

JEFFREY R. CRIST, M.D.
JUAN BENITEZ, M.D.
9349 PARKWEST BLVD., SUITE 101
KNOXVILLE, TN. 37923

PHONE: 865-539-5372 x226
FAX: 865-539-5369

OSMOPREP BOWEL PREPARATION INSTRUCTIONS FOR COLONOSCOPY-OSMOPREP (DR. BENITEZ)

YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON

_____ AT _____ ARRIVAL TIME _____

YOU WILL NEED TO REPORT TO _____ PARKWEST HOSP. (MAIN ENTRANCE)

_____ FT. LOUDOUN HOSP. (ER / REGISTRATION)

LATE ARRIVAL MAY RESULT IN UP TO A TWO-HOUR DELAY IN YOUR PROCEDURE. WEAR LOOSE COMFORTABLE COTHING THAT INCLUDES SHORT SLEEVES. IF YOU WEAR SHORT SLEEVES YOU WILL NOT HAVE TO REMOVE YOUR SHIRT.

*****IN ORDER TO BETTER MEET THE NEEDS OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 72 HOURS NOTICE IF YOU NEED TO RESCHEDULE YOUR PROCEDURE. GIVEN THIS CONSIDERATION WE MAY MORE PROMPTLY MEET OUR PATIENTS NEEDS*****

PRE-PROCEDURE INSTRUCTIONS: DO NOT EAT CORN, VEGETABLES OR FRUIT FOUR DAYS PRIOR TO YOUR EXAMINATION. DO NOT EAT NUTS OR SEEDS FOR FOUR DAYS PRIOR TO YOUR EXAMINATION.

BEGINNING ON _____ YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS ONLY CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED.

AT 1:00 P.M. ON _____ YOU WILL START YOUR OSMOPREP

1:00 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS
1:15 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS
1:30 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS
1:45 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS
2:00 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS YOU MAY TAKE A 60-90 MIN BREAK AFTER 5 DOSES
2:15 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS
2:30 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS
2:45 P.M. 4 OSMOPREP TABLETS WITH 8 OZ CLEAR LIQUIDS

NOTHING TO EAT OR DRINK AFTER 10:00 P.M. DO NOT EAT OR DRINK ANYTHING ON THE MORNING OF YOUR EXAMINATION EXCEPT YOU MAY TAKE YOUR BLOOD PRESSURE OR DIABETES MEDICATIONS (SEE FOLLOWING) WITH A SIP OF WATER.

MEDICATIONS:

IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS SEVERE HIGH BLOOD PRESSURE OR ANGINA, YOU MAY TAKE YOUR MORNING MEDICATION WITH A SMALL SIP OF WATER EARLY ON THE DAY OF YOUR TEST. IF YOU TAKE INSULIN FOR DIABETES, TAKE 1/2 YOUR USUAL DOSE THE EVENING BEFORE AND MORNING OF YOUR PROCEDURE.

DISCONTINUE IRON SUPPLEMENTS AT LEAST 5 DAYS PRIOR TO YOUR PROCEDURE AND STOP ASPIRIN, FISH OIL, FLAXSEED OIL AND ALL SUPPLEMENTS INCLUDING FIBER FOR 1 WEEK.

STOP BLOOD THINNERS FOR THE FOLLOWING AMOUNT OF TIME: COUMADIN, WARFARIN, PLAVIX, ELIQUIS OR EFFIANT FOR 5 DAYS, AND PRADAXA OR XARELTO FOR 3 DAYS.

AVOID TAKING IBUPROFEN, NAPROXEN OR ANY ANTI-INFLAMMATORY FOR 2 DAYS

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME

*** YOU WILL BE SEDATED FOR THE EXAMINATION. WHILE MOST OF THE EFFECTS OF THE MEDICINE WILL WEAR OFF PRIOR TO YOUR DISCHARGE, WE CANNOT LET YOU LEAVE UNACCOMPANIED. YOU WILL NOT BE ABLE TO DRIVE A CAR THE REMAINDER OF THE DAY**

IF YOU HAVE ANY QUESTIONS OR HAVE AN EMERGENCY ON THE DAY OF YOUR EXAM, PLEASE CALL OUR OFFICE AT (865) 539-5372 EXT 226

LEAVE ALL JEWELRY AND VALUABLES AT HOME

*****PLEASE BRING I.D., INS. CARDS AND A LIST OF CURRENT MEDICATIONS WITH YOU*****