



COLONOSCOPY OSMOPREP INSTRUCTIONS

Any stool in your colon may make the exam or polyp removal difficult or impossible and may result in the exam having to be repeated at a later time. Please follow these directions thoroughly.

Iron supplements must be stopped 7 days prior to your procedure.

Aspirin and Aspirin containing drugs must be stopped 5 days prior to your procedure.

Coumadin, Plavix, Ibuprofen containing drugs, and Arthritis medications must be stopped 3 days prior.

You may continue to take acetaminophen containing medications such as Tylenol.

On the Day before Your Procedure: ____/____

1. Do not eat breakfast and start a clear liquid diet. (See the Clear Liquid Diet List)
2. At **1:00PM**, Take 4 tablets with 8oz of water every 15 minutes.
3. You will take a total of 20 pills of a period of an hour.
-Drink at least three 8oz of liquid over the next hour.
4. At **6:00PM**, Take 4 tablets with 8oz of water every 15 minutes.
5. You will take a total of 12 tablets over the next 30 minutes.
-Drink at least three 8oz of liquid over the next hour.

Make an effort to drink as much clear liquid as possible before, during, and after as this prep is very dehydrating.

On the Day of Your Procedure:

1. **Do not eat or drink anything after midnight.**
2. Take any necessary medications with a sip of water.
3. Wear a short sleeve shirt, take a shower, and do not use any body lotions.

VERY IMPORTANT: You must have someone drive you home, failure to bring a driver may result in your procedure being canceled. **You will be here 3 hours.**

Clear Liquid Diet List: (Any liquid that is clear enough to read through it)

- Gatorade, PowerAde, and Kool-aid
- Water, Tea, Black Coffee, and Soda
- Popsicles
- Jell-o – lemon, lime, or orange
- Clear Broth or Bouillon
- Clear fruit juices without pulp (apple, white grape, white cranberry, lemonade)
- You may also have hard candy and gum

AVOID ANY RED LIQUID AS THIS MAY APPEAR AS BLOOD IN YOUR COLON

**IF BOWEL MOVEMENTS ARE NOT CLEAR WATER TO YELLOWISH BY THE MORNING
OF YOUR PROCEDURE PLEASE CALL THE OFFICE AT 764-0679 x3**

APPOINTMENT DATE ____/____ CHECK IN TIME ____:____