

# **GASTROENTEROLOGY CONSULTANTS OF GREATER CINCINNATI**

## **PREP INSTRUCTIONS FOR COLONOSCOPY WITH OsmoPrep TABLETS**

Please arrive in the REGISTRATION area at \_\_\_\_\_

TIME \_\_\_\_\_

DATE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

**The OsmoPrep should not be used in people over the age of 65. People taking medications (especially blood pressure medications, water pills, and certain pain relievers) should not use this prep. Please contact our office for another prep if you are over the age of 65 or on any chronic medications.**

### **PRIOR TO PROCEDURE:**

\*You will need to Purchase: OsmoPrep Tablets-Prescription required  
Diaper Rash Cream-Optional, no prescription needed

**MEDICATIONS: In general, all medications should be continued in routine dosage EXCEPT medications that will affect blood clotting. If you are on any sort of blood clotting medication, your physician should approve you stopping the medicine. The following are the drugs that will require some individualized instructions:**

- Please stop **COUMADIN (Warfarin) 4 days** prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Please stop **PLAVIX (Clopidogrel) 7 days** prior to your procedure. Contact the physician that prescribes this medication for you for their approval before you stop.
- Do not take any **ASPIRIN** or anti-inflammatory medications such as **ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib (Celebrex), valdecoxib (Bextra)** or other arthritis medications for **3 days** prior to your procedure. This is not mandatory –ask your physician if you have questions. Tylenol (acetaminophen) is permitted.
- If you are **DIABETIC**, do not take your oral diabetes medications the day of your procedure. Bring them with you so that you can take them after your procedure.
- If you are **DIABETIC** and you take **INSULIN**, take half of your evening dose the day before your procedure. **DO NOT TAKE ANY INSULIN THE MORNING OF YOUR PROCEDURE.**
- Please stop **IRON supplements (Ferrous Sulfate) 7 days** before your procedure.
- Please ask for special instructions if you take **Heparin, Pletal (cilostazol), Ticlid (ticlopidine), Persantine (dipyridamole), Aggrenox** or any other medication that affects blood clotting.

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## **DAY BEFORE PROCEDURE:**

**STEP 1:** Begin a clear liquid diet in the morning (no solid food or dairy products). It is important to drink lots of fluids to prevent dehydration. Try to drink at least 8 ounces of liquid every hour.

### **CLEAR LIQUID DIET**

**Any Clear fruit juice, WITHOUT PULP, soft drinks, clear broth, (beef or chicken bouillon is fine), coffee, tea, Kool-aid, Gatorade, Jello, Gelatin, and regular Popsicles, any type of hard candy, but no soft centers or chocolate. No Milk or dairy products. NOTHING WITH RED, BLUE OR PURPLE COLORING.**

**STEP 2:** At 6:00 P.M., Take 4 OsmoPrep Tablets with at least 8 ounces of clear liquid (water works well) every 15 minutes. Take a total of 20 tablets. **Do not exceed 20 tablets. Remain close to toilet facilities.**

## **MORNING OF PROCEDURE:**

**STEP 3:** At 6:00 A.M., begin your second dosing regimen. Take at least 4 OsmoPrep Tablets with at least 8 ounces of clear liquid (water works well) every 15 minutes. Take a total of 12 tablets. **Do not exceed 12 tablets. Remain close to toilet facilities.**

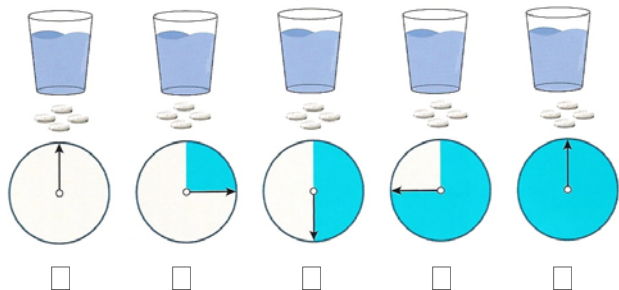
**STEP 4:** Take nothing by mouth now until after the test. You may take small sips of water with your routine morning medications. Exceptions are listed on page 1.

## **FINAL INSTRUCTIONS**

- **This exam is most successful if these instructions are followed exactly as stated.**
- If you use a CPAP machine at night for sleep apnea, please bring this with you.
- Bring a list of your current medications (including dosages) with you.
- Verify any questions about co-pays with your insurance.

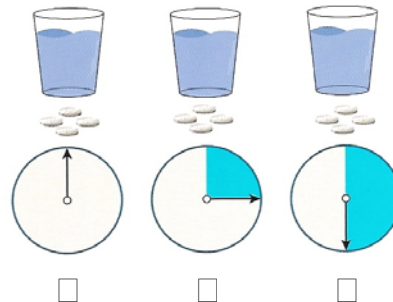
### **First Regimen**

One dose (4 tablets with 8 oz of any clear liquid) every 15 minutes for a total of 5 doses (20 tablets)



### **Second Regimen**

One dose every 15 minutes for a total of 3 doses (12 tablets)



**YOU WILL BE AT THE HOSPITAL or CENTER FOR APPROXIMATELY 2-4 HOURS.  
YOU MUST HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME.**

**Please call (513) 794-5600 OHIO OR (812) 537-5558 INDIANA if you have any questions.**