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**BOWEL PREPARATION INSTRUCTIONS FOR MORNING SCOPES (PREPOPIK)-DR BENITEZ**  
YOU HAVE BEEN SCHEDULED FOR A DIAGNOSTIC PROCEDURE CALLED COLONOSCOPY TO BE PERFORMED ON

\_\_\_\_\_ AT \_\_\_\_\_ ARRIVAL TIME \_\_\_\_\_

REPORT TO \_\_\_\_\_ PARKWEST HOSP (MAIN ENTRANCE) \_\_\_\_\_ FT. LOUDOUN HOSP (ER/REG DESK)

\*\*\*\* LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE \*\*\*\*

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

**\*\*\*\* DAY BEFORE \*\*\*\***

- BEGINNING ON \_\_\_\_\_ YOU MAY EAT YOUR USUAL BREAKFAST, BUT AFTER THIS, ONLY CLEAR LIQUIDS FOR LUNCH AND DINNER ARE ALLOWED.
- AT 2:00 P.M.: FILL THE DOSING CUP PROVIDED WITH COLD WATER UP TO THE LOWER (5 OZ) LINE ON THE CUP. **POUR** IN THE CONTENTS OF 1 PACKET, **STIR** FOR 2-3 MINUTES UNTIL DISSOLVED. **DRINK** THE ENTIRE CONTENTS. FOLLOW WITH **FIVE** 8 OZ CLEAR LIQUIDS WITHIN THE NEXT 5 HOURS.
- AT 7:00 P.M.: FILL THE DOSING CUP PROVIDED WITH COLD WATER UP TO THE LOWER (5 OZ) LINE ON THE CUP. **POUR** IN THE CONTENTS OF 1 PACKET, **STIR** FOR 2-3 MINUTES UNTIL DISSOLVED. **DRINK** THE ENTIRE CONTENTS. FOLLOW WITH **THREE** 8 OZ CLEAR LIQUIDS WITHIN THE NEXT 5 HOURS, BEFORE BED.
- **NOTHING TO EAT OR DRINK AFTER 10 PM.**

**DO NOT EAT OR DRINK ANYTHING ON THE MORNING OF YOUR EXAMINATION. 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 ½ YOUR USUAL DOSE THE EVENING BEFORE AND HOLD YOUR MORNING DOSE DAY 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 PRIOR TO YOUR PROCEDURE.**

**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.

**\*\*\*\*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. \*\*\*\***

**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.**

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