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## SUPREP INSTRUCTIONS

Name \_\_\_\_\_ Procedure \_\_\_\_\_

YOU HAVE BEEN SCHEDULED FOR THE ABOVE EXAMINATION BY DR. \_\_\_\_\_

### PLEASE REPORT TO:

**Rochester Gastro. Assoc.**  
115 Canal Landing Blvd. Ste. 110  
Rochester, N.Y. 14626  
Tel:(585)227-1080

**Unity Hospital Endoscopy Center**  
1555 Long Pond Road  
Rochester, NY 14626  
Tel: (585) 723-7119

**Rochester Gastro. Assoc.**  
20 Hagen Dr., Ste. 330  
Rochester, NY 14625  
Tel: (585) 267-4040

REPORT & REGISTRATION TIME: \_\_\_\_\_

DATE/DAY: \_\_\_\_\_

### PLEASE REVIEW ALL INSTRUCTIONS UPON RECEIPT

***\*You will need to obtain a Suprep Bowel Kit from your pharmacy once a prescription has been sent.\****

Patients who receive sedation for their procedure must have an adult transport them home. **Ubers, taxis, or any other NON-medical vehicles are NOT ACCEPTABLE** unless you have a family member or responsible adult accompany you. It is required a responsible adult stay with you since sedation effects can last well into the evening.

If you are unable to keep your scheduled appointment, cancellation is appreciated **48 hours** in advance by calling **(585)267-4040 or (585)227-1080** between **8:30 a.m.** and **4:30 p.m.** If you fail to notify us you may be charged. Please call these numbers if you have any further questions.

If you are taking *any* kind of blood-thinning medications, such as **COUMADIN, PLAVIX, ELIQUIS, or XARELTO**, please inform our office at (585)267-4040 or (585)227-1080 **IMMEDIATELY. These medications MAY need to be stopped before the procedure AS DIRECTED BY YOUR MEDICAL PROVIDER.**

### To ensure an optimal colonoscopy examination, the following guidelines are recommended:

1. If you take semaglutide, dulaglutide (Ozempic, Trulicity, & Wegovy), or any other **GLP-1 medications stop** taking it either **1 week prior** to your procedure if it's a once weekly dose or **1 day prior** if it's a daily dose.
2. If you are taking any **SGL-2 medications** such as Farxiga, Jardiance, Invokana, or Steglaro, you must **stop taking these 3 days prior to your procedure.**

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3. **Stop** any extra dietary fiber, including Metamucil, Citrucel, Fibercon, or similar products for **1 week** before the procedure.
4. **Stop** all iron medications and vitamins containing iron for **1 week** before the procedure.
5. **Do not** eat nuts, raisins, foods containing seeds (strawberries, sesame, poppy, etc.) or uncooked vegetables for **3 days** before the procedure.
6. **Take your regular medications on the morning of the examination, except insulin or other diabetic medications.** Please check with our office prior to taking any insulin or other diabetic medication on the morning of the examination.

#### **DAY BEFORE EXAMINATION**

1. Begin a clear liquid diet, **no solid food is allowed.** Clear liquids include water, strained fruit juice without pulp (apple, white grape, lemonade), clear broth or bouillon, coffee and tea (without cream or non-dairy creamer), Gatorade (**NO** red or pink), carbonated and non-carbonated soft drinks, Kool-Aid (**NO** red or pink), Jell-O (**NO** red or pink), and popsicles (No red or pink).
2. At **4pm** pour 1 6oz. bottle of Suprep liquid into the mixing container. Add cool drinking water to the 16oz. line of the container and mix. Drink ALL the liquid in the container.
3. You **MUST** drink *at least 2 more* 16 ounces of water over the next hour. Suprep works very quickly, within 30 minutes or so.
4. At **8 pm** REPEAT step 2 and 3.
5. **Continue drinking clear liquids throughout the evening. THIS IS VERY IMPORTANT!!!!!!**
6. ADDITIONAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_

#### **DAY OF EXAMINATION**

1. You may have clear liquids until 4 hours prior to your procedure. You may take your regular medications with a sip of water up until your procedure time.
2. You should plan on spending up to 2 hours at our facility for this test.

***Thank you for the opportunity to accommodate your health care needs.***