



GASTROENTEROLOGY CONSULTANTS OF NORTHERN VIRGINIA
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PREPARATION FOR COLONOSCOPY WITH SUPREP (SPLIT-DOSE)
Do Not Follow Instruction from the Medicine Box

AVOID THESE MEDICATIONS 5 DAYS BEFORE YOUR PROCEDURE: Aspirin, Plavix, or ibuprofen (Motrin, Advil, Aleve, Naproxen, etc.) These products will cause problems with clotting of the blood and may increase your risk of bleeding after the procedure. If you are on Coumadin (Warfarin), ask your physician for special instructions. You should take your BLOOD PRESSURE/HEART medication the morning of your procedure, with a sip of water. If you are **DIABETIC**, please bring your **INSULIN** with you on the day of your procedure. If you have a **RESCUE INHALER**, please bring it with you on the day of your procedure.

****DAY BEFORE COLONOSCOPY*** **Sunday Morning**

You may have clear liquids ONLY. Liquids permitted: Broth, carbonated beverages, sports beverages, Jell-O (lime, lemon, orange, etc.), strained fruit juices (NO PULP), coffee or tea (NO CREAM). Avoid RED color. NOT ALLOWED: MILK, ALCOHOL, OR SOY PRODUCTS. DO NOT EAT ANY SOLID FOOD ALL DAY. If you eat any solid food, this will prevent the prep from working properly and the prep will not be adequate. Subsequently, there is a risk that the colonoscopy will have to be repeated.

DIRECTIONS STARTING AT 6:00 PM: **Sunday Evening**

1. Pour one (1) 6oz bottle of SUPREP liquid into the mixing container and add cold drinking water to the 16oz line on the container; then mix the solution.
2. Drink ALL of the liquid in the container, at least 8oz every 10 minutes. Immediately afterwards, you must drink two (2) more 16oz containers of water or any clear liquid listed, as permitted, over the next one (1) hour.

PROCEDURE DAY **Monday**

These directions start at _____ AM (5 hours prior to your scheduled procedure time): You must start mixing & drinking the second half of the SUPREP. Drink **ALL** the liquid in the container and then drink at least two (2) 16oz of clear liquids over the next one (1) hour (as stated in directions 1 & 2).

DO NOT HAVE ANYTHING TO EAT OR DRINK, FOUR (4) HOURS BEFORE ARRIVING FOR YOUR PROCEDURE.

Please arrange for someone to come with you to drive you home. PLEASE BRING YOUR INSURANCE & IDENTIFICATION CARD

Location: FairOaks Hospital

3600 Joseph Siewick Dr

(2ND Floor Registration)

Procedure Date: _____

Procedure Time: _____

Arrival Time: _____

***** If you need to reschedule or cancel this appointment, you MUST CALL our office (703)262-0200 within ten (10) business days notices or it will be \$150 fee.*****