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**BOWEL PREPARATION INSTRUCTIONS FOR MORNING SCOPES (SUPREP)
(DR. CRIST)**

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/REG DESK)

LATE ARRIVAL MAY RESULT IN UP TO A 2-HOUR DELAY IN YOUR PROCEDURE. WEAR LOOSE COMFORTABLE CLOTHING THAT INCLUDES SHORT SLEEVES. IF YOU WEAR SHORT SLEEVES YOU WILL NOT HAVE TO REMOVE YOUR SHIRT.

PRE-PROCEDURE INSTRUCTIONS: FOR THIS EXAMINATION YOU MUST FOLLOW A SPECIAL CLEAR LIQUID DIET THE DAY BEFORE YOUR EXAMINATION.

BEGINNING ON _____ FOLLOW A CLEAR LIQUID DIET ALL DAY

- THE MORNING OF YOUR PREP: POUR ONE 6OZ BOTTLE OF SUPREP SOLUTION INTO THE MIXING CONTAINER. FILL TO THE TOP OF 16OZ.LINE WITH COLD WATER. CHILL IN REFRIGERATOR.
- AT 2:00 P.M. YOU WILL DRINK THE SUPREP SOLUTION. **BE SURE TO DRINK ALL THE SOLUTION.** REFILL THE CONTAINER WITH A CLEAR LIQUID TWO MORE TIMES WITHIN THE NEXT HOUR AND DRINK IT. THEN POUR THE OTHER 6OZ. BOTTLE OF SUPREP SOLUTION INTO THE MIXING CONTAINER AND FILL TO THE TOP OF 16OZ LINE WITH COLD WATER. CHILL IN REFRIGERATOR.
- AT 6:00P.M DRINK THE 2ND BOTTLE OF SUPREP SOLUTION AND REFILL THE CONTAINER WITH A CLEAR LIQUID TWO MORE TIMES WITHIN THE NEXT HOUR AND DRINK IT.
- THIS WILL ACT AS A LAXATIVE AND CLEAN YOUR COLON. YOU SHOULD BE EXCRETING LIQUID STOOL WITHIN A FEW HOURS OF COMPLETING YOUR PREP. IF YOU ARE NOT, CONTACT THE PHYSICIAN ON CALL
- NOTHING BY MOUTH AFTER MIDNIGHT OR THE MORNING OF YOUR EXAMINATION

MEDICATIONS:

- IF YOU HAVE SPECIFIC MEDICAL PROBLEMS SUCH AS 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 THE DAY OF YOUR PROCEDURE.
- DO NOT TAKE IRON OR FIBER SUPPLEMENTS, HERBAL SUPPLEMENTS, FISH OIL OR FLAXSEED OILFOR 1 WEEK PRIOR.
- STOP BLOOD THINNERS FOR THE FOLLOWING AMOUNT OF TIME: COUMADIN-4 DAYS, EFFIENT-4 DAYS, PLAVIX-4 DAYS, PRADAXA-2 DAYS AND XARELTO AND ELIQUIS-2 DAYS.
- AVOID TAKING PRODUCTS CONTAINING ASPIRIN FOR 1-WEEK PRIOR, AND IBUPROFEN OR NAPROXEN FOR 2 DAYS PRIOR TO YOUR PROCEDURE.

BRING SOMEONE ALONG WITH YOU TO DRIVE YOU HOME.

- YOU WILL BE SEDATED BEFORE 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 OPT 1. IN ORDER TO BETTER MEET THE NEEDS OF ALL OF OUR PATIENTS, WE RESPECTFULLY ASK THAT YOU GIVE US AT LEAST 48 HOURS NOTICE IF YOU NEED TO CANCEL OR RESCHEDULE YOUR PROCEDURE OR YOU WILL BE SUBJECT TO A \$50 FEE.

LEAVE ALL JEWELRY AND VALUABLES AT HOME

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