Gatorade/Pedialyte.



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If your stool is not seen through after the above prep, then you will continue to do another **DOUBLE DOSE** (2 capfuls) at **8AM** and **9AM**.

PATIENT FINANCIAL RESPONSIBILITY: WHO YOU MAY OWE:

Expect to receive 3 or 4 bills for your procedure:

Physician Services - Performance of the procedure by the physician.

For Physician Fees - If you have any out-of-pocket expenses for your scheduled procedure, you will receive a call from our office to pay the fees about 3 days prior to your procedure.

Facility Fee - Location of service.

Anesthesia - Sedation for procedure.

Pathology - Biopsy/Remove of Tissue/Polypectomy.

**PLEASE CALL OUR OFFICE WITH ANY QUESTIONS OR CONCERNS
THAT YOU MIGHT HAVE 936-321-5440.**