

**INSTRUCTIONS FOR COLONOSCOPY PREP**

**OsmoPrep 28**

**\*\*\*You will need to pick up the Prescription for OsmoPrep from your pharmacy\*\*\***

**Colonoscopy: The visual examination of the large intestine (colon) using a lighted flexible fiber optic endoscope.**

**Note:** Individual responses to laxatives do vary. This prep may cause multiple bowel movements. Often works within 30 mins; may take as long as 3 hours. If you are unable to keep the prep down, please call your physician.

**\*\*\*No tomatoes or corn 2 days prior to procedure\*\*\***

**Consult your Primary Care Physician if you are taking or have the following medical concerns:**

**Coumadin/Jantoven/warfarin:** Stop it four (4) days before your colonoscopy **if approved by your physician prescribing this medication. Do not take this medication on the day of your procedure. Ask your physician when to resume this medication**  
**Plavix (clopidogrel)/Pradaxa/Pletal (cilostazol)/Effient and Eliquis;** Stop it three (3) days before colonoscopy-**only if approved by prescribing physician**

**Birilinta:** Stop five (5) days before colonoscopy- **only if approved by prescribing physician**

**Aggrenox:** Stop three (3) days to five (5) days prior to colonoscopy- **only if approved by prescribing physician**

**Xarelto/Savaysa:** Stop 24 hours before colonoscopy- **only if approved by prescribing physician**

**Iron pills:** Stop for seven (7) days before colonoscopy

**Dialysis Treatment:** Alternate treatment may be used.

**\*\*Anti-Seizure Medication:** Take at least 2 hours before the scheduled colonoscopy with a small sip of water.

**\*\*Blood Pressure/Heart Medication:** take your morning dose at least 2 hours before your colonoscopy with a small sip of water.

**Insulin:** You may need to adjust your insulin dosages. Please speak with your monitoring physician for further instructions. **Ask your physician when to resume your insulin.**

**Inhalers:** Please bring your "rescue" inhaler to your appointment, even if you have not needed to use it for some time.

**Heart Valve Replacement/ Pacemaker with Internal Defibrillator**

**DAY BEFORE COLONOSCOPY**

If you have been holding your Coumadin/Jantoven/Warfarin you will need a PT/INR (lab test) taken 24 hours prior to exam if requested by physician.

YOU MAY HAVE A LIGHT BREAKFAST, CLEAR LIQUIDS THE REMAINDER OF THE DAY – **no milk or milk products**

At 5pm take four (4) OsmoPrep tablets every 15 minutes with at least 8 ounces of any clear liquid until a total of 20 tablets have been consumed.

(You may find it helpful to cross through the times below as you take each dose.)

5:00pm      5:15pm      5:30pm      5:45pm      6:00pm

At 9pm take four (4) OsmoPrep tablets every 15 minutes with at least 8 ounces of any clear liquid until the remaining 8 tablets have been consumed.

**CLEAR LIQUIDS**

Water	Strained fruit juices without pulp	Broth or Bouillon
Jello – any flavor – no red jello	Clear sodas – 7up, Sprite, Ginger Ale, etc.	Popsicles – no red or purple
Coffee or Tea without creamer	Ensure and Ensure plus (vanilla only)	No red or purple liquids

**DAY OF PROCEDURE**

- 1. Nothing by mouth after midnight except approved medications listed above\*\* with a sip of water. You may brush your teeth and rinse with water. NO GUM, MINTS OR LOZENGES. NO CHEWING TOBACCO**
- 2. You will be medicated and you need to bring someone with you to drive you home.**
- 3. Bring a current list of medications and colostomy supplies if applicable; if Menstruating please use a tampon if possible.**

**On the day of your procedure, report to the following unless otherwise instructed by your physician:**

**The Endoscopy Center of Topeka, 785.354.1254**  
 2200 SW 6<sup>th</sup> Avenue, Suite 103  
 Topeka, KS 66606

Check-in Date: \_\_\_\_\_  
 Check-in Time: \_\_\_\_\_  
 KMC Gastroenterology, 785-354-8518

**If you are unable to keep your appt, please notify the office within 48 hours prior to your scheduled procedure.**